



MDRET016
Midterm Evaluation Report

The Midterm Evaluation of MDRET016 was commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC) Nairobi Cluster Office and Ethiopian Red Cross Society (ERCS). It was carried out from 28 September to 7 October 2016 in Afar Region, Bidu Woreda.

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28 September – 7 October 2016

Photos: ERCS staff and volunteers during nutrition assessment exercise. ERCS/IFRC

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Table of Contents

Abbreviations/acronyms	4
Executive summary	5
Chapter 1: Introduction.....	6
1.1. Background	6
1.2. Evaluation Purpose, Objectives and Geographical Scope	7
1.3. Methodology.....	7
1.4. Limitations	8
Chapter 2: Key findings.....	9
2.1. General findings	9
2.2. Beneficiary Satisfaction Survey findings	9
2.3. Programme sectors	11
2.3.1. Quality programming	11
2.3.2. Health and care	12
2.3.3. Water, sanitation and hygiene promotion (WASH)	14
2.3.4. Food security, nutrition and livelihoods	15
2.4. National Society capacity building	22
Chapter 3: Lessons learnt	23
Chapter 4: Recommendations	24
Chapter 5: Conclusion.....	25
Annex I: Terms of Reference	26
Annex II: Data Collection Tools	32

Abbreviations/acronyms

CBHFA	Community Based Health and First Aid
CSB	Corn soya blend
DREF	Disaster Relief Emergency Fund
EPoA	Emergency Plan of Action
ERCS	Ethiopian Red Cross Society
EAIIO	East Africa and Indian Ocean Islands
FACT	Field Assessment and Coordination Team
GoE	Government of Ethiopia
HeOps	Head of Operation
IFRC	International Federation of Red Cross and Red Crescent Societies
KII(s)	Key Informant Interview (s)
KI	Key Informant
MTR	Mid Term Review
MUAC	Middle upper arm circumference
NS	National Society
PMER	Planning, monitoring, evaluation and reporting
PNS	Partner National Society
SoPs	Standard Operating Procedures
WFP	UN World Food Program
WASH	Water, Sanitation, and Hygiene Promotion

Executive summary

An IFRC Mid-Term Review (MTR) was conducted from 28 September 2016 to 7 October 2016 to assess the on-going IFRC and Ethiopian Red Cross Society (ERCS) MDRET016 Drought Emergency Appeal operation launched on 28 December 2015. The MTR of the IFRC Drought Emergency Appeal operation was commissioned by the IFRC EAIOI Cluster Office and ERCS appeal management as an internal quality assurance and lessons learning exercise and not a complete evaluation. The specific objectives of the mid-term review were to assess the effectiveness of the MDRET016 operation in meeting the planned objectives and outputs in the EPoA, establish successes, challenges, and lessons learned from the MDRET016 operation, and provide action points for improvement of the operation.

The review methodology consisted of a desk review, primary data collection in Addis Ababa and Afar region, and consolidation and analysis of the data by the MTR team.

Overall, the review has found that the selection of Bidu Woreda in Afar region for the appeal drought response is extremely relevant based on Ethiopian government mandate and as the Red Cross is the only organization operating in this community affected by the 2015/16 drought conditions. The Red Cross has good acceptance and recognition in Bidu, and commitment to work in this more remote and challenging environment. Furthermore, learning from previous operations and the 2011 drought was seen and this operation aligns with ERCS longer-term plans for programming in this region. However, the field visit and lessons learned workshops also highlighted some challenges which have hindered the effective implementation of this operation, particularly in operational set up, HR, and logistics and areas which could be further enhanced in the operation, such as field support, PMER, communication and community engagement.

Following the mid-term review and positive participation and constructive discussions had, the operation is now presented with several opportunities to build on ongoing engagement with the community in Bidu, revise the operation and move forward in implementation with a focus on livelihoods support and recovery. The MTR would like to acknowledge the operation for the achievements to date and hopes the findings of this review will be fully considered and followed by management engagement by ERCS and the IFRC to proceed with the remainder of this operation.

Chapter 1: Introduction

1.1. Background

Consecutive failed rains (Belg rains (March – May 2015), and Kirmet rains (June – September 2015)) in Ethiopia, combined with erratic weather conditions attributed to El Niño, have resulted in severe food insecurity, especially in the north and north east areas of the country. Some 8.2 million people needed food assistance across the country, with the level of need exceeding what was seen in the Horn of Africa drought in 2011.

Following the recognition of urgent needs related to drought within Ethiopia, the ERCS in November 2015 requested support through an IFRC Field Assessment and Coordination Team (FACT), which was deployed to define the exact needs and to develop an appropriate, relevant plan and budget for the response. The FACT conducted field visits to Somali and Afar Regions, in addition to holding numerous meetings with Movement, non-Movement partners and other stakeholders.

An Emergency Appeal was launched on 28 December 2015 for 2,211,085 Swiss francs to support 35,371 people access supplementary food, basic health care and livelihoods assistance to meet immediate needs of the targeted population in Afar; Bidu woreda. A Head of Operation (HeOps) was deployed on the request of ERCS to support the consolidation of the ERCS National Drought Response plan in mid-February 2016.

In June 2016, the appeal was revised and budget increased to CHF 2,773,566 along with an additional 30,000 beneficiaries for supplementary feeding, bringing the total to 65,371 people in Afar region to be assisted with the distribution of supplementary food, malnutrition screening and referral, improved access to safe water, hygiene promotion and protection of livelihoods.

The specific interventions by sector are as follows:

Food Security and Livelihoods

- 1. Supplementary food provision:** Although the Government of Ethiopia (GoE) and the UN World Food Program (WFP) are providing general food rations¹ (maize grain) to affected populations in the target areas, the food provided did not meet the nutrition requirement. To complement this initiative, supplementary food is being distributed and includes corn soya blend (CSB, now often entitled Super Cereal) and vegetable oil based on the established standard of monthly rations of 6.25kg of CSB and 1 litre of oil per person for a period of six months. For Bidu Woreda, the intervention targeted 100% of the screened and registered children under five and pregnant and lactating women over a period of 6 months with 2-month rations per distribution.
- 2. Provision of supplementary food for livestock:** This intervention targeted the most vulnerable 20% households in the affected host community (supporting 9,514 animals, or five animals per household for six months in target kebeles). The livestock feeding primarily targeted the most productive female livestock (milking) to ensure continued access to milk.
- 3. Provision of livestock treatment support:** The GoE as well as Regional and woreda authorities in Afar are providing mass livestock vaccinations to prevent livestock from contracting preventable diseases associated with long dry spells and weakened livestock body conditions, while livestock treatment is an issue that is the responsibility of the livestock owner. Assessments indicated that community based animal health systems had weakened because most poor pastoralists were

¹ Standard food basket for a monthly ration for family size of 6 individuals consists of 16 kg cereal (maize or wheat), 0.9l oil 1.5 kg pulses (lentils, beans or split peas), 4.5 corn soya blend. (CSB/Super Cereal).

currently to pay for the service to the current poor livestock prices hence through the emergency appeal, 20% of the most vulnerable households were targeted for treatment.

4. **Provision of pasture and fodder seed:** Pasture seeds were provided, as a pilot, with the aim of rejuvenating degraded/exhausted pasture through community fodder production.

Health and Water, Sanitation, and Hygiene Promotion (WASH)

Use of CBHFA model in promoting health and wellbeing. Volunteers were trained on various models to conduct household visits to screen/identify malnourished children, provide real time monitoring of malnutrition status of the communities, and make referrals to health centres for support as needed.

A health centre assessment and support to existing mobile clinics was also included in the appeal. Once the situation was stabilized, volunteers were to re-focus their work to health promotion based on the needs found during household registration. Also, some health awareness activities will be done at community level.

In addition of the integrated health and WASH approach above, the revised Appeal includes a water needs assessment for Bidu as well as the repositioning of WASH non-food items (water treatment chemicals, bucket, body soap and collapsible jerry cans) for 1,000 households.

1.2. Evaluation Purpose, Objectives and Geographical Scope

A midterm evaluation was commissioned in September 2016 with the following objectives:

1. To review the effectiveness of the MDRET016 operation in terms of:
 - HR capacity both in ERCS and IFRC; and
 - Coordination, both internal (between ERCS departments (logistics, finance and PMER), within the movement) and external.
2. To provide a means of establishing successes, challenges, lessons learned from the MDRET016 operation to date to inform recommendations for the planned revision in ERCS especially in terms of ERCS operations management, community based WASH and health, nutrition and livelihood activities for the phase out period.
3. To provide additional action points for the improvement of the overall operations management and response at the ERCS branch and HQ level.

The midterm evaluation was carried out in Addis Ababa and Bidu Woreda, Afar region in Ethiopia.

1.3. Methodology

A mixed approach was used for the midterm evaluation to collect data. This included:

1. **Desk review and review of secondary data** of Emergency Appeal documents, operations updates, FACT team report, ERCS technical assessment reports, ERCS minutes for meetings, and post distribution monitoring reports among others.
2. **Key informant interviews** conducted with ERCS staff at headquarters and branch office in Afar, Bidu government partners/stakeholders in health, livestock and livelihood sector, IFRC operations manager, and PNS staff.
3. **Beneficiary Satisfaction survey** at household level was conducted through structured interviews collected through mobile phones to gauge progress and community perception on the performance of the drought emergency appeal implementation.

4. **Focus Group Discussions** were conducted with beneficiaries and volunteers
5. **Lessons learned workshop** was done in Bidu together with the community leaders, ERCS branch staff, government representatives from health and livestock ministries and in Addis with ERCS staff and PNS involved in the operation.
6. **Observation** was also done and documented through photos.

The evaluation exercise comprised of initial meetings at the ERCS headquarters to finalise plans and tools and commencement of key informant interviews with staff at the head office for two days. This was followed by a five-day site visit to Bidu, Afar region where interviews were conducted at household level: 363 respondents were interviewed of which 65% were female and 35% were male. The majority (73%) of the respondents were between the age of 19 to 49 years. 42% were residents in Bidu between 2 weeks to 12 months, while 22% had been residing in the locations for more than 12 months, 19% for less than a week and 17% were not residents, reflecting the pastoralist, migratory nature of the community. Three focus group discussions (FGDs) were conducted with beneficiaries (one mixed group, one male and one female only group) and one FGD carried out with volunteers. At Bidu level, KIIs were conducted with five stakeholder groups at the Bidu community level, six key informant interviews (KIIs) with ERCS field staff and one with the IFRC Operations Manager. A lessons learned workshop with community members and ERCS staff was facilitated in Bidu while another workshop was facilitated in Addis Ababa for ERCS headquarter staff and PNS.



Focus Group discussion. Photo: ERCS

1.4. Limitations

1. Translation – as the evaluation team was not conversant with the local language, it was important to engage volunteers as translators, a factor that may have affected to a small extent the translation of the questions and answers given. The MTR team has thus triangulated information to verify the various data collected from the different stakeholders.
2. Migration and distances between settlements – as the targeted community are pastoralists, and owing to the severe drought, in some cases, it was not possible for the volunteers to interview the targeted number of households due to distance and as some of them had migrated in search of water and pasture for their livestock. Data from 363 out of 382 targeted households was analysed and discussed in this report, a success rate of 95%.
3. Extreme temperatures – there were high temperatures experienced in Bidu ranging from 38°C to 45°C. Under these conditions, there was limited time for data collection in the community hence it was not possible to conduct as many focus group discussions as would have been wanted.

Chapter 2: Key findings

2.1. General findings

The Ethiopia Drought Appeal, MDRET016, is an operation that is needed by the community to cope with the drought that has hit the country. The intervention has targeted the vulnerability that exists in the community although there is need to improve on the timeliness of delivering the needed support and refocus on the major vulnerability of inadequate food access and livelihoods support.

From discussion with relevant stakeholders, the community and even volunteers, the operation is regarded as relevant to community needs. The field visit, discussions and interviews with key informants (KIs) in the community indicated a very high recognition and appreciation for the Red Cross. The community knows the Red Cross and appreciates the presence and support it has received, and most respondents to the beneficiary satisfaction survey reported being satisfied with the distribution of supplementary food from the Red Cross. The Red Cross is the only organization working in Bidu and with a plan to deliver in key areas of support. There is also a keen and strong team of field staff and volunteers who are committed to providing assistance in the more challenging work environment presented in Bidu.



Harsh environmental conditions mean the animals cannot get pasture. Photo CRS

It was noted that challenges related to operational set up, support services, and support to field staff have hindered the effective implementation of this operation according to intended implementation timeframes. For example, the operation has experienced delays related to logistical procedures and HR recruitment and retention. Moreover, while the community is overall satisfied with the assistance from Red Cross, the community needs and expectations expressed for the Red Cross are high, and in the two focus group discussions with community members, some concerns were noted on the quality of the CSB distributed.

A long time has lapsed since a decision to station staff in Bidu was taken. Some of the delays are related to logistical issues to get the required equipment in place to station the staff to work in decent conditions. Towards the end of the evaluation, the team was informed that most of the equipment had already been procured and was to be sent to the Semera branch for onward transportation to Bidu.

Finally, the evaluation team concluded that there are opportunities to enhance communication in the operation across all levels, including from the IFRC in Nairobi and Geneva, to ERCS in Addis, to the Branch, project, community and back. Feedback is key in improving achievement of results and rallying support of all stakeholders.

2.2. Beneficiary Satisfaction Survey findings

Demographics

363 respondents were interviewed of which 65% were female and 35% were male. 73% of the respondents were between the age of 19 to 49 years: This is the productive age in any society and it is important that livelihood interventions, when being considered should factor the availability of labour and strength from this age group. Those between 50-69 were 20%, less than 18 years were 7% (about 24) and those above 69 was 0.28% (1 person). In the volunteer FGD, it was mentioned that more elderly people needed to be targeted for supplementary feeding as they too were vulnerable, this clearly illustrates the need.

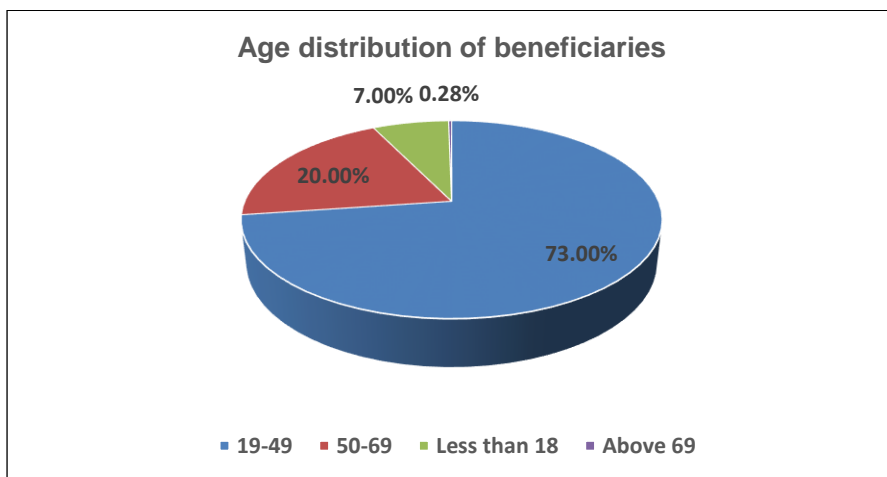


Figure 1: Age distribution of respondents.

Marital status: 96% of the respondents are married, 1.6% are widowed another 1.6% divorced while only 1% are single.

Being a pastoralist community, it was important to know the duration for which the beneficiaries had been residents in the location. Majority, 22% had been residing in the locations where they had been interviewed for more than 12 months, followed by 1 week at 19%. About 17% indicated that they were not residents in the area while the rest, about 42% were residents between 2 weeks to 12 months. This indicates the migratory nature of the beneficiaries hence targeting for interventions should consider key integration points in order to conduct distributions and livelihood support, among other operation interventions.

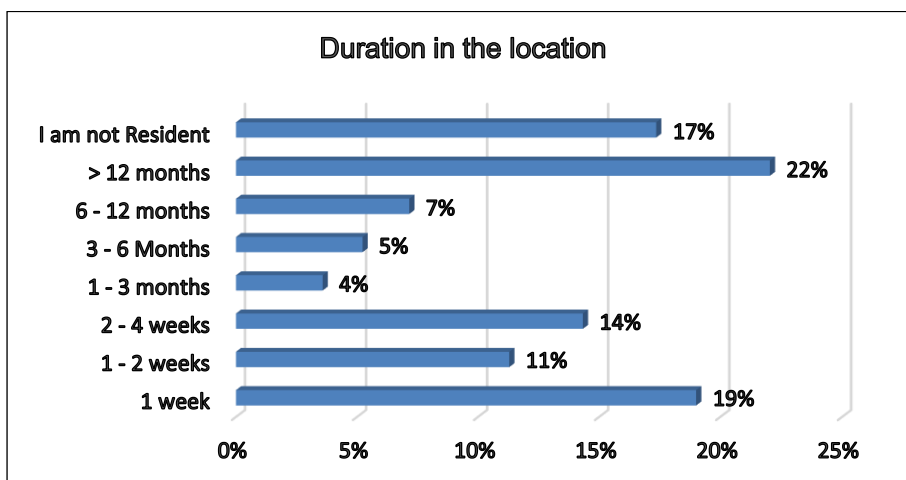


Figure 2: Length of stay of beneficiaries in current location found during the household survey.

In trying to establish the characteristics of the beneficiaries who received supplementary food support, it emerged that 62% were pregnant women, 43% lactating women and 52% were children. It is important to note that there could be a possibility where multiple responses were chosen in the case where a beneficiary was pregnant and still breastfeeding another child.

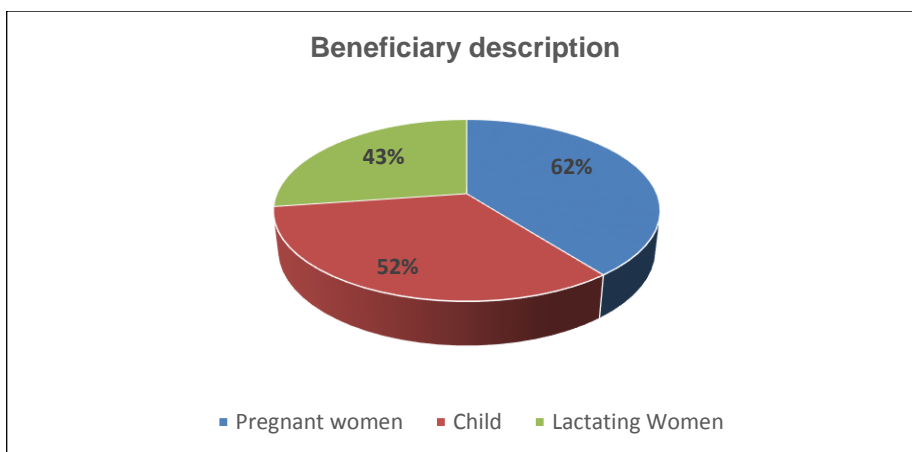


Figure 3: Beneficiary description.

In the households interviewed, 63% of respondents indicated that they had children in their households who had not been enrolled for the supplementary feeding while only 37% indicated that they did not have unregistered children. Of the 230 respondents who indicated that they had unregistered children, 26% stated that they did not know about the program, a claim that will need further probing. 18% indicated that too much time was required to participate hence did not enrol all the children while 13% indicated that the distribution site was far.

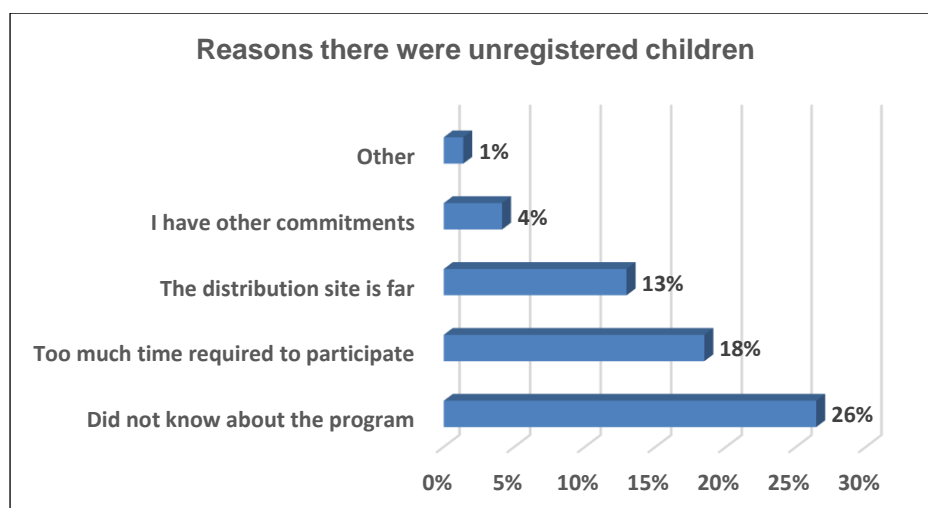


Figure 4: Why there were unregistered children in the households.

Below are the findings discussed in detail per sector.

2.3. Programme sectors

2.3.1. Quality programming

Outcome 1: The management of the operation is informed by continued assessments and a comprehensive monitoring and evaluation system.

Output 1.1: The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate

According to findings, the drought appeal planning and inception phase included a FACT deployment in December 2015, the consideration of lessons learned and recommendations from previous ERCS operations, and the engagement of Bidu community leaders. An inception workshop was

done at ERCS headquarters in Addis Ababa as well as in Bidu with relevant stakeholders from the NS, government and local leaders in mid-March, followed by the development of SOPs for the operation. The Emergency Plan of Action (EPoA) was shared before the implementation was done.

Based on the progress of the operation, review of the operation was done in May/June 2016 which informed a revision of the appeal operation. WASH and livelihood assessments were completed to determine the priorities of the community at Bidu. As a result of these, there were interventions that were identified by the community for support through the drought emergency appeal. For example, in livelihoods, the community identified restocking of livestock lost through the drought as a priority to support the resumption of livelihood activities, while under health, following hygiene promotion, there was need to distribute soap for handwashing to ensure implementation of hygiene messages given by the volunteers.

Relevance and appropriateness: It was necessary for assessments to be done to verify needs of the community from the time of the FACT assessment to the launching and implementation of the emergency appeal. This would also ensure more consultation with the community by the project implementers and ensure support given is what is needed by the community.

Effectiveness: Through assessments, wise use of funds is ensured as only what is needed by the community is what is provided. At the point of midterm evaluation, the findings of the assessments had not been implemented hence there is potential for the operation to enhance effectiveness when the identified livelihood and health interventions are carried out as per the assessments.

Additional opportunities were identified in operational monitoring to ensure implementation of the SOPs developed, alignment into one ERCS national drought response plan, and ongoing coordination and communication with internal and external partners on the operation were followed through. A more adapted PMER toolkit for the field team and the provision of technical support were also identified as needs for the operation going forward. Furthermore, community members and stakeholders expressed a desire for feedback following Red Cross assessments, project monitoring and operational adjustments.

2.3.2. Health and care

Outcome 2: Critical nutritional status of the children under 5 years is improved in Bidu, Afar region.

Output 2.1: Screening and referral for acute malnutrition carried out for households with children under 5 yrs.

Output 2.2: Target population are provided with rapid medical management of drought related diseases.

Output 2.3: Community-based disease prevention and health promotion is provided to the target households.

75 volunteers were trained in hygiene promotion, first aid, CBHFA and conducting middle upper arm circumference (MUAC) assessments and referrals to health centre for treatment. The volunteers were also given MUAC measurement instruments and registration log book to enable them monitor progress of the children under the supplementary feeding programme. Beneficiaries to be targeted for the supplementary feeding were identified based on their MUAC assessments.

Before ERCS began working in the health sector, MSF was in the area implementing an outpatient treatment program, operating a mobile clinic and stabilisation centre. Community health stakeholders and the operational plan stated that ERCS was to take up these activities, and that the health centre at Bidu was also to benefit from renovations done following damage after a windstorm sometime in June. There was to be stocking of medication for human use and installation of generator to keep some of the

drugs needed. However, with the delayed relocation of staff to Bidu, this had not been done. There are high expectations of the Red Cross to deliver on health centre needs.

At the time of the evaluation, drugs for the health centre had been procured but had not been taken to the health centre in Bidu due to lack of transportation to take them from the regional office in Semera to Bidu. There is need for logistical support to enable access to these drugs by the targeted community.

Under health and care, what was identified as not having gone well and would need improvement was the need to have a health technical staff within the ERCS team to adequately support health activities. Currently the WASH officer takes up the two roles.

Some areas of improvement were identified as the need to have clear communication with community regarding the plan of action to ensure they know what to expect. Together with this, there is need for stronger community engagement and coordination with authorities and other humanitarian actors such that needs identified at the point of assessment that cannot be fulfilled by ERCS can be met when coordination with other partners is properly facilitated. There is also the need to have timely implementation of planned activities and reduce time lapse between assessment and actual delivery of service. Due to challenges with recruitment of field staff, the activities have been exposed to late implementation.

Relevance and appropriateness: In drought situations, to gauge the wellbeing of the population and effectiveness of supplementary feeding, monitoring of MUAC measurements is important to check if the programme is achieving the intended results. Thus, training of volunteers and equipping them in doing measurements and monitoring of MUAC is relevant and appropriate for the supplementary feeding aspect of the drought operation.

Efficiency: The use of the existing health infrastructure and plans to renovate and equip it, rather than setting up parallel health system for the emergency appeal shows efficient use of the available resources. At the time of the evaluation, medical supplies to be used at the Bidu health centre had been procured and made available in Semera. What had been left was the need to transport them to the local health centre to be used by the local health personnel for dispensing to the population.

Effectiveness: The health intervention detailed in the EPoA is considered to be robust however implementation in the Bidu field context has proven somewhat challenging. Strengthened technical review of the health intervention during EPoA development was noted as an area for potential improvement. With the proposed rehabilitation and equipping of the health centre, effectiveness of management of drought related illnesses will be enhanced.

Coverage: Health activities targeted the whole community and not just those identified for supplementary feeding hence coverage was good. Also, the drugs supplied to Bidu clinic were to benefit all patients who required treatment from the health centre.

Coherence: The logic for support in health activities proposed under the emergency appeal were aimed at reducing vulnerability to disease and since most of the population had their livelihoods affected by the drought, their ability to access and pay for needed health services are limited hence the health activities are consistent with the needs of the targeted community.

Sustainability & connectedness: Being an emergency operation of a short duration, this could not be determined at the point of the midterm evaluation. However, there appears to be an opportunity to enhance the link between this emergency operation and the Finnish RC health program in Semera as well as to build on existing ERCS Semera branch capacity and regional and local level health capacity and systems.

Recommendations under this sector include the need to have stronger/better volunteer management where training is given taking into consideration the mobility of the community and equipping the volunteers to deal with pastoralist community. Monitoring and feedback skills of the volunteers should be enhanced to enable timely reporting and adequate equipping of the volunteers should be done with visibility materials given. It is important to enhance linkages with the health sector at the local and regional levels.

2.3.3. Water, sanitation and hygiene promotion (WASH)

Outcome 3: Immediate reductions in risk of waterborne and water related diseases in targeted communities.

Output 3.1: Continuous assessment of water, sanitation, and hygiene situation is carried out.

Output 3.2 Hygiene promotion activities which meet Sphere standards

Following the training of volunteers in first aid, hygiene promotion, disease transmission and prevention, volunteers carried out visits to their respective *kebeles* to share this knowledge with their community. Some information education and communication (IEC) material were given to enable them educate their community especially on issues of proper hand washing. This quantity of IEC material was not adequate for distribution in the *kebeles* where the volunteers were working and it was important for more material to be given. In addition to this, in promotion of safe storage of water and proper hand washing, there was need to ensure that communities had household water storage equipment e.g. jerry cans and access to soap (or some appropriate method taught) in order for the community to practice what the volunteers had promoted to them. It is important to note that before the beginning of the emergency appeal, some NFI kits were distributed by ERCS to the community but following a wind storm in May, these were lost and the community needs more kits for their use.²

Assessments in the WASH sector were carried out jointly with the health assessment and several priority areas identified for support to the community. In the revised appeal, 1,000 WASH kits were to be procured. However, at the time of the midterm evaluation, this had not been done. Staff only came into the project in June 2016 and this meant that there were delays in implementation from the time the appeal was launched in December 2015.

An interview with the WASH technical office in Bidu revealed that there was close collaboration with the ERCS team and that the Red Cross was working in the hard to reach areas where other organisations had not gone hence the importance of the emergency appeal reaching out to the vulnerable people in the community. A concern raised was the delay in implementation where the WASH kits had been identified as necessary yet, at the time of the evaluation, had not yet been distributed and with no information on when this would be done. Another area of concern identified was the limited access to water (it was reported in the FGDs that government water supply was irregular)³ by the Bidu community and as such, suggestions were made on opportunities to enhance water access to be explored within the appeal e.g. construction of boreholes or consider water trucking to supplement what is being provided by the government. Another concern was the need to have communal latrines especially in areas where the pastoralists usually congregated to reduce on open defecation.

Relevance: Promotion of key messages on hygiene and hand washing are all essential in order to prevent spread of diseases. This information when given to the community will contribute to reduction in spread of diseases hence relevant to the community. Additional WASH support needs (water, boreholes and community latrines) were highlighted by community members.

² In the FGDs, both the volunteer and community groups showed appreciation for the NFI kits distributed and would have wanted to have another distribution to cater for the items lost during the wind storm.

³ FGD with men in Tio

Efficiency: As there have been delays in the distribution of WASH kits, this has reduced the immediate result of improved health and hygiene conditions. Delayed procurement has contributed to this thereby reducing efficiency of implementation of the WASH aspect of the operation.

Effectiveness: As a result of the low efficiency in the WASH sector, the meeting of this outcome is also low as the objective has been partially met through the hygiene promotions but low implementation of the messages at the household level and distribution of WASH kits.

Coverage & Coherence: The Red Cross was working in the hard to reach areas where other organisations had not gone hence the importance of the emergency appeal reaching out to the vulnerable people in the community.

Sustainability & connectedness: The training of volunteers, who are resident in the targeted community has ensured that knowledge on hygiene promotion will be in these communities even at the end of the operation. The continued engagement of these volunteers in hygiene promotion will contribute to sustained benefits of community knowledge in good hygiene. However, for more sustained benefits, there is need for linkages with other networks so that the needed water supply is continued, construction and maintenance of latrines is ensured for complete sustainability of the WASH sector.

Several things were identified that did not go well and would need improvement:

- a) No access to water to improve sanitation – being a hot arid area, there is need to support in provision of water to the local community. There are several communal tanks at strategic points within the community. What is needed is provision of water through trucks to supplement existing government efforts.
- b) The health and hygiene promotion should be supported by provision of containers (jerry cans) for the community to safely store drinking water and soap for hand washing. In the volunteer FGD, it was mentioned that the hygiene promotion activities needed to be boosted by the provision of these items and increase in the amount of water provided at designated points that had the water tanks.

2.3.4. Food security, nutrition and livelihoods

Outcome 4.1: Immediate nutritious supplementary food requirements are met for the targeted population in priority 1 hot spot areas.

Output 4.1.1: Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and breast feeding women in Bidu woreda.

About 2,500 children under 5 and 700 pregnant and lactating women (PLW) were registered for supplementary feeding. The first distribution was done in April 2016 where the targeted beneficiaries in Bidu (and the households) were given rations for two months. Post distribution monitoring (PDMs) done for the April supplementary food distribution indicated that the beneficiaries were not satisfied with the taste of the corn soya blend food supplement (CSB), a factor that could have affected the utilisation of the food. This was also confirmed in the FGDs with the community in Sedonta and Tio and with the volunteers and key informant interviews with staff and PNS. IFRC and ERCS followed up on the issue to resolve the matter for subsequent distributions. Discussions were started with WFP to supply CSB to ERCS for the Bidu distributions until October 2016. At the time of the evaluation, it was mentioned that this was in the final stages and the second distribution of CSB was expected in the coming days. The tender for the procurement of CSB for the third planned distribution was open at the time of the review.

Only one supplementary food distribution has been done in April 2016 and there is concern over the delay in subsequent distributions by all stakeholders. This has affected perception on the performance

of ERCS with many of the interviewed stakeholders⁴ indicating that a lot has been promised but little has been delivered. Slow service provision of the food still leaves the community vulnerable to food insecurity due to the drought. This being an emergency operation working to ensure food access by the vulnerable community, and with the apparent need to enhance food access in the face of the drought, such a delay could have serious effects. During the FGD with volunteers, following middle upper arm circumference (MUAC) assessments of children under 5, there was a unanimous agreement that many of the identified children would have had their measurements improve had there been continuous supply of the CSB.

In the FGD in Tio, the need to increase rations had been identified to cater for large households, especially the polygamous ones where a man had more than one wife hence several children. These could be identified and have additional rations to cater for the large number of the vulnerable children. In addition, volunteer assessment could identify such households and have the needed increase in rations distributed. This could address the 63% of households that had unregistered children.

The last CSB distribution date, according to the respondents in the survey varied with the majority at 42% indicating April, followed by June at 24%, May at 17% and July at 14%. Only 2% indicated the last distribution date as August. At the lessons learnt workshop in Bidu, both the beneficiaries and leaders could not remember when the last distribution happened and it was not until the ERCS staff gave the dates as April that majority concurred with it.

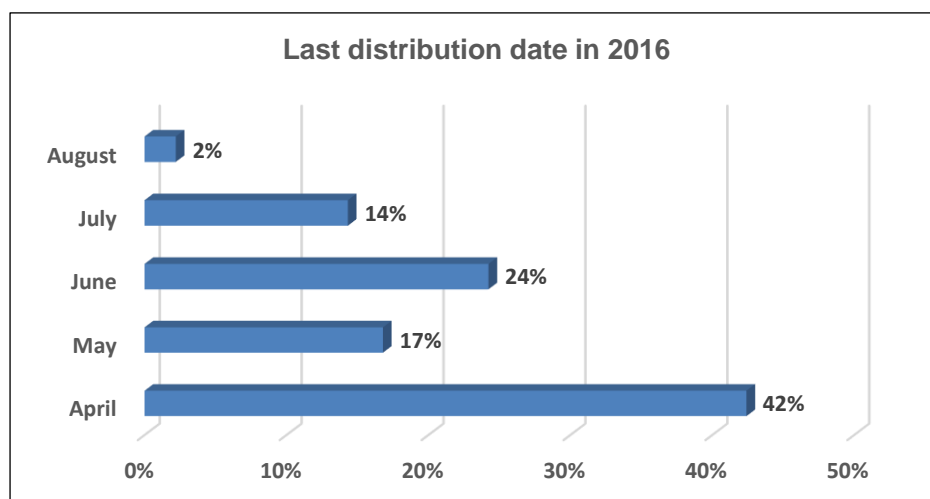


Figure 5: Last distribution date.

The supplementary food package included corn-soya blend (CSB) and oil. Other items distributed at the same time were rani juice and biscuits that had been donated to ERCS. 93% of the respondents indicated that they had received the CSB while 63% indicated they had received oil. There is need to establish why there is a difference between those who had CSB and oil as both were distributed as a package to the beneficiaries under this appeal.

⁴ Bidu health officer at the clinic; Pastoralist Bureau representative

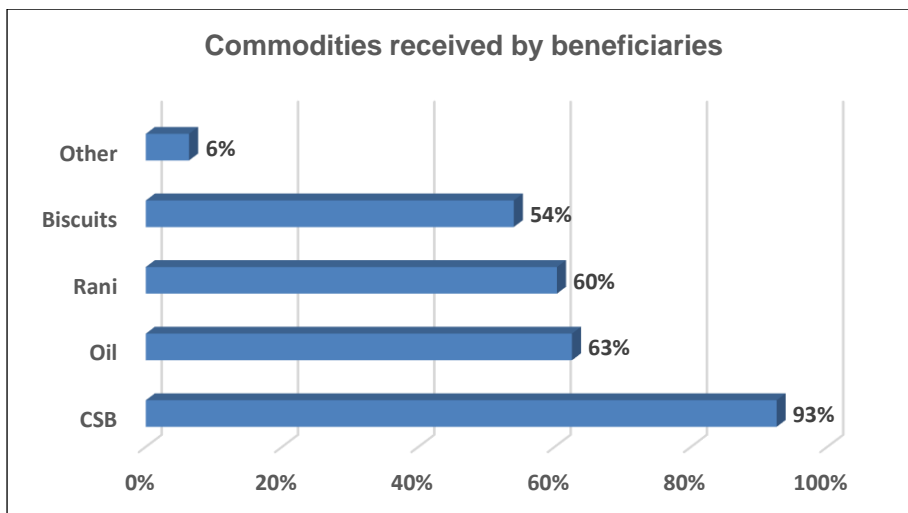


Figure 6: Commodities received by beneficiaries.

94% of the beneficiaries indicated that they had received the right amount of the commodities while 6% indicated that they had not with one of the reasons being given as having a large family which confirms the finding of the FGD, the need to consider family size for the distribution package. 82% of the respondents indicated that they knew the ration size while 18% did not, showing that community mobilisation was thorough in passing information on the supplementary food kit that was to be distributed. 89% of the beneficiaries further indicated that they were informed in advance about the date and time of distribution with 57% saying they had been informed by ERCS volunteers, 25% through ERCS announcements, 14% by community leaders and 4% by a neighbour or friend. Only 11% indicated they had not received advance information on the distribution.

At the time of the distribution, beneficiaries were given key nutrition and hygiene messages ranging from proper hygiene and crucial handwashing times (32%), exclusive breastfeeding, malnutrition signs and symptoms, (both at 24%) CSB usage and preparation (27%), nutrition in pregnancy and lactation (21%). 24% of the 363 respondents indicated that they had not received any messages. This points to the need to intensify volunteer information dissemination campaigns before, during and after distribution activities. See figure 11 below.

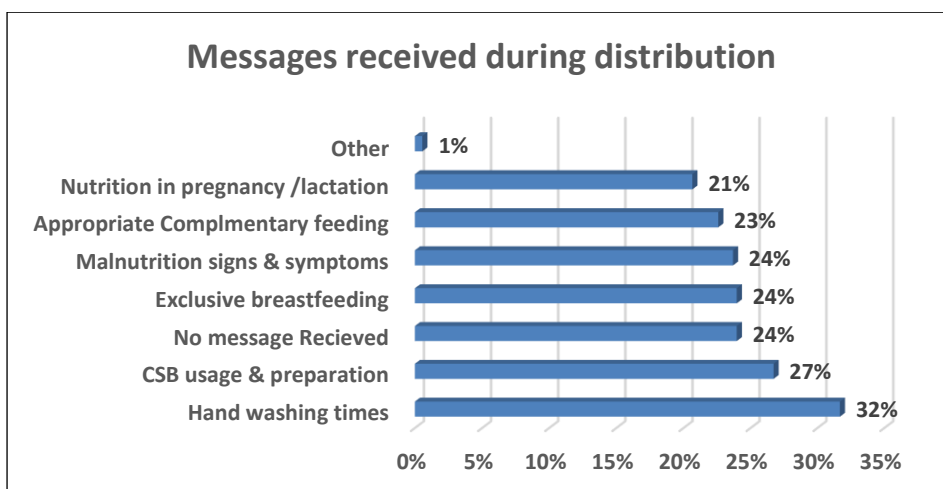


Figure 7: Information received by beneficiaries during distribution

60% of the respondents indicated that registered beneficiaries – the children and pregnant/lactating mothers consumed the supplementary food while 20% were women and children who consumed the

food. These two figures combined gives 80% reach in the most vulnerable group who were reached. It is interesting to note that 13% of the respondents indicated that the food was given to the children, possibly including non-registered children while 6% was consumed by the whole family.

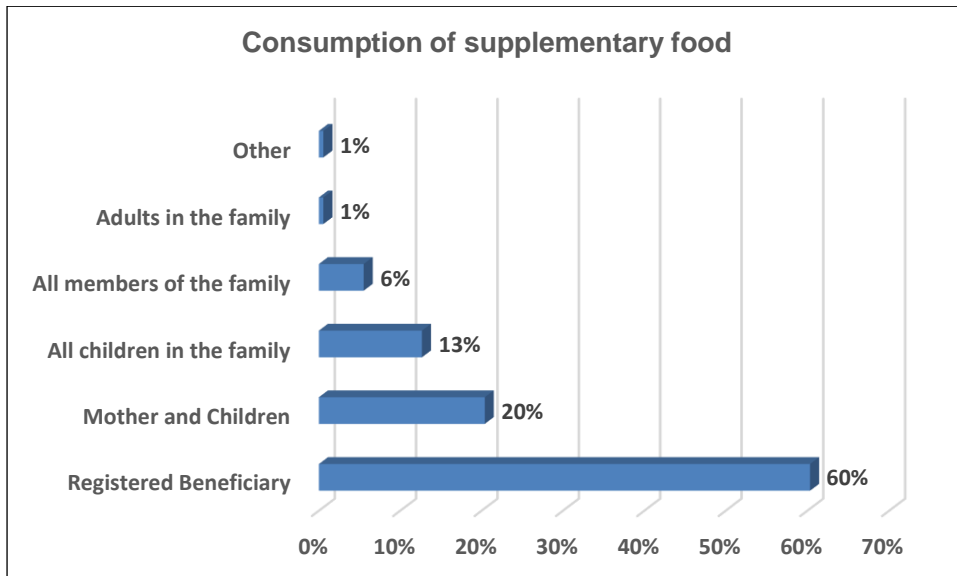


Figure 8: Who consumed supplementary food distributed

Apart from the CSB provided by the emergency operation, the beneficiaries reported that children ate other food with majority at 20% reporting the children ate fruits and vegetables, 18% porridge, 5% meat and fish while 6% having eaten other food types including milk, bread and *injera* a local staple food. In comparison, there was a difference for the women on other foods eaten with 42% of the respondents reporting that the women ate fruits and vegetables, 30% porridge, 21% meat and fish while 7% ate other foods though they did not mention specific foods that they ate as in the case of the children. See figure 13.

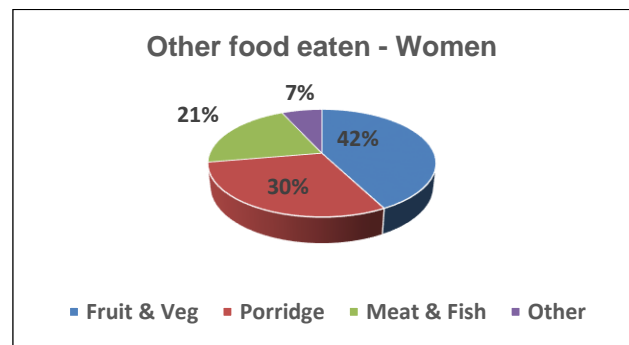
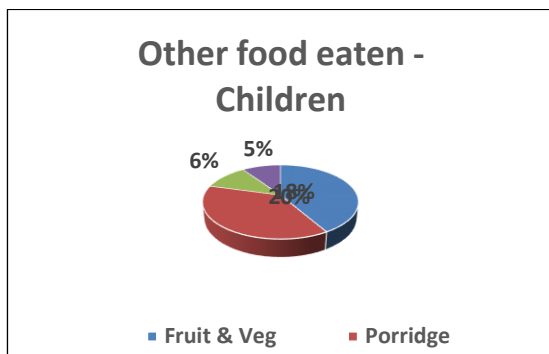


Figure 9: Other food eaten by beneficiaries

74% of the source of the other food eaten by the women and children is from the government while 30% is reported to be from other NGOs. This would need further assessment to determine which organisations and when the food was distributed as it has been reported that ERCS is the only NGO working in this area. It is important to establish the source of the food to avoid duplication of efforts. See figure 14. Relatives and friends play a role in enabling the food distressed household cope, at 10% of the source of other food.

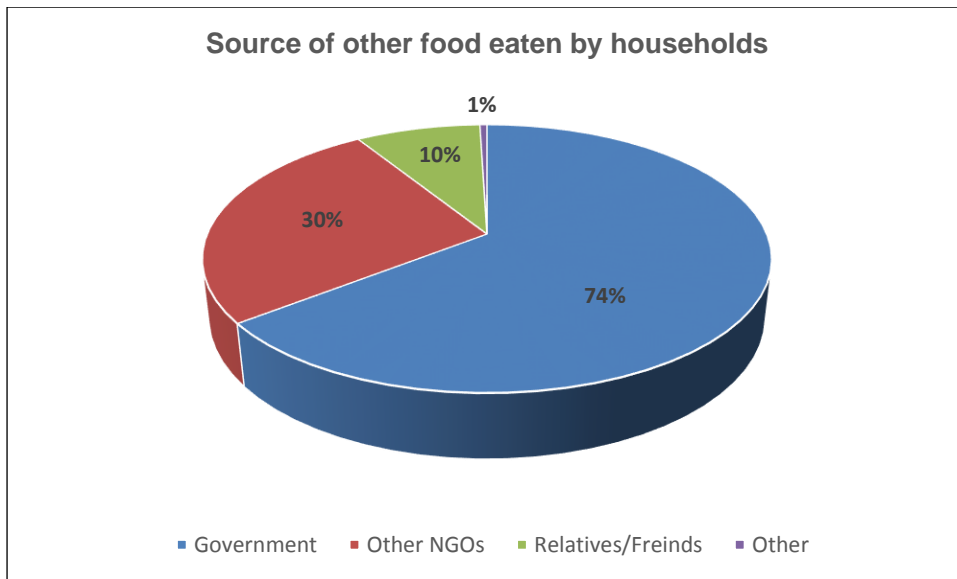


Figure 10: Source of other food consumed by women and children in targeted households.

The surveyed households indicated favourable effects seen in the children following the distribution of the supplementary food given. Of the 363 respondents, 55% reported that the children had increased weight, while 46% reported that the children were active and had increased MUAC measurements. This confirms the feedback given by volunteers during their FGD. Only 2% (8 respondents) reported that they did not see any change. With this feedback, if there is constant supply of the supplementary food, then malnutrition can be tackled effectively.

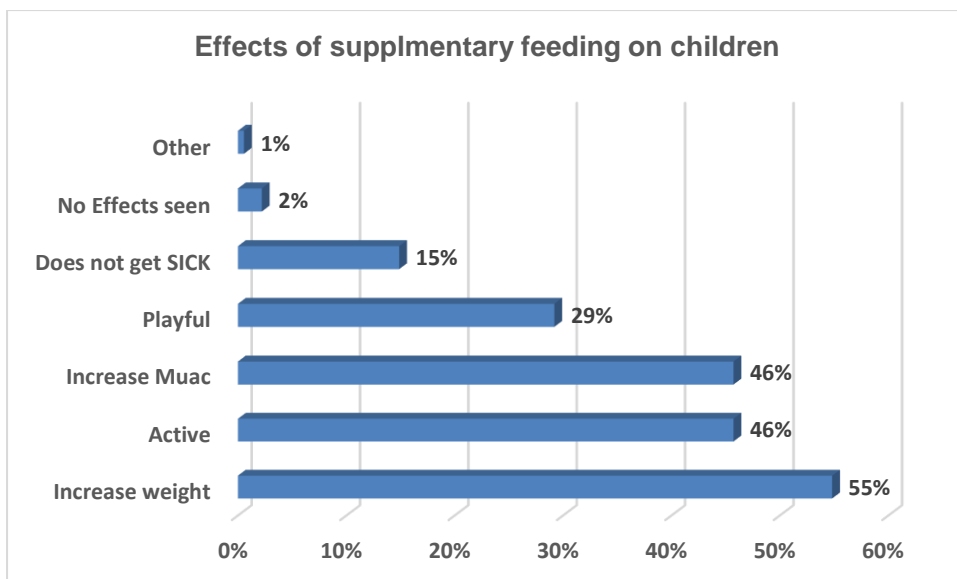


Figure 11: Effect of supplementary feeding on the targeted children

Majority of the people who collect the food rations are women who constitute 80% while the male who collect the food at the distribution site are 20%. Length of time taken at the distribution site was between 1 to 4 hours with 39% of the respondents reporting to have taken 1-2 hours, 29% having taken 2-4 hours while 26% having taken less than 1 hour. Only 6% reported to have taken more than 4 hours at the distribution site. 96% of the respondents reported that they felt safe taking their food rations home with only 4% reporting that they did not feel safe, indicating the distribution sites selected were safe to access especially since majority of the women were the ones getting the food for their households.

84% of the respondents indicated that they knew where and how to make complaints about the program with 39% of them indicating they reported to ERCS/NGO⁵, 18% reporting to the food distribution committee at Bidu, with those indicating that they reported to community leaders or the help desk at the centre both tallying at 11% each. 4% used the nurses at the health centre. Those that indicated other, at 1% reported to volunteers. Only 16% of the respondents did not know where and how to channel their complaints.

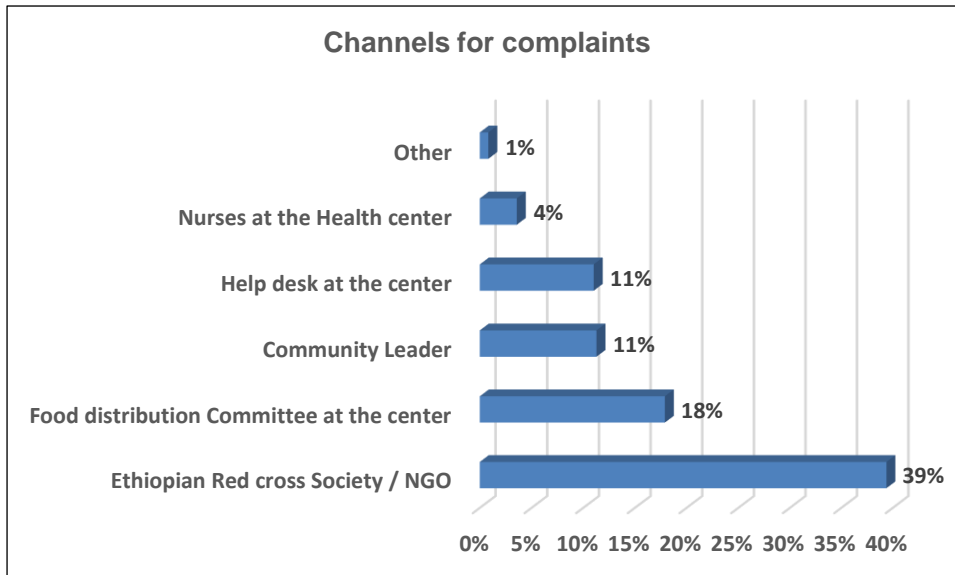


Figure 12: Channels through which beneficiaries gave their complaints

In the BSS, 87% of the respondents indicated that they had been asked about their needs while 13% reported that they had not been asked. For those who were asked, food items ranked first after being identified by 79% of the respondents followed by health services at 43%, safe and clean water at 37% and clothing at 21%. See figure 17 for other listed items.

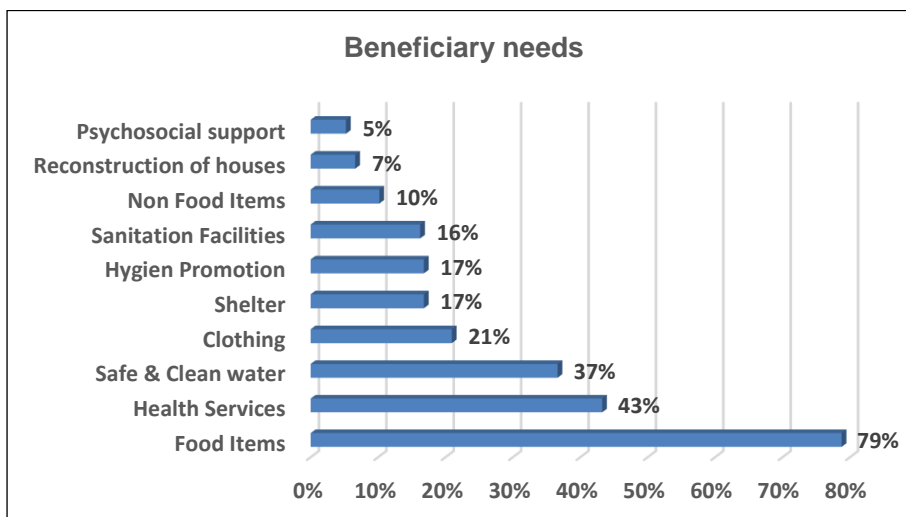


Figure 13: Needs identified by beneficiaries

Relevance and appropriateness: In the beneficiary satisfaction survey completed by households who had received the supplementary support, 94% of the beneficiaries indicated that they had received the right amount of the commodities while 6% indicated that they had not with one of the reasons being

⁵ Note that in the questionnaire, this option had both ERCS and NGO without the option of the respondent clarifying which NGO.

given as having a large family which also confirms the finding of the FGD on the need to consider family size for the distribution package.

Efficiency: Delays in implementation of the second and third distributions has resulted in this output not being fully complete and delivering in the community.

Effectiveness: When asked about their satisfaction levels with the CSB and oil distributed, 83% indicated yes for CSB and 82% for the oil. Main reasons for dissatisfaction were length of time to cook, not enough quantity for the child, poor quality and bad taste. 52% of the beneficiaries either sold or bartered a ration received in the distribution with 41% selling the CSB, 5% selling the oil. 82% of the respondents indicated that they knew the ration size while 18% did not, showing that community mobilisation was thorough in passing information on the supplementary food kit that was to be distributed. 89% of the beneficiaries further indicated that they were informed in advance about the date and time of distribution with 57% saying they had been informed by ERCS volunteers, 25% through ERCS announcements, 14% by community leaders and 4% by a neighbour or friend. Noting the feedback from community members and as noted by operational staff, the community would potentially benefit from further engagement and communication with the community on the purpose of CSB as supplementary food.

Coverage & Coherence: There is a need to expand the targeted beneficiaries to include the elderly. From the volunteer FGDs, it was revealed that the elderly also suffer from malnutrition yet were left out of the distribution. This could be considered. In the FGD in Tio for men, there was a recommendation for the distribution of 'porridge' or 'plumpy nut'. The latter had been distributed by ERCS in previous years and community perception was that this had saved lives at the time.⁶ Another issue for consideration is the quantity of CSB being distributed. This being a community where men had more than one wife and hence many children, the current CSB ration was not adequate for polygamous households.

Sustainability and connectedness: The distribution of supplementary food is accompanied by livelihoods assistance in Bidu. It was noted that the operation should explore opportunities for longer term programming in Bidu to continue to support the community and resilience building.

Output 4.1.2: Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and breast feeding women in other priority hotspot areas.

As the evaluation team did not visit other hotspot areas, it is not possible to report on this output. As per the operational update, distributions in other hotspots have not yet been implemented

Outcome 4.2: Livelihoods of affected population are protected through targeted livestock interventions

Output 4.2.1: Livestock assets are protected.

Community in Bidu Woreda, being pastoralists, suffered a major loss with the current drought with losses of livestock estimated at 75%⁷.

Relevance and appropriateness: The livelihoods intervention was established in the EPoA and subsequently revised following a livelihoods assessment at community level in June/July. Community

⁶ In the same FGD, some participants indicated that they would reject the CSB if they received it again, possibly because of the poor quality in the last distribution hence the need to review quality of CSB before future distributions.

⁷ MDRET016 Six-month operations update

members and stakeholders confirming having participated in the assessments. The implemented activity to date of forage seeds procured and planted in three locations in the community was seen to be welcomed by the community. Community discussions and pastoralist stakeholders highlighted the community interest in livestock re-stocking. The Bidu Pastoralist Association noted having written a letter to the Red Cross expressing the need for restocking and assistance to rehabilitate the association warehouse destroyed by the windstorm, and that no response was received.

Efficiency: Delays in implementation of livelihoods interventions were noted and as a result the procurement of food for animals and veterinary drugs is not yet complete to then deliver on this output in the community. Challenges behind the delays were noted in the logistics supply chain, procurement at scale, and requirements under the IFRC, as well as HR recruitment and filling surge needs in this sector.

Effectiveness: As the forage seeds planted were washed away in a flash flood, there was limited output for the operation from this activity. The potential for a CTP feasibility study to be taken forward to inform further revision of the operation and livelihood support modalities was noted in operational plans and highlighted further to the evaluation team.

Coherence: Community discussions and pastoralist stakeholders highlighted the community interest in livestock re-stocking.

Sustainability and connectedness: It was noted that the project is supporting community volunteers through trainings and contributing to community learning, awareness and behavioural change and thus enhancing resilience in Bidu.

2.4. National Society capacity building

At the national level, through this appeal, the operation has contributed to strengthening ERCS capacity in response to food insecurity. With the deployment of HeOps, ERCS finalised the National Drought Response plan in mid-February 2016 documenting its response to drought in the country. This will contribute to institutional knowledge preservation and also uniformity in implementation of drought response programmes across different regions in the country.

The drought operation is seen to be contributing to ERCS Semera branch capacity strengthening through trainings and equipping of staff.

Additional attention to coordination, engagement and clarity in roles and responsibilities between programs and support services, and technical support from programs to this emergency response operation was noted for potential improvement.

Opportunities to enhance support to the field operation out of ERCS Semera branch were also noted including technical support, operational communication and decision making, project management training and PMER support, as well as local logistics and warehousing. It was also noted that Red Cross staff orientation is important for understanding of the Red Cross approach and the delivery of services.

Finally, the integration of branch preparedness capacity enhancement, such as material resources for response and programme delivery, into this operation was raised as a potential opportunity for the Semera branch under this operation.

There has been slightly high staff turnover rate in this operation compared to the duration of the project. One of the reason could be related to the expressed concern about the remuneration and hardship allowances (package) for field staff. Considering that the government and other agencies are providing

the hardship allowance, this is something to be considered by the ERCS management both for the short term and long term in order not to lose valuable staff.

Chapter 3: Lessons learnt

The following key lessons learned are concluded from the evaluation:

- The launch of the appeal was considered to have been rushed in December 2015. It is critical that appeal **MoUs are tailored and detailed with key points for implementation of the operation (Logistics, HR, surge support) negotiated and fully agreed**. Both the implementing NS and the IFRC must jointly review and agree on appropriate operational requirements for the country context, roles and responsibilities, and IFRC procedures and expectations.
- The IFRC restructure and close of the IFRC Ethiopia Country Office resulted in diminished IFRC capacity in country and at regional level to support this operation and a lack of clarity within roles and responsibilities and systems (for example in financial management and many duties for the single IFRC operations delegate in country). **The IFRC must take the recent restructure into consideration when launching and supporting NS with emergency operations.**
- A number of IFRC global tools were deployed for this operation however they were not considered to have been utilized to their most effective potential. For instance, the FACT deployment did not include any support services and delivered a more challenging plan for implementation in the Bidu context. A HeOPs was also deployed to come up with a national plan however this was not followed through and did not result in any direct output for the operation. As such, **appropriate surge for a slow onset drought emergencies and for varying country contexts must be reviewed and follow through** by remaining management ensured post surge deployment.
- This operation consisted of planning and implementing an emergency project from scratch in a challenging working environment due to the environmental conditions and remoteness. The importance of preparedness planning, including mapping of existing knowledge and capacity, the need to adapt to the context, and engage support services at the onset of planning were stressed. In such cases, a good amount of **support is needed at field level and an ability to review procedures and adapt**, such as HR policy with regards to hardship allowance. Such cases also present strong opportunities to further engage and enhance capacity at the branch level.
- The review findings highlighted that **organization prioritization of an operation as an emergency response with emergency procedures** (HR, Logistics etc.) is critical for efficiency and effectiveness. For example, the following could be considered within emergency procedures to fast track management and implementation:
 - National SOP for emergency response and NS/IFRC procedures
 - Standardized approach across responses
 - Engagement of support services and programmes and removal of silo-ed approaches
 - HR procedures to allow staff to be relieved of some regular duties to devote time and focus on the emergency response
 - Fluid communication with field, branch and HQ levels, and options for decentralized decision making and activities
- The applied approach of one **national plan with harmonization of response projects, and development of SOPs, and engagement and coordination at the beginning of the operation** was viewed as good practice and successes. Operations must include ongoing **monitoring** to ensure implementation in practice, clarify ambiguities in roles and

responsibilities, and maintain ongoing coordination and communication with internal and external partners.

- **Adapted reporting tools and PMER support** are imperative to support field staff and ensure quality and consistent reporting.
- Ongoing **communication at the community level and feedback from the operation** to community members and stakeholders and members are the foundation for ensuring a response is relevant, accepted and understood. Operations must aim to align activities with community needs expressed or coordinate to fill gaps where identified and follow up.

Chapter 4: Recommendations

Building on the lessons learned above, the following specific recommendations have been identified for the remainder of this operation and future similar interventions:

1. **Communication:** Constant feedback and engagement with the volunteers and the community is required especially in view of delayed activities such as the second distribution of CSB for supplementary feeding. Community engagement mechanisms and communication at all levels of the operation would be enhanced by targeting:
 - a) Communication from branch staff to headquarter staff regarding support required and also questions raised on policy issues e.g. review of terms of engagement and requests for salary increment
 - b) Communication from ERCS to IFRC regarding changing regulations that delay financial disbursements and operational issues like technical specifications required in order to initiate tendering process for procurement.
2. **Red Cross Presence in Bidu:** Swift and timely set up of the infrastructure is needed by staff in Bidu to ensure field presence and bring services closer to the community.
3. **Logistics:** Fast-track the procurement process by getting specifications on time and also pre-qualification of potential suppliers to enhance lead times to supply needed commodities to the community.
4. **Clear communication on policy decisions** especially with respect to HR and Finance where the Emergency Appeal budget and staff salaries are not tallying and reasons for this not made clear to the staff. In addition, the change in duty station of the branch staff from Semera to Bidu should consider the harsh environment and the policy on hardship allowance may be reviewed and clearly communicated in a bid to address low staff morale.
5. **Technical support** should be made available. For example, the fact that there is no livelihood support from the ERCS headquarters or the IFRC makes it difficult for the livelihood offer to move officer. This is also crucial to support field officers who may have more limited experience in emergency operations. Specifically:
 - Technical team in the field should be backed up by technical team at the headquarter
 - Efforts should be made to reorient the exiting human resources based on current community and operational needs
6. **PMER:** There is need to establish an effective M&E framework, system and tools for documentation, monitoring, reporting and feedback.

Chapter 5: Conclusion

This operation is delivering critical assistance in Bidu community. With the current funding coverage (70%; CHF 1,933,069 at time of report writing), completion of this mid-term review and plans for revision to extend the operation into 2017, the operation is now presented with opportunity to build on achievements and progress in implementation. Going forward in this operation, it is important that IFRC and ERCS management ensure the following activities/components are prioritized and taken forward:

- ❖ Recruitment of a new IFRC Operations Manager (position vacant since October 14 2016).
- ❖ Finalization of contract with WFP and distribution of second supplementary food distribution in Bidu, as well as tendering process for third supplementary food procurement, food for animals and veterinary drugs.
- ❖ Revision process for this appeal including revision of activities and extension to June 2017, led by the IFRC EAIO Cluster and with the following key components considered:
 - Pastoralist community strategy and consideration of community needs (water, restocking)
 - Cash feasibility assessment
 - Technical support from the IFRC
 - Surge and field support plan
- ❖ Feedback from the operation to the community, particularly post data collection for the MTR, revision plans and next steps
- ❖ Field staff move to Bidu
- ❖ Exploration of linkages and opportunities for longer term programming in Bidu region
- ❖ Engagement and support from IFRC EAIO Cluster and Senior Management to monitor timely and effective implementation of the remainder of this operation

There are also opportunities to connect the findings of this review with actions and plans for ERCS disaster response capacity enhancement, such as:

- NS SOPs and emergency procedures (HR, Logs)
- NS/branch PMER toolkit needs
- Preparedness planning and branch capacity building
- Community engagement
- Volunteer management

To conclude, the MTR team would like to thank the ERCS and IFRC for efforts undertaken to date in this operation and the constructive engagement in the MTR. The team is hopeful that the operation will continue to build on its successes and move forward to further achieve the operational targets and provide support in Bidu.

Annex I: Terms of Reference

<i>Title of ToR</i>	<i>Mid Term Review</i>
Operation	MDRET016 Ethiopia Drought
Participants:	Representatives from: Ethiopia Red Cross Society (ERCS), IFRC EAI/OI DM & PMER units in NBO and ADD; and representatives from in country Movement partners (PNS and ICRC).
Dates:	26 th September to 10 th October (note that Tuesday 27 th September is a public holiday within Ethiopia)
Destination:	ERCS HQ Addis Abeba, Afar Regional Branch and Bidu woreda, Ethiopia

Background:

During ERCS and October 2015, In Ethiopia, consecutive failed rains (Belg rains (March – May), and Kirmet rains (June – September)) combined with erratic weather conditions attributed to El Niño, has resulted in severe food insecurity, especially in the north and north east areas of the country. Some 8.2 million people are in need of assistance across the country, and the number could reach as high as 15 million in 2016, with the level of need exceeding what was seen in the Horn of Africa drought in 2011.

November 2015: Following the recognition of urgent needs related to drought within Ethiopia, the ERCS requested support through an IFRC Field Assessment and Coordination Team (FACT), which was deployed to define the exact needs and to develop an appropriate, relevant plan and budget for the response. The FACT conducted field visits to Somali and Afar Regions, in addition to holding numerous meetings with Movement, non-Movement partners and other stakeholders.

27 December 2015: Emergency Appeal launched for 2,211,085 Swiss francs to support 35,371 people, with 181,521 Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF) as start-up support for the response.

On 28th December 2015, the IFRC launched an appeal of CHF 2,211,085 to support the ERCS response to the needs of the affected population in Afar; Bidu woreda. This appeal was focused on providing lifesaving activities in the supply of supplementary food, health service support and livelihoods to meet immediate needs of the targeted population of 35,371 beneficiaries in Bidu Woreda, Afar Region. The EPoA was based on the evolving nature of the crisis on the ground and on the findings of the detailed assessments carried out by the Field Assessment and Coordination Team (FACT) comprised of IFRC and ERCS staffs. Furthermore, a Head of Operation (HeOps) was deployed on the request of ERCS to support the consolidation of the ERCS National Drought Response plan in Mid-February.

In June 2016, the appeal was revised and budget increase to CHF 2,773,566 along with an additional 30,000 beneficiaries with supplementary food, bringing the total to 65,371 people, specifically targeting moderately and severely malnourished children under 5 years, pregnant and lactating women.

Objectives of the midterm review

1. Review the effectiveness of the MDRET016 operation in meeting the planned objectives and outputs in the EPoA; in the way the planned activities were achieved:

- the effectiveness of the HR capacity both in ERCS and IFRC,
 - the effectiveness of the inception workshop that was held at the beginning of the intervention.
 - The effectiveness of coordination, both internal (between ERCS departments (logistics, finance and PMER), within the movement) and external
2. Provide a means of establishing successes, challenges, lessons learned from the MDRET016 operation to date in order to inform recommendations for the next planned revision in ERCS especially in terms of ERCS operations management, community based WASH and health, nutrition and livelihood activities for the phase out period.
 3. Provide additional action points for the improvement of the overall operations management and response at the ERCS branch and HQ level.

Outputs:

- Mid Term report – including executive summary, objectives, methodology, limitations, key findings, key lessons learned, conclusions and recommendations (Maximum 30 pages excluding Annexes).
- Lessons learned document (maximum four pages), providing a description of the operation, including successes, failures, lessons learned, inter agency/volunteer testimonials and photographs) to be shared with key partners/donors.
- Presentation of key findings and proposed approach by the review team to ERCS

Scope:

The appeal review will be carried out in Addis and Semera, field unit to Bidu. The lessons learnt workshop will cover the operations implemented with beneficiary and stakeholder interviews. The key findings will be presented at ERCS HQ in order to share the results and recommendations.

The review will look to assess (according to a common methodology) the following:

- **Relevance and appropriateness:** the interventions suited the priorities of the affected population, if other interventions would have been more suitable in terms of supporting the ERCS National Drought Response Plan.
- **Efficiency:** the extent to which the appeal operation was managed in an organized and competent way by ERCS Operations team. Emphasis will be to evaluate the separate operations unit set up in ERCS HQ and at Field Level, how it functioned with the existing ERCS branch structure as well as support from ERCS HQ technical departments.
- **Effectiveness** – the extent to which the appeal operation was able to meet its intended objectives and outputs in accordance with recognized international standards (SPHERE).
- **Coverage** – the extent to which the appeal operation was able to reach the populations/areas most at risk by the drought crisis; how the criteria for this was identified/implemented.
- **Coherence** – the extent to which the appeal operation was in accordance with the policies and strategies agreed by key stakeholders for the response; and how it was complimentary to the interventions of other actors.
- **Sustainability & connectedness** – the extent to which the outcomes of the operation will be sustained (where relevant); particularly in relation to capacity and learning gained through the interventions (National Society capacity); and how they can be integrated within contingency planning activities and future new activities being carried out by the ERCS in preparation similar emergency responses. And linkages to longer term programming for the targeted communities

Please note that the operational review is commissioned by the IFRC EAIOI, Africa regional office and ERCS Appeal management and intended as an internal quality assurance and lessons learned exercise, and not a complete evaluation. Nonetheless efforts will be made to ensure that the exercise is carried out in accordance with the IFRC ethics and legality standards ([refer to the IFRC Evaluations Framework / 4.3](#)), and the International Red Cross and Red Crescent Movement's **Fundamental Principles**.

Methodology:

7. Desk review and review of secondary data, including but not exclusive to:
 - MDRET016 Ethiopia Drought Appeal – EPoA (original and revised version)
 - MDRET016 Ethiopia Drought Appeal – Budget (original and revised version)
 - MDRET015 Ethiopia Population Movement – Operations Updates
 - ERCS Training and distribution reports
 - FACT team report
 - HeOps Mission Report and He Ops National Society Drought Response Plan.
 - ERCS Field Monitoring Reports
 - ERCS Technical Assessment reports (WASH, Livelihoods and Health)
 - Task Force (Addis and Afar) minutes of meetings
 - Lessons Learned from 2011 drought and Gambella Appeal MDRET015.
 - ERCS Financial monitoring/expenditure Reports
 - ERCS policy, mandate, national strategic plan etc.
 - ERCS Post Distribution Monitoring Report
- Key informant interviews (using standardized tool)
 - a. populations reached through the operation – ensuring the sample is representative of all groups, e.g. men/women, children, elderly, people living with disability etc.
 - b. ERCS staff representatives from relevant technical areas and respective regions including interview with IFRC Operations Delegates during the implementation period.
 - c. IFRC EAI/OI DM (Cluster and Region), IFRC African Logistics, IFRC Procurement Officers in Geneva.
 - d. In-country NGO (with presence in Afar and active in the same response).
 - e. ICRC
 - f. PNSs
 - g. In-country government partners: Afar Regional and Bidu Woreda Offices
- Beneficiaries Satisfaction survey
 - a. with beneficiaries (using standardized tool) – ensuring the sample is representative of all groups, e.g. men/women, children, elderly, people living with disability etc.
 - Avoid duplication with the ERCS Post Distribution Monitoring survey and report already completed with beneficiaries.
- Focus Group Discussions (using standardized tool):
 - a. with beneficiaries
 - b. ERCS volunteers involved in the operation
- Lessons learned workshop to include all levels involved in the operation (using standardized tool kit):
 - a. Branch staff from Semera Branch.
 - b. Headquarters staff (ERCS Senior Management, WASH, DM, Communication, Logistics, Finance department representatives)
 - c. other key stakeholders/partners as relevant at Afar (Semera and Bidu) level.
- Development of a lessons learned document (maximum four pages), providing a description of the operation, including successes, failures, lessons learned, inter agency/volunteer testimonials and photographs) to be shared with key partners/donors.

This review will put emphasis on the relevance of the assistance provided to the beneficiaries, as well as the support offered to the ERCS using IFRC tools, the operations unit set up at Addis and Semera level etc.

Resources (see attached draft budget in annex 1):

Please note that 10,300 Swiss Francs has been budgeted for the review process, and this cover in country costs of organising the exercise (ERCS), and to facilitate the participation of IFRC representatives Movement partners and ERCS participation in the Mid Term Review within Ethiopia (see draft budget in annex 1).

MTR Team Composition:

- **Representatives from ERCS PMER** as focal point for the review, responsible for communicating with NS leadership on plans for review, and to support preparation and provision of relevant

documentation, planning and liaison with key informants, organising logistics for the team, as well as participating in secondary data review, primary data collection, facilitation of lessons learned workshop, analysis and finalisation of review findings and recommendations (including facilitating inputs/feedback from ERCS management).

- **Team leader** from IFRC with experience in evaluations, lessons learnt, disaster management and reporting, including the preparation of the report with inputs from team members, and case study / lessons learned document.
- **IFRC PMER Representatives** with experience in evaluations, lessons learnt, disaster management and reporting.
- **IFRC Operations Representation** IFRC technical staff (Cluster and Region) for providing technical input into the review; as well as support with the collection/analysis of the relevant information, findings, conclusions, and recommendations to the report.

All review team members will be expected have competencies in the following areas;

- Experience in disaster management and/or WASH and/or PMER– required
- Experience of working with National Societies (including NS leadership, staff and volunteers) – required;
- Experience of project/programme monitoring and evaluations (including conducting KIIs, FGDs etc.) - required;
- Experience of mobile data collection (ODK, Magpie etc.) – preferred;
- Understanding of the appeal tool – required;
- Proven ability to work in a team – required;
- Proven facilitation skills (e.g. of workshops) - required;
- Proven communication skills (including both written and oral) -required;

Key contacts and MTR team members:

Operations Review Team Leader and Facilitator:

- Beatrice Okeyo (Senior PMER Officer -Africa Region)
- Mohammad Dada (ERCS HoD DPR)

MTR Management Team

- Beatrice Okeyo (Senior PMER Officer -Africa Region)
- Norah Eggleston (Canadian Red Cross)
- Lawrence Lutaaya (IFRC EAIO Cluster NBO)
- Abebaw Abebe (ERCS PMER Coordinator)
- Geoffrey Odera (PMER Officer EAIO)

MTR Management Comments Team

- Mette Steen (IFRC Operation Manager Ethiopia)
- Andreas Sandin (IFRC EAIO Operations Coordinator)
- Mohammad Dada (ERCS HoD DPR)
- Zekarias Assafa (ERCS HoD Quality and Learning)
- ERCS Acting DSG Head of Programs (TBC)

Support team

The Support team is available to assist with planning and logistics for the MTR.

- IFRC Ethiopia Operations Delegate: Mette Steen
- Surge Support Delegate: Marjo Lepannan
- ERCS DPR Head of Department: Mohammad Dada
- ERCS Appeal Coordinator: Teshale Tekola
- ERCS Field Coordinator: Tillahun Desalew (for all field arrangements)

Activities:

The DREF review activities will take place between the 26th September to 7th October - 25th October (dates yet to be agreed), with the following schedule (including drafting and finalization of report):

Activity plan	Date	Responsible
Draft/sharing of Terms of Reference	19 August	Mette/Geoffrey
Finalization of Terms of Reference	14 August	Mette/Lawrence
Set up meeting with MTR Team (online) <ul style="list-style-type: none"> o Draft/sharing of review itinerary; o Agreement on team leader; and allocation of roles and responsibilities; o Setting up/Identification/sharing of key documents o Sharing of Survey/ Review tools e.g. FGD, KI, HH survey tool etc.); o Identification of key informants; o Identification of in-country focal point. 	26 August	Abebaw/Lawrence/Beatrice/MTR
Team list compilation and sharing of passport copies for participants needing business visas for Ethiopia	26 th August	Lawrence/Abebaw/AU Welcome Service (the latter for hotel bookings)
Complete data collection tools and uploading onto server (as relevant) for ODK BSS.	15 September	Abebaw, and Beatrice
Budget completed (in country and international costs)	15 September	Mette/Lawrence
Remote key informant interviews with EAIOI cluster, region, movement partners.	19-23 September	Lawrence and Beatrice
Secondary data review completed	23 September	MTR Team members
Final briefing with the review team, including: <ul style="list-style-type: none"> o Confirmation of review itinerary; o Confirmation of logistical arrangements (transport, per diem etc.) o Finalization of methodologies (context, translation etc.); o Preparation for the lessons learned workshop; 	23 September	MTR Team members
Submission of Field Mission orders to IFRC Security Responsible for Ethiopia (AU delegation) and booking of travel arrangements to Semera and hotels in Addis	27 September	Lawrence/AU Delegation
Arrival of all team in Ethiopia	27 th September	
Briefing with ERCS leadership to introduce the objectives of the review and MTR team meeting with the support team to fine tune all arrangements.	28 September (morning meeting with ERCS PM for the team and support team.	Marjo/Mette/Teshale
Interviews with ERCS, PNS, and other partners involved in the response to the Drought.	29 September	Abebaw/Lawrence Beatrice and Norah
MTR team Afar Field visit: <ul style="list-style-type: none"> o Key informant interviews with ERCS branch staff; and partners (as relevant) o Orientation of ERCS volunteers on use of mobile data device for the survey tool; o Focus group discussion with ERCS volunteers; 	30 September to 3 October	MTR team Abebaw/Beatrice/Lawrence

<ul style="list-style-type: none"> o ERCS volunteers carry out HH survey (as relevant); o Focus group discussions with beneficiaries. 		
Lessons Learned Workshop in Afar co-facilitated (Afar branch and appeal team) and draft report writing day	4 th to 5 th October	Lead to be confirmed
Return to Addis in the AM	6 th October AM	
Lessons Learned Workshop in Addis (ERCS HoDs, ERCS project staff including finance and logistics, IFRC, PNS)	7 October AM	Nora/Abebaw
Debrief with ERCS management and departure from Ethiopia PM	7 October PM	MTR Team
Departure	7 October PM	
Compilation of field notes and draft report/analysis completed by review team	Until 19 October	Abebaw and Beatrice
Submission of draft report and lessons learned documents to IFRC EAIO Cluster management and MTR Management Comments team	21 October	Beatrice and Abebaw
Feedback on draft reports received by	26 October	Beatrice and Abebaw
Finalization of lessons learned document	4 November	Beatrice and Abebaw
Finalization of report	4 November	Beatrice and Abebaw
Management comments from ERCS	10 November	Mette and Abebaw
Issue of report (on IFRC evaluations database)	TBC	Beatrice

Budget:

CHF 8,000 (Birr estimated 160,000)

Activity code	Account code	Description	Total	Comment
A0101	680	Hall hire/catering	3,500	
A0101	680	Transport	2,000	
A0101	680	Stationery & miscellaneous	500	
A0101	680	Per diems, accommodation	2,000	Including volunteer per diems
		TOTAL	8,000	

Note

NBO staff from Ops (Lawrence) will be covered under IFRC Support Costs – Technical Support visits from NBO.

All NBO staff should come with a working advance for their in-country costs including accommodation, taxi transfers in Addis etc. Domestic flight will be booked and paid directly. Hotel accommodation in Afar is estimated USD 50 per night (B&B) and the hotel in Addis will be Jupiter Kazanjis (USD 120 per night B&B estimated).

ERCS participants will cover their costs for domestic travel and per diem by their HQ monitoring costs line. Field transport costs (fuel for car and mileage) will be covers by the project activity lines.

Annex II: Data Collection Tools

ERCS AFAR 2016 DROUGHT PDM QUESTIONNAIRE: - June 2016									
1. INTRODUCTION									
1.2 Survey date ____ ____/ ____ ____/2016 Day Month			1.3 Last Distribution date ____ ____/ ____ ____/2016 Day Month						
1.4 County:			1.5 Region:			1.6 Zone:			
1.7 Woreda			1.8 GPS Coordinates North: East:			1.9 Ration card Number / Beneficiary name			
1.10 Name of data gatherer			1.11 Mobile Number of data gatherer						
2. HOUSEHOLD DEMOGRAPHICS									
2.1	What is the sex of the household head?			1=Male		2=Female			
2.2	What is the age of the household head?			1=below 18 years	2=18-49 yrs	3=50-69 yrs	4=70 yrs plus		
2.3	How many people (by sex) currently live in your HH, eating from same pot?			Males _____		Females: ____		Total no. in the HH: _____	
2.4	How long have you been in this location?	1= 1 week	2= 1 week < 2 weeks	3=2 weeks <4 weeks	4=1 month < 3 months	5=3 months < 6 months	6=6 months < 12	7=> 12 months	8= I'm a resident

3. FOOD ASSISTANCE ACCESS & UTILIZATION																
3.1	How many children under five (6-59 months) are there in this household?				No. of children _____											
3.1.1	How many are not enrolled/registered for the SN /Supplementary Nutrition /program?				No. of children _____											
3.1.2	What are the reasons for not being registered/enrolled?	1=I did not know about the program	2=too much time required to participate 3=the distribution site is far	4=I had other commitments that prevented from enrolling the child	5=other (specify)											
3.2	How many are registered/participate in the Nutrition program?				No. of children _____											
3.3.	3.4. Gender 1=Male 2=Female	3.5. Did each of the child participate in any or more supplementary food distribution ? 1=yes 2=No	3.6. Does each of the child have a supplementary food participation card 1=Yes 2=No 3.6.1. If no, why do you not have a supplementary food participation card? 1=not given one 2=did not know I needed one 3=I lost my card, 4=other (specify)	3.7. Check in the supplementary food participation card how many distributions the child has participated, if no card, ask the mother/caregiver how many distributions they believe their child participated in (if possible, cross check with program / distribution site records) (NB: tick all the months that apply where supplementary food is only distributed once per month, s, in other cases where the distribution takes place twice a month,, ensure that you tick all that applies for all distributions attended by the child for that month)							3.8. Why did your child not participate in or more supplementary food distribution? (use the codes below and indicate the main reason)					
3.3.1.	Age of the child in months			J	F	M	A	M	J	J	A	S	O	N	D	Total number of months
Child 1																
Child 2																
Child 3																
Child 5																
Child 4																
Codes for Q 3.8		1=Distance too far to collect the rations		2=Too much time required to collect the rations				3=Did not know I had to collect the rations		4=I had to work						
		5=I had other commitments		6=Other (specify)												
3.8.1	Who is the primary caregiver to the child/ren	1=mother	2=father	3=grandfather	4=sibling 5=other (specify)											

3.8.2	What is the relationship of the respondent with the child/ren	1=mother	2=father	3=grandfather	4=sibling	5=other (specify)
3.9	What commodities did the child receive during the last distribution (<i>select all that apply</i>)	1=CSB	2= Oil			
3.10	Was the right quantity received under supplementary food (<i>FAM to check whether the child received the right quantity based on the ration scale</i>)	1=Yes (Skip to 3.12)	2=No			
3.11	If No, probe for reasons					
3.12	Did you know the exact ration size that you were supposed to receive?	1=Yes	2=No			
3.13	Were you informed in advance about the date and time of the distribution	1=Yes	2=No (If No, skip to 3.15)			
3.14	If yes, how were you informed: (circle as appropriate)	1=Community leader 2=Friend	3=ERCS Announcements	4=ERCS Volunteers	5=other (specify)	
3.15	Did you sell or barter any of the ration received under supplementary food last month?	1=Yes	2=No (If No, skip to 3.19)			
3.16	If yes, what commodity did you sell? (tick all that applies)	1=CSB	2=Oil			
3.17	If yes, why?	1=to buy more preferable foods	2=to buy medicine or pay health services			
		3=to support family friends who had less food	4=to buy firewood or fuel			
		5=to pay for milling	6=to buy water			
		7=to pay transport	8=other (specify)			
3.18	If yes, how much?	1=All	2=More than half	3=half	4=less than half	
3.19	Did you share / give away any of your food ration?	1=Yes	2=No (If No, skip to 3.23)			
3.20	If yes, what commodities did you share/give away	1=CSB	2=Oil			
3.21	If yes, how much?	1=All	2=More than half	3=half	4=less than half	
3.22	If yes, why?	Do not need the food	The ration was too much	I did not like the food	My neighbours are also vulnerable	
		Giving back	Culture of giving	Other (specify the reasons)		
3.23	How long did the last ration provided under supplementary food last?	1=CSB No of days _____	2=Oil: No of days _____			
3.24	Are you satisfied with the food ration that the child received under supplementary food ?	1=Yes (If yes skip to Q 3.26)	No			
3.25	If no, provide reasons	1= takes too long to cook	2= it is not enough for the child			
		3=poor quality	4=not the right commodity			
		5=Bad Taste other (specify) 6. other (specify)				

3.26	What key nutrition messages did you receive during the last supplementary food distribution?	1= Early Initiation and Exclusive Breastfeeding 2= Appropriate complementary feeding		3= Malnutrition, Screening Signs & Symptoms & Availability of treatment services 4= Hand-washing, toilet use, disposal of child's excreta
		5=Early Initiation and Exclusive Breastfeeding 6=Appropriate complementary feeding		7=Malnutrition, Screening Signs & Symptoms & Availability of treatment services 8=Hand-washing, Toilet use, disposal of child's excreta
		9=Nutrition during pregnancy/lactation and available maternal services.	10=CSB usage and preparation	11=other

4. SUPPLEMENTARY FOOD RATION CONSUMPTION

4.1	If CSB was provided who consumed it in the household?	1=only the registered child/ren 2=all the children in the family 3=mother & children	4=all members of the family 5=only adult members 6=other (specify)
4.5	What other food did the child eat, apart from the commodities provided under supplementary food (list all the commodities)	1=Fruits and vegetables	2=meat and fish 3=porridge 4=other (specify)
4.6	What effects did you observe since the child was enrolled in the supplementary food programme?	1=Active 2=Playful 3=Sleep good 7=Did not seen any change	4=Increase weight 5=Increase MUAC 6=Does not get sick 7=Other (specify)

5. GENDER & PROTECTION

5.1	What was the sex of the recipient who went and collected the child's ration during the last distribution?	1 = Male	2 = Female				
5.2	How long were you at the supplementary food distribution program before you received your ration?	1 = less than 1 hour 3 = between 2 and 4 hours	2 = between 1 and 2 hours 4 = 4 hours or more				
5.3	Did you feel safe collecting and/carrying home your food entitlement	1=Yes (<i>If yes, skip to 5.5</i>)	2=No				
5.4	If no, state the reasons						
5.5	Did you know how and where to complain about the programme?	1= Yes	2= No (<i>If No, skip to 6</i>)				
5.6	If yes, indicate where or to whom?	1=help desk at the centre	2=food distribution committee at the centre	3=community leader	4=nurse at health centre	5=NGO/ERCS	6=other (specify)

6.1. Involvement level

6.1.1. Beneficiary selection

6.1.1.1. Were you aware of the beneficiary selection criteria?

1. Yes

2. No
 6.1.1.1.1. If yes, what are they? Please specify at least three _____
- 6.1.1.2. Where did you hear about the service from?
1. From Red Cross volunteers
 2. From Red Cross Public Announcement in the village
 3. From local government
 4. From Neighbours/Friends
 5. Other
- 6.1.1.2.1. If Other, please specify the source of information _____
- 6.1.1.3. Was the selection process participatory?
1. Yes
 2. No
- 6.1.1.4. What should ERCS do to improve selection of beneficiaries? _____
- 6.1.1.5. Were your needs Assessed?
1. Yes
 2. No
- 6.1.1.6. What were your needs?
1. Food items
 2. Non-Food Items
 3. Safe & Clean Water;
 4. Temporary Dry & Safe Shelter;
 5. Clothing;
 6. Sanitary Facilities,
 7. health services
 8. hygiene promotion services
- 6.1.1.6.1. If other, please specify _____

9. Psycho-Social Support
10. Restoring family links
11. reconstruction of houses
12. access WatSan Services
13. Opportunity to engage in IGA of their interest & marketability,
14. Other

6.2. Satisfaction Levels

No	View Point	Satisfaction rating				
		Very Satisfied	Satisfied	Can't Say	Dissatisfied	Very Dissatisfied
1	Adequacy of the service					
2	Relevance of the service					
3	Timeliness of the service					
4	Proximity of service delivery sites					
5	Availability of information about timing of service delivery					
6	Impartiality of Red Cross staff in identifying the needy					
7	Identification of crucial service as area of intervention by Red Cross					

8	Adequacy & clarity of orientation given by Red Cross staff on the role and objectives of Red Cross					
9	Respecting of the scheduled timing of service delivery					
10	Quality of service delivered to you					
11	Helpfulness of Red Cross staff to accept alternatives					
12	Willingness of staff in listening to comments & handling of complaints					
13	Equal treatment of all beneficiaries during new information releases					
14	Fairness and equal treatment of the needy during service delivery					
15	Level of participation in project design and implementation					

6.3. Areas of improvement

- 6.3.1. What are the major gaps you have seen in ERCS service delivery?
- 6.3.2. What do you recommend to improve the gaps you have mentioned?
- 6.3.3. Is there any Complaint and Response mechanisms that you are aware of in ERCS service delivery?
 - 1. Yes
 - 2. No
- 6.3.3.1. If yes, what were the opportunities availed for Complaint and Response?
- 6.3.4. What Other services would you like to get from ERCS? ____
- 6.3.5. If ERCS ceased its services now, are you still able to have the benefits that you used to get from ERCS services?
 - 1. Yes
 - 2. No
- 6.3.5.1. If Yes, How _____
- 6.3.5.2. If no, Why ____
- 6.3.6. In your opinion, what are the critical weaknesses you witnessed in Red Cross? Please specify _____
- 6.3.7. What are the visible strengths of Red Cross? Please specify _____
- 6.3.8. Do you like to contribute to Red Cross's efforts? Yes ____ No ____ [please choose one]
- 6.3.8.1. If your answer to the above question is yes, in what ways do you like to contribute? Please specify _____



Emergency Appeal Midterm Evaluation

Title of exercise: Focus group discussion - Volunteers
Date:
Name of operation: Ethiopia –Drought
Appeal number: MDRET016
Purpose: Focus group discussions are intended collect information from volunteers, by providing a setting in that they can discuss their involvement in the activities planned, and what support they received from the Ethiopian Red Cross Society (ERCS), which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.





Directions Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross Red Crescent activities that have been carried out, and their involvement. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world.

Please note that efforts should be made to ensure that attendees of the focus groups discussion are representative of the volunteers all involved in the emergency appeal.

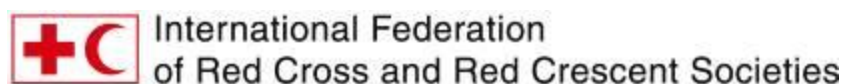
Timeframe 45 min per discussion

1. What was your role in the emergency appeal? <i>Probe to establish how they were involved in assessment, planning, monitoring and implementation of the activities planned.</i>
2. What information did you receive from NHQ / Branch about the emergency appeal? <i>Probe to establish if received EPoA + Budget; SitReps, Security protocols etc., what mechanisms were put in place to provide and receive information from volunteers to NHQ / Branch, and what information would have been useful.</i>
3. What training did you receive to assist with carrying out the activities planned in the emergency appeal? <i>Probe to establish if received orientation on RCRC (Code of Conduct, FPs, Safer Access Framework etc.); as well as training relevant to the EPoA (ECV, First Aid etc.); what was useful, what wasn't useful, and if any other training should have been provided.</i>
4. What material did you receive to assist you with carrying out the activities planned in the emergency appeal? <i>Probe to establish the type materials received (IECs, protective equipment, visibility items, tools etc.); what was useful, what wasn't useful, and if any other materials should have been provided.</i>

5. What skills and knowledge you have received from carrying out the activities planned in the emergency appeal? <i>Probe to establish how volunteers have improved their capacity, in what areas, and how they will use these skills and knowledge in the future.</i>
6. What other organization was involved in the response to the disaster? <i>Probe to establish how the volunteers coordinated with them when carrying out the activities planned in the emergency appeal</i>
7. Were the interventions appropriate for community needs? <i>Probe for relevance.</i>
8. Has the operation been consistent with the needs and priorities of the intended beneficiaries (most vulnerable in the communities)?
9. What went well in the emergency appeal? <i>Probe to establish any successes, and what contributed to this.</i>
10. What didn't go well in the emergency appeal? <i>Probe to establish any challenges that were experienced, and what contributed to this.</i>
11. From what did not go well, suggest improvements that can be done to enhance positive results for this operation. <i>Probe also for what can be done as part of exit as the operation comes to an end.</i>
12. Tell us what you would do differently, if you had to do it all over again? <i>Probe to establish lessons learned.</i>
13. What recommendations you have for have for future emergency appeals? <i>Probe to establish recommendations for NHQ / Branch, and also IFRC (if relevant).</i>

14. Do you think the operation will achieve its objective in assisting the drought affected communities achieve food and livelihood security? If yes, give reasons why and if no give reasons why not.			
15. From your perspective (as a volunteer) how do you feel the emergency appeal is going?			
			
Excellent	Good	Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. What questions do you have for us?			

Thank you for your time and sharing your views



Emergency Appeal Midterm Evaluation

Title of exercise: Key informant interview – NHQ/Branch staff

Date:

Name of operation: Ethiopia – Drought

Appeal number: MDRET016





Purpose: Key informant interviews are intended to collect information from people that were involved in some capacity in the emergency appeal; and therefore have particular knowledge and understanding, which can inform lessons learned and recommendations. Questions have been prepared; and prompts provided to help guide the conversation with the interviewee. Based on the answers given, the interviewer should then score as follows:

- “Excellent” - shown with a very happy face;
- “Good” – shown with a happy face;
- “Fair” – shown with an ok face;
- “Poor” – shown with an unhappy face

Document comments that are made in the course of the discussion





Directions Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross activities. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities. Interviewees should be prompted to indicate any successes, challenges, lessons learned and recommendations for what should have be done differently in future emergency appeal.

Timeframe 45 – 60 min per interview

Name of interviewee:				
Position:				
Location:				
1. What was your role in the emergency appeal?				
2. Please explain the process the National Society went through to plan the emergency appeal; and how decisions were made on what should be included?				
	Excellent	Good	Average	Poor
2.1 Extent to which the activities planned were informed by rapid and/or detailed assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Extent to which the activities planned were informed by consultation with; and agreed on by beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Extent to which beneficiary or geographic selection criteria was used when planning the emergency appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Extent to which the activities planned were adapted to meet the needs of the most vulnerable (culture, disability, gender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Extent to which the activities planned were in accordance with existing Ethiopian RCS policies and strategies (contingency plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Extent to which agreed international standards (Sphere, RCRC etc.) were applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Extent to which NS SOP were used in the planning and implementation of the emergency appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Extent to which EOC was has been used in the drought appeal planning and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Extent to which mechanisms were put in place to provide and receive information from beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Extent to which learning from previous emergency appeal was applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key successes				









Challenges









Additional Comments: Comment on the use of the NS SOP, EOC set up and how it was managed, decision making and communication, etc.









3. Please explain how effective the support you received from IFRC was during the emergency appeal?				
	Excellent	Good	Average	Poor
3.1 Extent to which support was provided in the preparation of the EPoA + Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Extent to which the process of authorization of the emergency appeal request; and release of the allocation was well timed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Extent to which the mobilization of IFRC disaster response tools (RDRT) was well timed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Extent to which the mobilization of IFRC disaster response tools (RDRT) supported the implementation of the emergency appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Extent to which the mobilization of items required for the emergency appeal (NFIs etc.) was well timed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Extent to which IFRC tools were used to promote best practice (BPI, Initial rapid multi sectorial assessment, VCA etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Extent to which FACT was useful in appeal set up and planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Extent to which Community/Branch/National response teams were mobilized for this operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Key successes

Challenges

Additional Comments: Comment on CBDRT, BDRT, NDRT and how they were mobilized (if at all)				
4. Please explain how effective emergency appeal was managed in accordance with the EPoA + Budget				
	Excellent	Good	Average	Poor
4.1 Extent to which processes were put in place for planning, monitoring, reporting; and quality assurance of the emergency appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Extent to which monitoring activities informed the revision of activities planned in the emergency appeal (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Extent to which the activities planned were carried out in accordance to the agreed timeframe in the EPoA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Extent to which the activities planned were carried out were in accordance with the agreed budget (>10% per variances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Extent to which the agreed budget was appropriate to meet the needs of the beneficiaries (% expenditure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key successes				
Challenges				
Additional Comments				
5 Please explain how effective the emergency appeal was in meeting its intended objectives/outputs (by sector) <i>as applicable</i>				
	Excellent	Good	Average	Poor
5.2 Health and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Water, sanitation and hygiene promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Food Security, Nutrition and Livelihoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key successes				

Challenges				
Additional Comments				
6 Please explain how effective the emergency appeal was in strengthening the capacity of the Ethiopian Red Cross Society				
	Excellent	Good	Average	Poor
6.1 Extent to which the emergency appeal contributed to capacity building of NHQ / branch level staff; and in which areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Extent to which the emergency appeal contributed to capacity building of volunteers; and in which areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Extent to which gaps in the capacity of ERCS were identified; and incorporated into longer term plans; and in which areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key successes				
Challenges				
Additional Comments				
7 Please explain how the Ethiopian RCS coordinated with other stakeholders in the implementation of the emergency appeal?				
	Excellent	Good	Average	Poor
7.1 Extent to which there was coordination with other key stakeholders in the planning of the emergency appeal (assessments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Extent to which information on the emergency appeal (EPoA + Budget; SitReps etc.) were disseminated to key stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Extent to which Ethiopian RCS participated in coordination mechanisms with key stakeholders (NHQ / Branch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.4 Extent to which the activities planned were in accordance with agreed national standards and/or legislations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Key successes</p> <p>Challenges</p> <p>Additional Comments</p>				
8 Please explain if/how the emergency appeal has improved the profile of the Ethiopian Red Cross Society?	 Excellent	 Good	 Average	 Poor
8.1 Extent to which activities were carried out to improve the visibility of ERCS through the emergency appeal (Press releases, case studies, social media etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Extent to which the emergency appeal enabled the mobilization of resources from other donors for the immediate response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Extent to which the emergency appeal provided opportunities for medium/longer term resource mobilization from donors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Key successes</p> <p>Challenges</p> <p>Additional Comments</p>				
9 Please explain how staff and volunteers were managed during the emergency appeal?	 Excellent	 Good	 Average	 Poor
9.1 Extent to which staff / volunteers received RCRC orientation (Code of Conduct, FPs, Safer Access Framework etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 Extent to which staff / volunteers received relevant training to support the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

implementation of the emergency appeal.				
9.3 Extent to which staff / volunteers received equipment to support them with the implementation of the emergency appeal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Extent to which information on the emergency appeal was disseminated to staff / volunteers (EPoA, SitReps etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5 Extent to which security protocols were put in place; information on the security situation disseminated to staff / volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Extent to which insurance was put in place for staff / volunteers involved in the implementation of the emergency appeal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key successes				
Challenges				
Additional Comments				
10 Please explain if/how innovation and new technology was incorporated into emergency appeal?				
	Excellent	Good	Average	Poor
10.1 Extent to which new technology (ODK / Mega V, RAMP, SMS etc.) was used in the emergency appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2 Extent to which pilot approaches (beneficiary comms, cash based responses etc.) were used in the emergency appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key successes				
Challenges				
Additional Comments				

Additional Questions:

- What was the ability to collect and manage information?
- Was the transferring of funds to the field done efficiently (i.e. financial procedures followed)?
- How were the logistics procedures? Was stock management, transportation and procurement completed efficiently?
- Were gender considerations made? Were the IFRC minimum standard commitments to gender and diversity in emergencies tool used? How?
- Was there an ability to plan and/or conduct preparedness actions?
- Was there relevant and appropriate integration of FACT with ND NDRT?
Were there any pre-agreements utilised with partners for support to the operation?



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Emergency Appeal Midterm evaluation

Title of exercise: Key informant interview – Partners

Date:

Name of operation: Ethiopia –Drought





Appeal number: MDRET016

Purpose: Key informant interviews are intended to collect information from people that were involved in some capacity in the emergency appeal; and therefore have particular knowledge and understanding, which can inform lessons learned and recommendations. Questions have been prepared; and prompts provided to help guide the conversation with the interviewee.

Directions Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross Red Crescent activities. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities. Interviewees should be prompted to indicate any successes, challenges, lessons learned and recommendations for what should have be done differently in future emergency appeal.

Timeframe 45 – 60 min per interview

Name of interviewee:	
Position:	
Organisation:	
Location:	
<p>1. Please tell us how you or your organization was involved in the emergency appeal? <i>Probe to establish if involved in joint assessments, planning, implementation of activities, monitoring of activities planned, mobilization of resources, logistics, etc.</i></p>	

<p>2. Please tell us how effective you perceive the emergency appeal is progressing in meeting the immediate needs of the affected population? <i>Probe to establish if the activities planned were appropriate to the needs of the affected population (quantity/quality/type/timing); supported the most vulnerable (geographic/beneficiary selection) etc.</i></p>			
<p>3. How have you or your organization coordinated with Ethiopian Red Cross Society during the response? <i>Probe to establish how information on the emergency appeal (EPoA + Budget; SitReps, Updates etc.) was shared; if the NS participated in coordination mechanisms); and if the activities planned were in accordance with international/national standards that were agreed</i></p>			
<p>4. What is your perception of Ethiopian RCS; and the response through the emergency appeal? <i>Probe to establish the reputation of the NS with partners, and if the emergency appeal has had implications for this, improved visibility etc.</i></p>			
<p>5. From your perspective (as a partner) how do you perceive the emergency appeal is progressing?</p>			
			
Excellent	Good	Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. As the emergency appeal is ongoing, what actions would you recommend ERCS undertake as part of its exit strategy?</p>			
<p>7. Do you have any thoughts that would improve the operation?</p>			
<p>8. Do you have any questions for us?</p>			

Thank you for your time and sharing your views



Ethiopia Drought Appeal Mid Term review

Title of exercise: Lessons learned workshop - Quality self-assessment survey (Facilitator guidance)

Purpose: Self-assessment survey questions are intended to provide a rating of the activities carried out, from the perspective of those staff and volunteers involved in the Appeal operation – in particular related to their:

- Relevance and appropriateness;
- Efficiency;
- Effectiveness;
- Coverage;
- Coherence;
- Sustainability and connectedness.

Answers scored as follows:

- “Excellent” - shown with an very happy face;
- “Good” – shown with a happy face;
- “Fair” – shown with a an ok face;
- “Poor” – shown with an unhappy face.

Participants are also requested to provide examples to support the answer that has been given.

Directions

- Explain the survey to the participants including the need to provide justification for response given, and time available (30 min) to complete the exercise.
- Distribute the surveys to the participants; and be available to respond to any questions
- Collection; and then discussion in plenary.

Resources Assessment survey, pens etc.

Timeframe 45 min



Ethiopia Drought Appeal Mid Term review

Title of exercise **Lessons learned workshop - Quality self-assessment survey**

Date

Name of operation





Appeal number MDRET016





Directions: Please reflect on the Appeal operation and rate how you feel it went

Answers scored as follows:

- “Excellent” - shown with an very happy face
- “Good” – shown with a happy face;
- “Fair” – shown with an ok face;
- “Poor” – shown with an unhappy face.

Please provide examples to support your ratings.

Question				
	Excellent	Good	Average	Poor
Relevance and appropriateness – meaning that the activities planned in the Appeal operation were appropriate (quantity / quality / type / timing) to the needs of the affected population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide examples to support the rating:</i>				
Effectiveness – meaning the activities planned in the Appeal operation contributed to the immediate alleviation of suffering of the affected population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide examples to support the rating:</i>				
Efficiency – meaning the activities planned in the Appeal operation maximized the resources that were available; and were cost effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide examples or evidence to support the rating:</i>				
Coverage – mean the activities planned in the Appeal operation supported the affected population that were most vulnerable following the disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please provide examples or evidence to support the rating:</i>				
Question				
	Excellent	Good	Average	Poor
Coherence – meaning the activities planned in the Appeal operation were in accordance with the recognized international/national standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide examples or evidence to support the rating:</i>				
Sustainability and connectedness – meaning the activities planned in the Appeal operation contributed to building the capacity of the NS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide examples or evidence to support the rating:</i>				



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Emergency Appeal Midterm Evaluation

Title of exercise: Focus group discussion - Volunteers

Date:

Name of operation: Ethiopia – Drought

Appeal number: MDRET016





Purpose: Focus group discussions are intended collect information from volunteers, by providing a setting in that they can discuss their involvement in the activities planned, and what support they received from the Ethiopian Red Cross Society (ERCS), which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.

Directions Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross Red Crescent activities that have been carried out, and their involvement. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world.

Please note that efforts should be made to ensure that attendees of the focus groups discussion are representative of the volunteers all involved in the emergency appeal.

Timeframe 45 min per discussion

1. What was your role in the emergency appeal? <i>Probe to establish how they were involved in assessment, planning, monitoring and implementation of the activities planned.</i>
2. What information did you receive from NHQ / Branch about the emergency appeal? <i>Probe to establish if received EPoA + Budget; SitReps, Security protocols etc., what mechanisms were put in place to provide and receive information from volunteers to NHQ / Branch, and what information would have been useful.</i>
3. What training did you receive to assist with carrying out the activities planned in the emergency appeal? <i>Probe to establish if received orientation on RCRC (Code of Conduct, FPs, Safer Access Framework etc.); as well as training relevant to the EPoA (ECV, First Aid etc.); what was useful, what wasn't useful, and if any other training should have been provided.</i>
4. What material did you receive to assist you with carrying out the activities planned in the emergency appeal? <i>Probe to establish the type materials received (IECs, protective equipment, visibility items, tools etc.); what was useful, what wasn't useful, and if any other materials should have been provided.</i>
5. What skills and knowledge you have received from carrying out the activities planned in the emergency appeal? <i>Probe to establish how volunteers have improved their capacity, in what areas, and how they will use these skills and knowledge in the future.</i>
6. What other organization was involved in the response to the disaster? <i>Probe to establish how the volunteers coordinated with them when carrying out the activities planned in the emergency appeal</i>
7. Were the interventions appropriate for community needs? <i>Probe for relevance.</i>
8. Has the operation been consistent with the needs and priorities of the intended beneficiaries (most vulnerable in the communities)?
9. What went well in the emergency appeal? <i>Probe to establish any successes, and what contributed to this.</i>
10. What didn't go well in the emergency appeal? <i>Probe to establish any challenges that were experienced, and what contributed to this.</i>

11. From what did not go well, suggest improvements that can be done to enhance positive results for this operation. <i>Probe also for what can be done as part of exit as the operation comes to an end.</i>			
12. Tell us what you would do differently, if you had to do it all over again? <i>Probe to establish lessons learned.</i>			
13. What recommendations you have for have for future emergency appeals? <i>Probe to establish recommendations for NHQ / Branch, and also IFRC (if relevant).</i>			
14. Do you think the operation will achieve its objective in assisting the drought affected communities achieve food and livelihood security? If yes, give reasons why and if no give reasons why not.			
15. From your perspective (as a volunteer) how do you feel the emergency appeal is going?			
			
Excellent	Good	Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. What questions do you have for us?			

Thank you for your time and sharing your views



**International Federation
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Emergency Appeal Midterm review

Title of exercise: Focus group discussion - Beneficiaries

Date:

Name of operation: Ethiopia – Drought

Appeal number: MDRET016

Interviewer name:

Start time:

End time:

District:

Village:

Purpose:

Focus group discussions are intended collect information from the people served by IFRC and the Ethiopian Red Cross Society, by providing a setting in that they can discuss the assistance they received, which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.

Directions

Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the ERCS activities that have been carried out in their community. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world.

Please note that efforts should be made to ensure that attendees of the focus groups discussion are representative of the people served by IFRC and the ERCS.

Timeframe

45 min per discussion

1. Give a brief on how ERCS has been assisting your community during the operation following the declaration of drought in this region. (Probe for what was done in terms of health and care, water, sanitation and hygiene promotion, and non-food items).

2. How did you hear about the activities being provided by ERCS? *Probe to establish what the preferred means of communication would have been*

3. Can you tell us how you were involved in the activities that ERCS carried out? *Prompt for information on how women, men, youth and vulnerable groups were involved*

4. Please can you tell us how people were identified to receive assistance from ERCS? *Probe to establish if these were those that were worst affected/ most vulnerable*

5. Please tell us what your immediate needs were after the disaster; and if what you received from the ERCS satisfied them? *Probe to establish what else people needed that was not provided.*

6. Please tell us if the assistance provided by the ERCS was adapted to meet people's immediate needs? *Probe to establish if assistance was adapted to the needs of the most vulnerable (children, elderly, people living with disabilities, women)*

7. Please tell us if there were any problems that you experienced when ERCS provided assistance? *Probe to establish how staff and volunteers responded to this.*

8. Please tell us who you would speak to if you needed to reach ERCS? *Probe to establish if mechanisms were put in place to provide and receive information from people being assisted.*

9. Who else was involved in the operation besides the ERCS? *Probe for kind of assistance received and for how long.*

10. How would you rate the delivery of support given by ERCS? *Probe for timeliness, how long beneficiaries waited before getting needed support.*

11. In your own opinion, what would you mention as the success of this operation? *Probe for perception in achievement of the program so far. Establish if there is a success story for documentation.*

12. Are there any areas that you feel ERCS should improve on in the current operation? *Probe for suggestions on areas for improvement. Also establish what needs to be in place to ensure a smooth exit of ERCS.*

13. Has the operation increased or decreased dependence on outside intervention? Why? *Probe to establish the reason for answer given. Probe for what can be done decrease dependence, ensure sustainability of gains made by the drought operation.*

14. Do you have any questions for us?

Thank you for your time and sharing your views

Annex III: Addis Ababa Lessons Learned Workshop Report

Ethiopia Drought Appeal Mid Term review – Lessons Learned Workshop Report

Title of exercise: Lessons learned workshop – Addis Ababa

Date: 7 October 2016

Name of the operation: Ethiopia Drought Appeal

Appeal number: MDRET016

Agenda:

Activity
Introduction and objectives of workshop
Overview of appeal operation and timeline
MTR methodology and summary of Afar field visit
Participatory group work exercise
Plenary and discussion on group work
Quality self-assessment handed out
Conclusion and wrap up of workshop

Facilitator Norah Eggleston

Participants in Attendance

Name	Position
Dorothy Nkonge	Swedish RC Regional Program Coordinator
Adel Beerling	Swiss RC Country Coordinator
Yun-Kyeong Han	ICRC Cooperation Delegate
Peter Potsepp	Canadian RC Regional Manager
David Fogden	Canadian RC DM Delegate
Almaz Bayabil	IFRC Finance Officer
Maritta Niskanen-Tamiru	Finnish RC Regional Health Delegate
Abram Bekele	ERCS, Logistics
Zekarias Assefa	ERCS, Quality Assurance & Learning
Zendu Casman	ERCS, HR
Kassahun	ERCS, DPR
Tillahun Desalew	ERCS Project Field Coordinator
Mohammed Dada	ERCS, DM Coordinator
MetteSteen Petersen	IFRC Operations Manager
Beatrice Okeyo	MTR team, IFRC Africa Senior PMER Officer
Norah Eggleston	MTR team, PNS Representative from CRC
Abebaw Abebe	MTE team, ERCS PMER Coordinator

1. Introduction and Objectives of the Workshop – Norah

The introduction began with welcome and thanks to the participants and team. The objective of the lessons learned workshop was presented as a review of what happened with the IFRC and ERCS drought emergency appeal operation for internal learning and identification of recommendations for the current operation and future interventions. Participants were encouraged to participate fully and openly. The agenda for the workshop was also presented.

It was also noted that the ERCS Project Field Coordinator, Tillahun Desalew, and ERCS PMER Coordinator, Abebaw Abebe, would be joining later in the morning.

2. Overview of Appeal Operation and Timeline – Mette and Mohammed

Milestone	2015										
	Sept	Oct	Nov	Dec	2016	Jan	Feb	March	April	May	June
ERCS shares drought response plan with partners.	█										
ERCS Ongoing response (CSB, NFI)	█										
FACT TOR agreed		█									
FACT team and ERCS, IFRC mission to Afar and Somali			█								
MDRET016 appeal launched				█							
MOU signed					█						
DREF Requested					█						
DREF Received						█					
Recruitment starts – HeOPs, IFRC Ops Manager							█				
Addis Inception workshop								█			
Recruitment of HQ PMER, Appeal coordinator, Field Coordinator								█			
Review of CSB tender								█			
Deployment of field coordinator									█		
Recruitment of IFRC logs/relief surge delegate									█		
Secured funding estimated at CHF1.2m										█	
CSB distribution to 3,200 beneficiaries											█
Appeal revision starts											█
Revised appeal launched for CHF 2.7m											█
USAID grant given for livelihoods											█
Confirmed funding CHF 1.8m											█
New CSB tender started including third party quality checks											█
Recruitment for field team in Semera completed											█

3. MTR Methodology and Summary of Afar Field Visit

The MTR of the IFRC Drought Emergency Appeal operation was commissioned by the IFRC EAIO Regional Office and ERCS appeal management as an internal quality assurance and lessons learning exercise and not a complete evaluation.

The review methodology has consisted of a desk review and secondary data collection including key information interviews at ERCS HQ and field visit to Afar. Further data collection will be undertaken through this workshop followed by additional key informant interviews the following week. This will be followed by consolidation and analysis of the data and completion of the MTR report.

In summary, the Afar field visit included (with pictures and descriptions given):

- Five days of site visit to Bidu
- A household-level beneficiary satisfaction survey collected by volunteers through mobile phone data collection, from which, as of Oct 6, 241 surveys had been uploaded from an intended sample size of some 300 households
- Two focus group discussions with community members, one of which was split into female only and male-only groups
- One focus group discussion with volunteers
- Key informant interviews with five stakeholder groups at the Bidu community level
- Six key informant interviews with ERCS field staff and one with the IFRC Operations Manager
- A lessons learned workshop with community members and ERCS staff in Bidu

The following was presented as a summary of the general feedback from the preliminary results of the field visit, with the note that further data is still be collected and analysis completed, with final conclusions and more details to be presented in the MTR report:

- From the visit, and discussions and interviews with the community, it was clear that there is very high recognition and appreciation for the Red Cross. The community knows the Red Cross and is grateful for Red Cross being present and the assistance received. The Red Cross is the only organization working in Bidu and with a plan to deliver in key areas of support.
- There is a keen and strong group of field staff and volunteers who are committed to providing assistance in the more challenging environment that is Bidu.
- It was noted that challenges related to logistics have hindered the delivery of the response according to intended implementation timeframes.
- In the two focus group discussions with community members, some concerns were noted on the quality of items distributed. However, the preliminary results of the household satisfaction survey demonstrate that some 80% of respondents were satisfied with the CSB and oil.
- It appears to have taken time for the project team to be in place and for RC to have a presence in Bidu.
- There are opportunities to enhance communication in the project, across all levels, including from the IFRC in Nairobi and Geneva, to Addis, to the Branch, project, community and back.

Participants were invited to ask any specific questions at this time and then directed to the next exercise as an opportunity to explore the above further and the overall lessons learned and opportunities to move forward with the operation.

4. Participatory group exercise









Participants were divided into four groups to discuss together the performance of the operation in the designated area and identify the strengths, weaknesses, lessons learned and recommendations from the operation. Each group was also asked to provide a general overall rating for the operation in the identified area.

























The four groups included: health and WASH; food security and livelihoods; support services; and coordination and communication.

The groups presented back to the group and discussed in plenary,

The following was submitted as written feedback form the individual groups:

1. Health and care/WASH	
What went well in the Appeal operation?	What did not go well in the Appeal operation?
<ul style="list-style-type: none"> - Enabling environment for RC and high recognition/welcome - Volunteers eager and were trained in CBHFA and hygiene, contributing to enhanced skills and knowledge - Strong line to Woreda WASH sector - Hygiene promotion jointly - There was budget for health sector 	<ul style="list-style-type: none"> - No access to water and sanitation facility - No distribution materials to communities; no means to improve practices (no water available, no soap, no jerry cans) - No health specialist in the team - Nutrition screening was not completed
What would you do differently, if you had to do it all to do over again?	What recommendations do you have for future Appeal operations?
<ul style="list-style-type: none"> - Clear communication with communities about project plans - Implementing health sector as per plan - Profiling communities during preparedness planning (mitigation measures, relevance etc.) - Stronger community engagement and coordination with authorities and other humanitarian actors 	<ul style="list-style-type: none"> - Context specific response plan - e.g. tools (IT!!) (mobile communities e.g. FA trainings) - Stronger volunteer management - Equipping volunteers properly (ex. visibility materials and skills) - Ongoing monitoring and feedback from volunteers - Stronger link to health sector (local, regional) - Utilizing existing health capacity - Existing branch capacity

Based on your discussions rate how you feel the Appeal operation went in this area?				
	Excellent	Good	Average	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor				
2. Food security and livelihoods				
What went well in the Appeal operation?	What did not go well in the Appeal operation?			
<ul style="list-style-type: none"> - 1 round of CSB and oil distribution in Bidu - 1 distribution of forage seeds - Deployment of livelihood officer - Agreement with WFP for Bidu (CSB) 	<ul style="list-style-type: none"> - IFRC's change in country structure/setup in Ethiopia resulted in not enough time to support appeal - Lack of implementation of supplementary food and veterinary drugs for animals - Distribution plan not operationalized due to supply chain constraints - ERCS and Logs and Program roles and responsibilities - Delays in signing the WFP contract - Lack of clear agreement of CTP feasibility study - Lack of clear agreement between IFRC and ERCS on technical aspects of procurement at scale - As above including agreement on surge capacity in FS/livelihoods - Late recruitment of field staff/resignations 			
What would you do differently, if you had to do it all to do over again?	What recommendations do you have for future Appeal operations?			
<ul style="list-style-type: none"> - Clarify roles and responsibilities between ERCS Logs and Programs to ensure timely implementation - Technical support from DRR (WASH, FS/Livelihoods) to emergency response operation must be clear - Inception workshop SOPs need to be finalized and acted upon - 3rd party independent quality control requirement from IFRC should have been clearly stipulated in the MoU from the onset - More community engagement on purpose of CSB as supplementary food - Ensure IFRC technical support to field 	<ul style="list-style-type: none"> - Shorter time to plan and launch an appeal - Clear agreement on technical HR gap in IFRC and ERCS - Prioritization of the operation as an emergency response - Establish ways of clearer DPR/DRR and support services communication and technical supports - Recruitment/secondment of enough technical staff to make it an emergency response operation (IFRC) 			
Based on your discussions rate how you feel the Appeal operation went in this area?				
	Excellent	Good	Average	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average-poor				
Budget/funding allocation to Ethiopia should be reflective of the scale of the emergency				
Improve budget spending capacity of ERCS				
3. Support Services (HR, Logs, Finance, Quality Assurance & Learning)				
What went well in the Appeal operation?	What did not go well in the Appeal operation?			
<ul style="list-style-type: none"> - Staff recruitment by adapting different methods and considering (improving) remuneration - Equipping appeal team with necessary equipment - Lessons learned from Gambella appeal applied 	<ul style="list-style-type: none"> - Warehouse problem at site - CSB quality not accepted by the community - Staff turnover - Stall gap to some extent - IFRC requirement for procurement certifications (many) difficult to obtain in the country 			

<ul style="list-style-type: none"> - Presentation of focal persons and joint monitoring – in task force and SOPs - Timely delivery of aid items (CSB and oil) - Mobile data technology application for beneficiary satisfaction survey 	<ul style="list-style-type: none"> - Delays observed to materialize appeal plan - Reporting system did not go well 												
What would you do differently, if you had to do it all to do over again?	What recommendations do you have for future Appeal operations?												
<ul style="list-style-type: none"> - Staff orientation could have been done better - Strengthening warehouse at Semera - Creating clarity on reporting system - Setting technical qualities from the beginning and align IFRC requirements with the context of the country 	<ul style="list-style-type: none"> - Strengthen preparedness capacity - Branch capacity building - Strengthen information sharing and joint planning - Consider logistics process required by IFRC 												
Based on your discussions rate how you feel the Appeal operation went in this area?	<table border="1"> <tr> <td data-bbox="791 636 943 741"></td> <td data-bbox="943 636 1094 741"></td> <td data-bbox="1094 636 1246 741"></td> <td data-bbox="1246 636 1399 741"></td> </tr> <tr> <td data-bbox="791 741 943 770">Excellent</td> <td data-bbox="943 741 1094 770">Good</td> <td data-bbox="1094 741 1246 770">Average</td> <td data-bbox="1246 741 1399 770">Poor</td> </tr> <tr> <td data-bbox="791 770 943 831"><input type="checkbox"/></td> <td data-bbox="943 770 1094 831"><input type="checkbox"/></td> <td data-bbox="1094 770 1246 831"><input type="checkbox"/></td> <td data-bbox="1246 770 1399 831"><input type="checkbox"/></td> </tr> </table>					Excellent	Good	Average	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													
Excellent	Good	Average	Poor										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4. Coordination and Communication													
What went well in the Appeal operation?	What did not go well in the Appeal operation?												
<ul style="list-style-type: none"> - Focused and manageable compared to 2011 appeal - High funding rate - High local funding - FACT deployment led to proper assessment; well planned 	<ul style="list-style-type: none"> - Delays in implementation - Lack of information on progress; no timely information for donors - Geographical restrictions (Afar) also restricted funding - Communication missions could not be carried out - Lack of documentation made it difficult to justify extensions to donors or scale up funding (cost opportunities) 												
What would you do differently, if you had to do it all to do over again?	What recommendations do you have for future Appeal operations?												
<ul style="list-style-type: none"> - Nationwide plan and integration/coordination of all drought responses carried out in Ethiopia - More knowledge on pastoralist livelihoods needed - Cash transfer programming could have been useful to reduce logistics and procurement challenges 	<ul style="list-style-type: none"> - Some donors have restrictions on percentages of appeal that they can fund (10-16%) therefore higher appeals can get higher funding - Umbrella/nationwide plan would help with donor lobbying - Communication plan should be in place at the beginning of appeal\ - Regular taskforce/drought meetings should be held with partners for updates 												
Based on your discussions rate how you feel the Appeal operation went in this area?	<table border="1"> <tr> <td data-bbox="791 1576 943 1682"></td> <td data-bbox="943 1576 1094 1682"></td> <td data-bbox="1094 1576 1246 1682"></td> <td data-bbox="1246 1576 1399 1682"></td> </tr> <tr> <td data-bbox="791 1682 943 1711">Excellent</td> <td data-bbox="943 1682 1094 1711">Good</td> <td data-bbox="1094 1682 1246 1711">Average</td> <td data-bbox="1246 1682 1399 1711">Poor</td> </tr> <tr> <td data-bbox="791 1711 943 1771"><input type="checkbox"/></td> <td data-bbox="943 1711 1094 1771"><input type="checkbox"/></td> <td data-bbox="1094 1711 1246 1771"><input type="checkbox"/></td> <td data-bbox="1246 1711 1399 1771"><input type="checkbox"/></td> </tr> </table>					Excellent	Good	Average	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													
Excellent	Good	Average	Poor										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	Good compared to 2011. Average compared to expectations.												
	Question: what was the added value of the HeOps deployment?												

In the group plenary discussion and feedback given, the following key Points were raised:

What went well:

- RC presence in Bidu
- Community engagement in planning phase
- Inception workshop exercise and review of Lessons Learned from Gambella at beginning
- Latest progress: tender out for next supplementary food procurement and veterinary drugs; have field team in place now

Lessons Learned/Recommendations:

- preparedness planning: map existing knowledge, be context-specific, engage support services
- clarify roles and responsibilities and IFRC procedures and expectations
- monitor SOP implementation and Program and Support Services work together
- enhance organization prioritization of emergency response and have emergency procedures (ex. Fast track process)
 - o need to look at policy-procedures here, for ex. National SOP for emergency response and NS/IFRC procedures
 - o standardized approach
 - o move away from silo-ed programs
 - o allow staff to be relieved of some duties so have time to focus on emergency response
- agreement on technical support, HR gaps and surge needs required at the beginning
- support needed at field level
- approach as one national plan with harmonization of response projects and approaches
- need to have reporting tools (PMER)
- ability to review rules and procedures based on a context, such as adapting HR rules (ex. Hardship allowance)
- utilize and engage branch staff and opportunity for capacity building
- need for ongoing communication with:
 - o RCM
 - o Stakeholders
 - o Community
- Address Finance reporting challenges (timeliness and roles/responsibilities)

5. Wrap up

Participants were thanked for the very good participation and constructive discussion.

The workshop concluded with a note that the MTR team will incorporate the feedback and discussion points from the workshop into the MTR report.

Next steps will be to finalize and share the MTR report and to initiate the process for revision of the appeal with extension to June 2017, with findings from the MTR incorporated.

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