Evaluation of the Process of Integration of ACF Kenya’s ECHO funded programme in North Eastern Province, Kenya

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# Table of Contents

Executive Summary ............................................................................................................. 3  
ACF International & ACH Kenya ......................................................................................... 4  
Context Analysis ................................................................................................................ 4  
Investigation Methodology ................................................................................................. 6  
Findings ............................................................................................................................... 6  
Recommendations ............................................................................................................... 18  
Annex 1. Technical Notes: Nutrition ................................................................................. 24  
Annex 2. Technical Notes: Food Security & Livelihoods ................................................. 29  
Annex 3. Technical Notes: WASH & PHP ....................................................................... 37  
Annex 4. Sectoral Recommendations Matrices ............................................................... 44  
Annex 5. ACF Modified version of the UNICEF Malnutrition Causal Framework .......... 52  
Annex 7. ACH NEP Livelihoods Project Logframe ......................................................... 55  
Annex 8. Definitions of Integration ..................................................................................... 59  
Annex 9. Terms of Reference ............................................................................................ 59  
Annex 10. Bibliography ...................................................................................................... 59
Executive Summary

Action Against Hunger Kenya (ACH) has been working in Kenya’s North Eastern Province (NEP) since 2002. They are currently implementing an integrated multi-sectoral project which seeks to address issues of vulnerability and risk to mortality due to malnutrition. This integrated approach as articulated in ACF’s country strategy was developed to address chronic underlying causes of vulnerability, provide curative services and engage beneficiaries to make healthy changes. It is unique in that it offers a complementary package of support to a household or community that are linked with a common, or integrated purpose. According to the strategy, integration is to be achieved by targeted beneficiaries receiving support from all sectors of activity as well as participating in public health promotion activities. This evaluation was undertaken to review the strategy based on experiences in ACH’s NEP livelihoods project. The evaluation was asked to comment on the relevance of this approach, provide insights which could help the project modify their implementation and allow ACH to share lessons on this approach with other stakeholders.

Findings from the evaluation suggest that the approach is relevant to the context in NEP. It is a rational approach to achieve the health gains described in the project’s objectives. In its first year, the project will have delivered its planned activities and largely achieved its results. ACH has made good progress towards the project’s objective of reducing the risk of mortality due to malnutrition. More time will be required to realise the project’s objective. The project has begun to catalyze social processes that can sustain benefits introduced through the project and encourage healthy changes to occur. However, these long term processes are at odds with the project’s one year time-frame.

The evaluation was primarily intended to support learning in the project. The evaluation has highlighted six lessons on integration learned in this initial phase of the project. Those lessons are to:

1. define integration as both an internal and social process;
2. align internal processes to integrated objectives;
3. integrate project and community targeting systems;
4. integrate the project into community monitoring systems through commonly understood & agreed indicators;
5. incorporate long-term processes of integration within one-year project cycles;
6. use coordination opportunities to integrate internal project processes within the wider context.

ACH has demonstrated its implementation strengths, a culture of learning and delivery of project results. These strengths can support the project to modify and evolve to be an effective catalyst to reduce the risk of mortality associated with acute malnutrition in NEP. Recommendations based on these lessons are summarised following the Discussion section.
Context Analysis

North Eastern Province is one of the most vulnerable regions in Kenya and is considered very vulnerable by international standards. Communities have a low threshold of resilience and are highly susceptible to climatic shocks, which occur with increasing frequency. The result is an observed long-term decline in indicators of well-being and mounting level of need which is increasingly difficult to meet.

North Eastern Province is semi-arid. It has low access to social services, a poor transportation network and communication infrastructure. It is economically marginal and is not prioritised in national budgetary or policy documents. The region is subjected to sporadic inter-clan and border conflict with neighbouring Somalia and Ethiopia. Traditional livelihood systems based around pastoralism are increasingly under-pressure and many pastoralist dropouts populate the peri-urban areas of Mandera, Wajir and Garissa. Population growth is fuelling greater competition for resources. Against this backdrop, alternate periods of drought and flood recur more frequently than in previous times with increasingly devastating impact on communities. The mixture of deteriorating socio-economic conditions and recurrent climate hazards is steadily eroding household asset bases, household resilience and drives a downward spiral of household wellbeing, interrupted by intermittent crises.

Increasing poverty, chronic food insecurity and high malnutrition rates are characteristic of the region. Nutrition surveys in NEP show malnutrition rates above WHO emergency thresholds (>15%). Years of food aid support and humanitarian response has not altered the situation. The main store of wealth and resilience, livestock, has often been lost leaving significant percentages of the population with meagre coping options. Health conditions are also very poor. Water, sanitation and hygiene conditions are substandard and correlate with the high rates of water-borne diseases. The leading causes of morbidity and mortality are preventable diseases (malnutrition, malaria, diarrhoea, cholera, measles, TB and respiratory infections). Health services are poor and access is limited. High acute malnutrition rates are a reflection of these generally poor conditions.

Humanitarian assistance to the region is valued but longer-term, livelihoods-based interventions are required. The findings of the Household Economy Approach assessment (HEA) indicated that 80% of the food sources for agro-
pastoralists in Mandera West is food aid. There are plans to scale-down food aid support in the region. Interventions supporting these pastoralist or agro-pastoralist communities are looking beyond aid and the provision of temporary services. Additionally, they look to support households and communities to rebuild and protect their asset bases as well as assist them to engage successfully with a changing world.

ACH Kenya’s Response

ACH has responded to the conditions in NEP with an evolving strategy. ACH has been operational in Mandera since 2004. At that time their programming focused on reducing vulnerability to acute malnutrition and treating cases of acute malnutrition. Activities were limited to temporary, relief operations. In 2007, ACH expanded operations into Garissa in response to a crisis due to flooding and a concurrent nutrition emergency in the Dadaab refugee camp. After 2007, ACH decided to broaden their interventions to include those which sought to promote resilience in communities in order to prevent further deterioration. In the country strategy paper for 2007-08, ACH identified an integrated multi-sectoral approach as the most appropriate to meet immediate needs and to build resilience to future shocks in NEP. Existing programs in nutrition and water expanded to include food security/livelihoods, support to government health services and community-focused health education. The approach focuses on both the malnourished and their communities.

ACH’s strategy is multi-sectoral and includes Water, Sanitation and Hygiene (WASH), Food Security/Livelihoods and nutrition activities. Their single purpose is to reduce vulnerability of the population to acute malnutrition. The strategy includes the provision of life saving curative nutrition services and preventing acute malnutrition by addressing underlying causes of acute malnutrition and vulnerability. Nutrition activities include the treatment and prevention of malnutrition (SFP/OTP, TFC), nutritional surveys and capacity building of Ministry of Health (MOH) staff to institutionalise nutrition services. WASH activities seek to increase water availability for humans and livestock through construction or rehabilitation (underground tanks, earth pans), rain water harvesting, community treadle pumps, water quality improvement, control and monitoring through sustainable techniques. Food security activities include agricultural support, urban horticulture, income generation activities, and reductions to women’s workloads. Projects are located in several districts of the Garissa and Mandera regions. A response to the election violence was also mounted in Nakuru.

Integration in this strategy is defined as the provision of multiple services to a single beneficiary to maximise the impact of a given sectoral intervention. UNICEF’s Nutrition Causal Framework (see Annex 5) was employed to identify activities to address underlying and proximate causes of malnutrition.

The ECHO funded livelihoods project in NEP is intended to improve health status and livelihoods of vulnerable populations and specifically to preserve and save lives by reducing the risk of mortality link to acute malnutrition among vulnerable population through an integrated approach. The project includes activities from all of the nutrition, WASH and food security/livelihoods activities described in the strategy. Activities implemented are tailored to the needs and priorities of the two main livelihoods groups in the project areas: pastoralist and agro-pastoralist populations. Beneficiaries are identified based on nutrition information available from either surveys or feeding programmes.
Baselines and monitoring of objectives is to be done through nutrition and KAP surveys. The project's logframe is included in Annex 7.

This evaluation is a mid-term investigation intended to provide feedback on progress of this approach and also to provide learning to help inform the second phase of the project. Activities reviewed were ones included in ACH’s ECHO supported livelihoods project in NEP. That project had a delayed start and at the time of the evaluation, the project was still months away from its completion date. The deteriorating security situation in neighbouring Somalia affected the Mandera region and insecurity continues to disrupt implementation. The geographic scope of need in the region is vast, and exceeds the reach of the six field offices.

Investigation Methodology

The evaluation was conducted through a process of document review, site visits, semi-structured interviews, and focus group discussions. Staff, beneficiaries, non-beneficiaries, local leaders, government officers and staff from other agencies were interviewed. Investigations were structured according to relevance, coverage, coherence, effectiveness, efficiency, sustainability and cross-cutting issue criteria described in the terms of reference. A team of three people, one each to explore nutrition, WASH and food security activities, conducted the investigation. The field work was conducted over two and half weeks in November and December 2008. All locations of operations were visited. Preliminary results were presented to field staff in both Garissa and Mandera. A final presentation of results was presented to Nairobi staff. This report attempts to synthesise the findings from the field work and debriefing sessions.

Findings

The project seeks to reduce malnutrition related mortality, improve health and support livelihoods through a mixed strategy of essential service provision (curative nutrition services, agriculture & small business extension) and developing local resources (human and livestock water resources, sanitation) to leverage changes in understandings and behaviours (related to health, child care and nutrition). In the current project period, ACH will have made substantial progress towards addressing resource and service constraints for segments of the project population. To a large degree, this achievement alone could acquit the project as a standard emergency response. However, ACH has recognised that it is not responding to a typical emergency but rather to a chronic, complex crisis. As such, it wishes to acquit itself against more ambitious criteria and a unique form of implementation. The integrated approach of the project was felt to be an appropriate response to the chronic crisis in North eastern Province. The goals of the project are likely achievable using this approach but will require more time than the current project period. The report highlights six aspects which were felt to be important success factors to consider as the project moves forward.
The challenge to ACFs humanitarian response in North eastern is that in spite of indicators being beyond emergency thresholds, there is no acute emergency (defined as excess mortality, in doubling of malnutrition rates\(^1\)) to which it can respond. No external, discrete shock has created conditions of massive malnutrition documented by ACH surveys which can be corrected by an external intervention. In fact, local communities viewed the current period as a stable and generally good one. In these areas of chronic crises where critically poor conditions are interspersed with regular periods of acute crisis, needs warrant a humanitarian response but solutions are developmental.

The evaluation team was optimistic that the project is positioned to make inroads against mortality related to malnutrition, morbidity and improvements to livelihoods. This statement is based on observations that the project will deliver on their service and resource provision targets and observed positive indicators of crucial integration in the form of community engagement. It may be too early to assess the impact of the project’s integrated approach but it is clearly relevant and rational. Standard emergency responses alone would not be able to address issues of chronic vulnerability in North eastern province. The issue facing the project is less one of the relevance of the approach but rather of its practicability. It is a complex response which requires not only operational competency but also ability to develop meaningful partnerships and in a short time-frame. The challenge of ACH is not if or whether it can be done, but if it can be done in the allocated time period. The project’s impact indicators (GAM or morbidity prevalence), do not indicate a change, nor are they likely to reflect a change at the end of the project period.

The findings section is structured around six lessons learned from this first phase of the project. The lessons emphasise a single theme, that an integrated, multi-sectoral project must integrate project operations internally as well as into its wider social context. While ACH viewed itself as a coherent programmatic entity, the communities served by the project and other key stakeholders do not share that holistic, integrated perception of the project. Changes to the way the project operates and how it engages with communities are feasible and are an opportunity to create a sense of common purpose. The six lessons learned are:

1. define integration as both an internal and social process;
2. align internal processes to integrated objectives;
3. integrate project and community targeting systems;
4. create a common purpose through commonly understood & agreed indicators;
5. use one-year project cycles to develop long-term integrated processes;
6. integrate the project into the wider development context.

The recommendations summary highlights project strengths, weaknesses, issues and recommendations. Following the recommendations summary are technical notes which review the performance of the project’s three sectors.

\(^1\) SPHERE definitions of emergency include a doubling of seasonal acute malnutrition rates as an indicator.
Integration: define integration as both an internal and social process.

The project’s success is fundamentally constrained by difficulties in defining the term. Integration is an understood term. However, staff definitions of the term did not capture its breadth. A broader definition of integration helps to explain observed successes of the approach. This broader definition can help integrated outcomes to occur by design, not default.

Table 1: Characteristics of an Integrated Multi-Sectoral Project

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<th>Community &amp; Agency</th>
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<td>Shared understanding of the problem</td>
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<td>Shared Solution to the Problem (Unity of Purpose)</td>
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<td>Shared Process (Community Ownership)</td>
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<td>Common Strategic Focus</td>
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<td>External Networks and Linkages</td>
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Staff definitions of integration were consistent. Those definitions were inward looking. They focused on integrating internal project processes to maximise impact. The project document specifically defines integration as a single beneficiary receiving support from multiple sectoral activities. The definition has a self-contained logic to systematically address vulnerability in NEP. Elements of this agency focused view of integration are summarised in Table 1, under the Agency heading. They are elements over which the agency exercises absolute control.

The staff definition of integration was the one most often described in dictionary definitions. Those definitions commonly spoke of different component parts working to form a whole. They refer to internal processes. Also, psychological definitions of integration were consistently found. Psychological notions of integration are a social process where an individual’s personality or behavioural elements are balanced into a whole or made compatible with a social environment. It gives a broader perspective to the definition of an integrated project. The project too must be compatible with a social environment. As well, the causal nature of malnutrition in North eastern compels the project to engage on this social plane. In the causal model of malnutrition used by ACH (Annex 7) social, cultural and behavioural factors are prominent (psycho-social environment and care practises, social priorities, & basic causes). In North eastern some behaviours by mothers and extended family may be the cause of malnutrition, but are part of a balanced whole for that community. If the project seeks to change those behaviours, it is a fundamental challenge to an individual as well as to their community’s social norms. It provides a much more challenging perspective to an integrated, multi-sectoral project. It expands the characteristics of an integrated project (Table 1 under the heading Community and Agency).

Viewing integration from internal and social perspectives also changes the implementational landscape. Figure 1 illustrates key stakeholders with different interests in this integrated project. The diagram suggests that a common purpose could link these different interests. The diagram also shows that each interest group is comprised of sub-interests. A common purpose must also speak to each sub-interest group. The social arena of an integrated project

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2 See Annex 8. for definitions of integration.

project is broad, particularly if a change in behaviour for an individual is embedded in the social norms of their community.

This broader definition of integration helps to explain why income generation staff negotiated for many weeks with the same communities. Likewise it gives insight into food security staff who subordinate themselves to community leaders. In return, these staff members were observed to be rewarded with community acceptance. That acceptance perhaps accorded them a certain degree of trust. It allowed food security staff to discuss far ranging topics on hygiene and child care, which would be dismissed by community members if delivered by a person without standing in that community. To these staff members, they intuitively acknowledged social and internal aspects of integration. Explicitly defining integration from these two aspects could help integrated programming occur by design, not default.

Internal Integration: align internal processes to integrated objectives

The complexity of internal integration alone poses challenges to the project’s implementation. Staff worked very hard and effectively to implement sectoral activities. Despite the intention of also integrating sectoral activities, there were many operational hurdles. For example, staff were not clear how an integrated project related to their daily tasks. Translating integration into a management system was equally challenging, in spite of management commitment to see it succeed. Without staff training or staff performance measurement on integration, by default staff activities reverted to sectoral, non-integrated norms.

Despite these practical hurdles, staff were very enthusiastic about the project’s integrated approach. They were also frustrated by their inability to articulate what it meant in tangible, operational terms. Consistently staff from field level to middle management levels reported that they were neither inducted nor trained on why an integrated approach was included in the design, nor how it...
would affect their sectoral activities. The absence of that training also left staff with many different, sometimes incorrect understanding of the causes of malnutrition itself. It was difficult for them to understand the relationship of their sectoral activities to malnutrition. They knew the project’s purpose was to address malnutrition even if they didn’t fully understand how their work related to that purpose. Also, the turnover of either field staff or (relatively) short-term contracted management staff makes it difficult to institutionalise the rationale for integration without an induction or training component related to this. A significant portion of management staff turned over during the evaluation (e.g. the nutrition, water and food security project managers as well as the food security advisor). Virtually all staff recognised the need for this training and wished to rectify it. Plans in Mandera were made to train staff on integration, but a combination of insecurity and tight implementation time frames never allowed management the time to prepare for and conduct trainings.

In addition staff performance is not measured against integration. Without clear tasks related to integrated outcomes, staff tended to focus on the sectoral outcomes which formed the basis of their job performance. Field staff, coordinators, managers and supervisors equally struggled with translating integration into practical terms. In the absences of clear, required integrated tasks, staff adhered to their sectoral duties and tasks. Also, the line management structure does not promote integration. Line managers had no relation to other sectoral staff or activities. Staff were accountable to their sectoral managers, and sectoral implementation priorities not to an integrated objective. Staff were interested to find ways to overcome these limitations, and were keen to collaborate with other colleagues.

The project’s management system reflected difficulties to define integration in operational terms. Sectoral advisors, particularly WASH, were enthusiastic that their activities should complement other sectors and address underlying causes of malnutrition. They struggled to identify a common definition of integration that could guide a transformation from the current sectoral approach to an integrated approach. Without direction on how to change from a sectoral approach, sectoral project managers, who reported to sectoral advisors, focused on ensuring timely delivery of their sectoral activities using traditional sectoral approaches. The position of the Area Coordinator was intended to bridge the sectoral bias and deliver greater integration of operations. However, in Garissa, where the Area Coordinator position was filled, the Coordinator had a single purpose focus of ensuring activities were implemented as well as ensuring staff security. Integration of project activities was not the priority. In contrast, the Mandera operations which did not have an Area Coordinator, simply out of a uniquely collaborative spirit, discussed how their activities could complement each other. They discussed difficulties of including the same beneficiaries in activities, the rationale of having communities served by only one sector’s activity and how they could cooperate to ensure rational usage of project assets and funds. Constraining these initiatives were security issues and implementation time-frames.

The challenges to define and operationalise integration have resulted in the project’s weak coherence in the community. Project activities generally worked with a community according to their own sectoral interests and priorities. They were observed to work with different stakeholders. They were also observed to provide different benefits to community workers. They would also travel to project sites individually. They had no relationship with the activities from other sectors. They did not wish to be accountable for the
actions of project activities in other sectors. They may or may not extend the same messages about public health, hygiene, personal health or child care. The result is a fragmented community presence. Community or government opinions, whilst often very positive about ACH and the project, did not recognise that the project’s activities were integrated. In response, the WASH and Food Security sectors began planning site visits together in Mandera. Plans were continuing to have all staff, regardless of their sector, trained to screen for malnourished children.  As mentioned in the previous section, food security staff spent considerable time in communities to ensure that activities were rationale, coherent and supported.

**Targeting: integrate project and community targeting systems**

Good community engagement may target more appropriately and promote integration better than clearly defined, internally coherent anthropometric targeting. Anthropometric targeting, the means of identifying beneficiaries in the project document, identifies malnourished children but did not promote internal integration or integration with project communities. Anthropometric targeting does not necessarily target the most vulnerable. Anthropometric targeting does not necessarily target the most appropriate beneficiaries for WASH or Food Security activities. Community-based targeting mechanisms can identify vulnerable, appropriate persons for project activities as well as promote a common purpose between the project and community. Anthropometry in its current use, is independent of community targeting mechanisms.

Anthropometric targeting does not necessarily identify vulnerable households. Based on reports from the ACH nutrition surveillance officer and reports from feeding centres, child malnutrition does not necessarily correlate with household wealth. On this basis the risk of malnutrition and death associated with severe malnutrition spreads across entire communities and the district. As well, anthropometric targeting only identifies households, currently having malnourished children. It is reactive. It does not recognise that with such a high prevalence and geographic spread, over the course of the year many homes in the project area with children under-five will have a malnourished child.

Anthropometric targeting does not support integration between the sectoral activities. Anthropometric targeting effectively identifies households with malnourished children. Anthropometry is fundamental to nutrition activities. In terms of the project design, anthropometric targeting was a rational, transparent, objective means of selecting beneficiaries who would benefit from the project’s multi-sectoral activities. Also, nutritional surveys helped to determine geographic priorities. However, WASH or Food Security & Livelihoods activities use different targeting mechanisms or site selection criteria which forms part of their sectoral best practise. The targeting of water pans for example, did not determine the most appropriate location based on anthropometric data. Their criteria in some cases placed water pans where there were no nutrition activities. Water pans also accrue a public benefit or target an entire community, not only persons in feeding programmes. Staff in Garissa and Mandera struggled with the incompatibility between the project’s integration which was premised on targeting using anthropometry and sectoral best practise. Most WASH, food security, livelihoods activities were observed to have used their own sectoral means of targeting.
Community targeting mechanisms were observed to select appropriate beneficiaries. Anthropometric targeting was also seen to complement those community targeting mechanisms. For example, food security staff asked communities to identify the most vulnerable persons to participate in small garden, stove or income generating activities. They were also strongly encouraged to consider parents with children in feeding programmes. Many of the participants selected by the community were elderly, crippled, widows or families fallen on hard times who in the community’s estimation were vulnerable, but would not have been targeted by anthropometry. The community perceived the activities to assist the vulnerable and this process of targeting provided coherence between beneficiaries and intent of activities which anthropometric targeting alone could not have provided.

Community-based targeting as part of larger community engagement may help promote uptake of activities, extend adoption of activities in the community and provide a means to achieve integrated goals in communities where the project has only one activity. The evidence is limited but worth consideration. Project beneficiaries trialling new technologies (stoves, gardens, income generation), were noted to have the strong support of their community leaders, through community targeting. No negative stigma was attached to participation in the activities. Experimenting with the activities then became integrated into the community’s behavioural norms. This same social process was felt to explain spontaneous adoption of some project activities. The popularity of gardens, stoves, and even latrines led to spontaneous adoption of by community members, regardless of whether or not they had been supported by the project. Non-beneficiaries were assisted by beneficiaries with seeds or advice.

Community based targeting may also demonstrate that integrated objectives can be realised in locations where there is only one sectoral activity. Cases were observed where mothers who were participating in only one food security activity (vegetable gardens, stoves, etc.) exhibited the kinds of behaviours sought in the project’s integrated objectives. Their homes were clean, improvements to hygiene practises were evident (storage for cooking utensils, animals kept away from kitchens, latrines operational etc.), and gardens were well tended. When asked about her motivation to make these many different changes, the ladies responded, I want a good home. These observations were not made in all project sites. They were more consistently found, where the project staff member had invested considerable amounts of time introducing the activity to the community and their leaders, and together deciding who would participate and how. These staff members were observed to be well regarded in those communities. They were also observed to take interest in and were consulted on community issues beyond their job (i.e. beyond gardens, or stoves). They demonstrated success beyond simply introducing a garden or stove and used those interventions to act as a catalyst for wider change. In order to achieve the integrated objectives of the project, it suggests that the manner in which an activity is introduced may be more important than the presence of multiple activities.

Anthropometry is used independent of community targeting mechanisms and community priorities. Anthropometry is conducted by nutrition project staff. Beyond seeking permission to conduct screenings in a community, participation is task-based (allowing children to be measured, listening to health messages, volunteers who may screen, etc.). While community members participate in this manner, it serves what are perceived to be ACH’s objectives. It is a rational response if one considers that these community
members were not empowered to offer solutions to prevent, manage or cure their child’s malnutrition. If a child is malnourished, it is sent to ACH to receive ACH medicine. Moreover, moderate malnutrition is not considered to be a priority problem in communities visited (although severe malnutrition is considered a problem). In discussions with community members they considered nutrition activities to belong to ACH in the same way curative health services belong to the local clinic. The exclusion of anthropometry from community targeting adds to the lack of community ownership for nutrition activities.

Indicators: create a common purpose through commonly understood & agreed indicators

Clearer indicators would help align the project’s internal integration and social integration with the community towards a common purpose. Currently, the project’s indicators for its specific and general objectives do not unite the project’s different sectors or the community in a common purpose. Their measurement was not useful to staff or community members. Within the project itself, there were no indicators to reflect sectoral progress towards integrated objectives. ACH and community monitoring systems were independent and used for different purposes. Current indicators used for measuring project purpose, may also need reconsideration.

The project’s specific objective indicators of reduced vulnerability and risk of death from malnutrition (GAM, CMR, KAP or Vulnerability Assessment results) did not symbolise to staff or community how different component parts were working to form a whole. Indicators were intellectually understood by staff but not operationally meaningful to them. They were not practical. Not all staff members were even aware of the specific objectives of the project. One of the most oft repeated frustrations of staff was that it was difficult to understand what they were expected to try and achieve as an integrated team. In contrast, the project result indicators were clear to all. Without a meaningful objective which they could strive for, staff were unable to modify their activities beyond their planned sectoral results. Integration of those results remained an academic construct. The outcome was similar in communities. Not a single beneficiary or leader commented that they were involved with project activities to reduce the vulnerability or risk of death from malnutrition. Beneficiary households were enthusiastic about an activity simply for its practical value. Activities were useful to their family’s life and their social standing (latrines, gardens, drying rack, separation of animals and living quarters, etc). In essence, like staff, they too were focused on the project’s sectoral results.

Issues with the measurement of the project’s specific objective indicators added to their ineffectiveness to galvanise integration. The specific objective indicators (GAM, CMR, KAP or Vulnerability Assessment results) are difficult to measure. They require special staff or processes unrelated to core project activities. It effectively externalises the significance of the indicators. Those processes diminish the strength of these indicators as a meaningful performance indicator to sectoral activities. Staff in Garissa were clearly interested in the outcomes of a nutrition survey being conducted during the evaluation. It was also clear that its outcomes would be inconsequential to them. In addition to the measurement process itself, staff commented that the indicators do not effectively measure the contribution of their activities. Their activities were limited to affecting underlying causes. As so many factors influenced mortality or malnutrition, the performance of their sector whether...
good or bad, was unlikely to change the outcomes of the specific objectives. Staff were also hesitant to measure their success against indicators which measure changes in an entire population. Many staff pointed out that their activities served a small percentage of the entire population used to measure GAM, or CMR. Beneficiaries and community leaders interviewed had their own informal systems to measure the performance of the project or ACH. Those indicators did not reflect an interest or awareness of the project’s aspirations to make health or mortality changes at the population level. They focused on tangible improvements to their individual or immediate conditions.

Integration was also weakened by sectoral result indicators that were inadequate to explain their relationship to malnutrition or morbidity. Many large assumptions exist between the sectoral results expected from the project and its integrated objectives (changes affecting health, particularly nutrition). For example, one of the project’s results: e) At least 50% of targeted 400 households are able to increase their incomes does not explicitly identify how that result will translate into better health. The result implies that additional income will be used to buy nutritious food, or to pay for health care related costs but those outcomes are not measured. Equally, results regarding turbidity of water, water pans, water management groups, food production, women’s workload assume a relationship to health. This gap between sectoral result and assumed health outcome are problematic for two reasons: unacceptability to the donor and it hindrance to integration. The donor commented that it is difficult to support many project activities as they are developmental in nature. The donor accepts that in the chronic crisis conditions of Northeastern, those activities may be more appropriate than traditional emergency response activities. As well, these assumptions constrain staff and community to make a relationship between an activity and improvements in nutrition or morbidity. It is not well understood how or what the nutrition or morbidity impact will be for a certain activity. Even the project’s result indicators relating to health outcomes (breastfeeding groups, feeding programme coverage, cure and admission rates) were independent of other activities. Monitoring of WASH, Food Security or Livelihoods had no relationship to the health outcomes the project was monitoring.

Monitoring of project performance was done by both the project and the community. Those systems were independent and had different purposes. While both systems the met internal needs of their users, neither measured for integrated outcomes. Project monitoring systems focused on sectoral tasks and results. They were useful performance monitoring tools according to interviewed staff. Staff commented though that their indicators were not meaningful to colleagues in other sectors and did not help them to integrate their activities. They added that cross-sectoral review was difficult given reporting and meeting formats. Also, in locations where only a single activity had been undertaken cross-sectoral discussions seemed meaningless. Conversely, as discussed in the paragraph above, monitoring for objectives by tools such as nutrition or KAP surveys did not seem to be a meaningful performance monitoring tool for other sectors.

Communities were noted to have their own, informal monitoring systems to measure the utility of the project, the behaviour of ACH and individual staff members. They monitored for tangible outcomes such as water pans, income, food, or cured children. Outcome performance was often linked to perceptions of ACH or its staff. Where a water engineer was well regarded, and an operational water point was established, the community was very satisfied with the project and ACH. The community did not explicitly demonstrate an
interest in integrated objectives, however, in a few cases, some individuals did monitor for integrated objectives. When mothers participating in the stove programme were asked what they would do with their spare time now that they needed to collect less firewood, they answered, *I will be at home more and make baskets that I will sell. The money I will use to buy more food.*

Occasionally, community and project monitoring systems overlapped. Income generation activities were very closely scrutinised by the community and project staff together. The first step in this monitoring system was for the community to identify the beneficiaries. These monitoring arrangements were very satisfactory to both the community and staff. They happened by default, and less by project design. Local field staff felt that the activity could only be implemented if it were bound in community governance systems. The evaluation team asked community members participating if they would also know how people spent their profits once the businesses were operational. Members were confident they would know how proceeds would be spent. This example sits in contrast to the Water Management Committees (WMC) which were developed more out of project design, than as an outgrowth of indigenous governance. Several WMCs were felt to be weak. Several water points were seen to be poorly maintained. These observations were in contrast to privately owned water points which were well maintained, generated cash and were built using private capital.

The project’s specific objective indicators may need to be reconsidered. They may not be reflecting either impact of the project or the project’s integration. Staff were conscious of the shortcomings of GAM or morbidity rates to measure their performance. Firstly, morbidities are not defined and must be defined and baseline levels provided to demonstrate change. Secondly, GAM and morbidity rates measure prevalence in a population, not just persons directly involved in the project. Also GAM or conditions such as diarrhoea, respiratory infections and fevers result from multiple causes most of which are outside of the influence of the project. Lastly, particularly GAM as an indicator of U5’s will not accurately reflect wider vulnerability which the project seeks to redress.

**Time-Frame: use one-year project cycles to develop long-term integrated processes**

The effectiveness and sustainability of activities will be a function of ACH’s ability to develop multi-year programme strategies and donor relations. Project targets will be met in the first year but objectives are more likely to be reached after several years. Delivery of project resources and services has started a process which has the potential to sustain project benefits and catalyze change in the community. Spontaneous uptake of activities suggests a high potential for adoption of project activities at significant scale in the coming years. Individuals have started a spontaneous process of teaching each other which if it can be supported, can dramatically change ownership of supported activities. Few funding opportunities exist, except from emergency donors through their annual funding cycles.

There is a sense of optimism of staff and communities and a sense that their collaboration is just beginning. ACH has both managed to implement a significant amount of work in a tight timeframe, in difficult conditions and using a new mode of implementation. The time frame and type of activities has made them to be a service provider. The social transformation required of the objectives necessitates the project be a partner to communities not only a
service provider. That process is beginning. Communities, after seeing the project deliver tangible results are now optimistic about ACH and the project. They are keen to continue the work that has been started. There is no blueprint on how to integrate the impact of curative nutrition services, the management and protection of public water resources, maintenance of latrines and continuation of irrigation schemes or vegetable gardens⁴. ACH and communities are learning how it is done. A lesson being learned is that it will be a process over several years.

Coverage could increase to significant levels if activities continue over time and spread to new communities. At current levels, coverage undermines the relevance of the investment made in these activities. Discharges from the supplementary feeding programme leave its coverage lower than SPHERE standards. Hygiene, garden, or income generation beneficiaries represent a very small percentage of total needs. The coverage achieved by the project overall in this first is inconsistent with the impact the project seeks to make at the population level. However, the positive trends in adoption rates, spontaneous uptake, and community engagement suggest that coverage has the potential to increase over time. Similarly, there is not yet a strategy for the geographic allocation of project services. Current geographic coverage was prioritized on the basis of need and available resources. Over time, with services and resources being established, targeting criteria will necessary prioritise communities not yet served.

The project has initiated a trend of community ownership of activities, that can see many activities sustained, but it will require time to become embedded. Peer-to-peer learning has transformed ownership of some activities. The potential of that approach is being recognised by project staff. The spontaneous adoption of project supported activities such as stoves, gardens, household latrines, hygiene practices occurred as a result of beneficiaries teaching their neighbours. Even community volunteers were asking to go to other project communities to compare their performance with other volunteers. Staff are noticing this emerging trend and new means of promoting it are being sought. Currently learning is driven by the agency. Activities adopted without agency procured inputs or encouragement is obviously highly desirable. The project will require more time to learn how to promote peer-to-peer learning.

Continuing current funding relationships is essential if the integrated process is to be given a chance to prove its potential. In spite of the positive trends which are resulting from the project, discussions about their potential are contingent on continued funding. Few funding sources exist for projects in Northeastern, for communities, government and NGOs alike. An important opportunity is international emergency donors like ECHO, who fund for periods not exceeding one year. The current ACH programme strategy does not recognise the multi-year requirements of its integrated approach. As well, the multi-requirements may be at odds with annual funding cycles and emergency programming priorities of funding mechanisms such as ECHO. However, ECHO (and the EC) recognises the need to reduce underlying risk factors, (EC, 2009. p. 8) as part of a long-term strategy in the region. Assisting communities to negotiate climate change, sits within ECHO and EC strategic

⁴ Concern Universal Malawi began implementing CTC services in one district 8 years ago. It has spent 6 of the last 8 years integrating those services into the district health system. Those services are just now operating largely independent of Concern but Concern expects to still provide advisory support for another 2 to 3 years.
frameworks. As part of the ECHO 2008 global strategy, ECHO has committed to **strengthen community-level resilience towards natural disasters in global hotspots.** (ECHo, 2007)

**Coordination: use coordination opportunities to integrate internal project processes within the wider context.**

The success and sustainability of the project must consider its integration within the wider development context including its role in community advocacy, relationships with district authorities and their position on district level coordination bodies.

There is not currently a strategy to develop community demand for basic services or to assist district government services to take up their roles as duty bearers. The project’s activities are creating previously non-existing dynamics between communities and their local government services. Project staff were consistently observed to be balancing community demands for more and better services with government officers who were either unable or uninterested in engaging. It is an arguably difficult situation for staff. If there were a strategy to help communities articulate and advocate their needs, staff could be removed as the intermediary between government and communities.

The project has established a presence with district government. It will need more time to build on these relationships to integrate government and project services. Each sector was actively engaging with their governmental counterparts with varying degrees of success. All reported progress but met challenges in the form of lack of government resources, motivation or consensus on project activities. Government officers acknowledged the contribution of the ACH activities but expressed concerns that varied by district and sectors. Government concerns included coordination, priority of interventions and differences in approaches. Ironically, officers would support the project’s work in other sectors, but be critical of its role within his or her own sector. The integration of project activities with government is largely left to the project manager without milestones to guide that integration. A strategy of engagement to integrate activities into the government may be necessary and important to the project but will take time.

Similarly, the project has engaged with district coordinating mechanisms such as the District Steering Group (DSG) and the Arid Lands Project. The DSGs were often poorly supported or were heavily influenced by political manoeuvrings between district departments. Generally, staff felt disheartened by their efforts to engage with the DSG. The Arid Lands Project was very enthusiastic about ACH’s activities and acknowledged many efforts to ensure good collaboration between their agencies and in the districts. Engagement with these coordination mechanisms is largely left to individuals who are not provided specific objectives to guide this engagement. Also, strategies to manoeuvre amongst the political intrigues or to utilise good and positive relations to improve coordination are ad hoc. As well engaging with these fora are essential, and form part of the project’s mandate but progress towards realising their hoped for potential will require time.
Recommendations Structures per Findings section

**Integration:** define integration as both an internal and social process.

1. Continue the integrated multi-sectoral strategy as a means of achieving existing objectives.
2. Continue efforts to enlist support of complementary funders to ensure current sectors and operational modalities can continue.
3. Sectoral coordinators meet with area teams to consider:
   a. a modified definition of integration as an internal and social process
   b. characteristics of an integrated multi-sectoral programme (Table 1).
   c. different stakeholders in the programme, and their personal purposes for participating in the programme (Figure 1)
   d. how these modifications to the definition would affect operations.
4. Continue with annual joint planning with staff and key community members in order to clarify the project purpose, the problems ACH wishes to address, and provide input into the project design.
5. As the approach is new, formalise lessons learned about integration into area quarterly meetings or sectoral coordinator meetings. Where possible share the lessons with community members.

**Internal Integration:** align internal processes to integrated objectives

1. Revise project documentation, staff orientation, periodic briefings or conduct specific staff training to define integration and make explicit how sectoral activities support the common project objective.
2. Area teams: Map sectoral processes of entry to a community, key stakeholders, utilisation of community volunteers, role of remuneration or incentives and draw up an action plan to address conflicting elements and enhance complementary ones.
3. Area managers consult community staff on community engagement strategies currently being implemented in order to identify problematic areas and successful engagement strategies. Develop an action plan to address issues.
4. Continue to experiment with different approaches to retain local and international field staff for longer periods to maintain project continuity in communities.
5. Modify job descriptions to include measurable performance indicators against the objective of integration.
6. Review line management structures, particularly for community level staff, to allow them more horizontal (integrated) engagement with multi-sectoral issues arising in communities.
7. Sectoral advisors, area managers and sectoral managers to agree on integration targets, and monitor them together periodically (quarterly?)
8. Assign a single person to represent ACH in each community, a person the community could hold accountable for the performance of all sectoral activities, to give ACH and the project a single, integrated identity for a community.
9. Continue logistical efforts to combine sectoral site visits.

**Targeting: integrate project and community targeting systems**

1. Target communities not individuals to harmonise sectoral priority setting with anthropometric targeting.

2. Support sectors to prioritise locations of intervention according to their sectoral criteria.

3. Modify targeting assumptions to de-link change as contingent on the presence of multiple resources or services. Internalising multi-sectoral messages can also influence changes that can produce healthy outcomes.

4. Adopt approaches already used in some project activities which combine anthropometric targeting, sectoral priority setting and community targeting of vulnerable persons.

5. In locations where there is only one sectoral activity being implemented, targeting with a community should be given additional time and emphasis as it is foundational to the sector activity but can also support beneficiaries to make multi-sectoral changes to their homes and behaviours.

6. Increase integration of nutrition activities in the community by building on community targeting to identify malnourished children (community screening) as an ongoing activity.

7. Community staff to make note of cases of *spontaneous* targeting to understand the community’s attraction to the activity from which improvements to implementation can be made.

8. Develop a strategy to maintain relationships with targeted beneficiaries that have *graduated* from an activity. They may not require project inputs but can continue to benefit from the learning that the project stimulates. They are also a resource or role model for future beneficiaries.

9. Extend coverage by utilising knowledge in one community to share it with another community (i.e. stoves, gardens, health promotion). Field staff and coordinators can, as part of their site visits, take beneficiaries from one community to another, to promote a project activity.

**Indicators: create a common purpose through commonly understood & agreed indicators**

1. Define the common purpose which is shared by both ACH and beneficiary communities. The outcome must be easy to describe and easily measurable by both the community and agency.

2. Area teams could discuss how stakeholders in the project can have different objectives but share a common purpose to emphasise that the project can not control social processes of integration. It can also help to reinforce that the project can influence change if there is a common purpose between the community and project stakeholders.

3. Develop indicators which measure the assumed link between each sectoral activity, malnutrition and mortality.

4. Monitor the above indicators using different strategies (i.e. KAP, regular activity monitoring by field staff, community monitoring, etc)

5. Monitor project and activity performance together with communities.

6. Reconsider the use of GAM or other prevalence indicators to determine the impact of the programme. Consider instead indicators which directly relate to the success of project activities i.e. number of households demonstrating *integration* in their home.
7. Reconsider using U5 indicators of performance (i.e. GAM, SAM, feeding programme admissions, coverage etc.) if the ACH country strategy seeks to make improvements for all demographic groups.

**Time-Frame: use one-year project cycles to develop long-term integrated processes**

1. Develop an ACH country strategy, including an integrated multi-sectoral strategy of engagement, in NEP for a 3 to 5 year time frame.

2. Develop a multi-year strategy based on annual mile-stones of community engagement and participation in activities to move from task based activities to one where communities control activities supported by the project.

3. Develop a multi-year strategy based on annual mile-stones to extend coverage of ACH provided services and resources to more communities in the project area.

4. Extend coverage through a multi-year strategy based on annual mile-stones that will continue relationships with *graduated* beneficiaries, while targeting new beneficiaries.

5. Develop learning based (rather than teaching based) peer to peer multi-year strategies based on annual mile-stones for extension or outreach activities, such that activities and knowledge will be eventually situated in the community.

6. Negotiate with ECHO to define how the project can fit within their strategic priorities (reducing underlying risk factors) and funding framework. Use the project as a pilot – an innovative approach to reduce risk of disaster in. Identify opportunities for the project to link with ECHO’s regional and global advisors (based in Nairobi).

**Coordination: use coordination opportunities to integrate internal project processes within the wider context.**

1. Use the project’s community engagement to help a community learn that they can advocate for their rights to basic services or to access government funding opportunities themselves. Set annual milestones for this process. i.e. Work with North Water Services Board and community to access government funding for community water resources. The Constituency Development Fund is another funding option. Other agencies such as International Rescue Committee and VSO are helping communities access these resources.

2. Continue to engage with District level government departments to support, improve or sustain services in project communities, as well as to ensure complementarity between project and government provided services. Set annual milestones for this process. i.e. MoH – could include: Recognition of the nutrition policy and province and district levels, identifying and training of senior staff on new protocols, identifying and training of facility staff on new protocols, plan to introduce services in XX number of clinics, Clinics perform to an agreed level, etc. MoA - firstly, district agriculture offices can recognise the opportunity for small scale, household agriculture in the District, agriculture officers to speak with community leaders in support of household agriculture, agriculture officers can join project staff for periodic reviews of project supported household agriculture initiatives, etc.

3. Continue to actively engage with DSG and Arid Lands to encourage rational implementation of sectoral activities within the district and to raise the profile of the project’s objectives and strategies to increase the support base for the project. Set annual milestones for this process.
## Overall Programme

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td><strong>Impact</strong></td>
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<tr>
<td>- Lives saved of severely malnourished children</td>
<td>- Impact indicators may not measure actual contribution of the intervention</td>
</tr>
<tr>
<td>- Crucial services being delivered</td>
<td>- Steep learning curve – learning how to integrate programming requires time beyond the 1 year project.</td>
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<td>- Critical communal water resources established/improved</td>
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<td>- New viable coping options emerging at the HH level</td>
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<td>- Growing positive and constructive engagement with communities</td>
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<td>- Growing engagement with local government and services</td>
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<tr>
<td><strong>Coverage</strong></td>
<td></td>
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<tr>
<td>- Good geographic spread</td>
<td>- Current targeting does not promote integration nor identify vulnerable HH</td>
</tr>
<tr>
<td>- Good urban / rural spread</td>
<td>- Low number of beneficiaries for nutrition, food security and livelihoods sector</td>
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<tr>
<td>- Communities with high malnutrition served</td>
<td>- Opportunities for expansion of some activities not exploited</td>
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<tr>
<td><strong>Coherence</strong></td>
<td></td>
</tr>
<tr>
<td>- Project design internally coherent</td>
<td>- Learning and communication across project areas and sectors is not strong.</td>
</tr>
<tr>
<td>- Activities sectorally coherent</td>
<td>- Messages to beneficiaries vary across different sectors.</td>
</tr>
<tr>
<td>- Sectoral linkages to local and district government</td>
<td>- Operationally, activities weakly complement each other</td>
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<tr>
<td>- Sectoral linkages to Arid Lands and other NGOs</td>
<td>- Manner of community engagement is fragmented and inconsistent</td>
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<tr>
<td><strong>Relevance / Appropriateness</strong></td>
<td></td>
</tr>
<tr>
<td>- Integrated approach very relevant to prevention and management of malnutrition and malnutrition related mortality</td>
<td>- No rationalisation for communities engaged in one activity to objectives</td>
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<td>- Appropriate intervention for emergency mitigation</td>
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<td>- Project results very relevant to needs of communities</td>
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<td>- Sectoral activities highly relevant</td>
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<td>- Many implementation strategies very strong</td>
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<tr>
<td><strong>Sustainability</strong></td>
<td></td>
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<tr>
<td>- Sectoral engagement, planning with district and local government</td>
<td>- Communities do not understand integration nor prioritise malnutrition</td>
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<tr>
<td>- Most activities appropriate to local resources and capacities</td>
<td>- No means of learning why some activities are so successful</td>
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<td>- Ownership of some activities very high</td>
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<tr>
<td><strong>Effectiveness</strong></td>
<td></td>
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<tr>
<td>- Activities achieving planned results</td>
<td>- Implementation time frame 1 to 2 years but to sustain services and make behaviour changes requires more time</td>
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<tr>
<td>- Individual activity implementation approaches effective</td>
<td>- Project acts as intermediary between communities and their government/services</td>
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<tr>
<td>- Competent motivated staff guiding implementation</td>
<td>- Learning vested in agency, not beneficiaries or communities</td>
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<tr>
<td>- ACH well regarded by communities</td>
<td>- Emphasis on providing services with project staff, resources and funds</td>
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<tr>
<td><strong>Efficiency</strong></td>
<td></td>
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<tr>
<td>- Programme largely cost-effective</td>
<td>- Weak common purpose within the project or between the project and community</td>
</tr>
<tr>
<td>- Logistics, Admin and finance systems good</td>
<td>- Weak evidence base to link sectoral results with integrated objectives</td>
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<tr>
<td>- Efficient utilisation of project resources at the field level</td>
<td>- Integration where occurring is by default not design</td>
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<tr>
<td>Cross cutting issues</td>
<td>Monitoring</td>
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<tr>
<td>o Low-cost approaches appropriate to context</td>
<td>o Sound sectoral monitoring systems</td>
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<tr>
<td>o Strong engagement and support to mothers</td>
<td>o Monitoring systems integral to sectoral performance</td>
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<tr>
<td>o Staff security – a priority</td>
<td>o Surveys comply with standards</td>
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<td>o High level of awareness of environmental issues</td>
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<tr>
<td>o Culturally appropriate and respectful programming and operations</td>
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<tr>
<td>o Gender balance of field staff</td>
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<table>
<thead>
<tr>
<th>Impact</th>
<th>Coverage</th>
<th>Coherence</th>
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<tbody>
<tr>
<td>B</td>
<td>C</td>
<td>C</td>
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<tr>
<td>Project having a local impact. Current tools to measure impact not consistent with actual contributions of the project.</td>
<td>Increase coverage over-time</td>
<td>Internal communication across project areas and sectors is weak. Different sectoral activities have fragmented presence in communities.</td>
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<thead>
<tr>
<th>Impact</th>
<th>Monitoring</th>
<th>Grade (A-D)</th>
<th>Comments</th>
<th>Recommendations</th>
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<tr>
<td></td>
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<td>B</td>
<td>Project having a local impact. Current tools to measure impact not consistent with actual contributions of the project.</td>
<td>o GAM and morbidity prevalence indicators should be replaced by ones demonstrating progress towards integrated objectives</td>
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<td>C</td>
<td>Increase coverage over-time</td>
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<tr>
<td>Relevance / Appropriateness</td>
<td>B</td>
<td>Operations focused on service provision or one-off support to community. Lack of common approaches and tools for community entry, assessment and project monitoring and impact assessment</td>
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<tr>
<td>Sustainability</td>
<td>C</td>
<td>Long-term (5 year) strategy for activities is absent. Learning currently focused on staff and project activities. Linkages with local and district government are promising.</td>
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</tbody>
</table>
| Sustainability              |   | - Develop multi-year programme strategy  
- Define annual mile-stones within multi-year strategy to guide annually funded programmes  
- Peer to peer learning where possible in project activities  
- Messaging (child care, public health, management of water, good diet) integral to all activities, & community monitoring  
- Help communities to learn how to engage with local or district government or to effectively advocate for their rights to services  
- Continue efforts to engage with local and district government services  
- Engage and where possible lead on sectoral issues within DSG or Arid Lands |
| Effectiveness               | B | Integration needs to occur by design not default  
- Sectoral coordinators meet with area teams take community / project definitions of integration, translate them into a single project definition and agree how it can be operationalised  
- Define nutrition or health outcomes assumed by each sectoral activity and how it will be measured and monitored  |
| Efficiency                  | B | Strong sectoral implementation. Internal integration must align operations to project objectives  
- Train staff on rationale of integration and its role in project operations  
- Explore different HR options to retain local and management staff for longer periods  
- Modify job descriptions to include performance indicators relating to integration  
- Create management hybrid to improve sectoral line management to be accountable to area and integrated objectives.  |
| Cross cutting issues        | A | Strong performance across all issues.  
- Where possible increase local female staff  
- Continue to cultivate respectful community relations to support potential of behaviour change and staff security. |
| Monitoring                  | B | Current monitoring is strong and sectorally and agency based.  
- Formalise community monitoring system (i.e. agree a common purpose, indicators currently used, set formal regular meetings,)  
- Base donor reporting on feedback from community monitoring system as well as sectoral (output) monitoring.  
- Define the nutrition or health impacts assumed from sectoral activities -- monitor them with community  
- Establish a common project database for all sectors that includes indicators for integration.  
- Incorporate community feedback (from monitoring sessions) into project management meetings. Report back to community, where necessary. |
Annex 1.  Technical Notes: Nutrition

Design
The nutrition component in the project was designed to reduce mortality through treatment of severely malnourished children during the emergency period that peaked in 2004. The implementation was designed around the Community Therapeutic Care (CTC) approach, though some activities were adjusted to adapt to the operating environment. Due to the different situations, especially in the linkages with the Ministry of Health, there were differences in the operations between Garissa and Mandera projects.

In Garissa, where the MOH was more active, the project focused on treatment of severe malnutrition through OTPs based out of the health facilities and the inpatient care was provided by the MOH at the provincial general hospital. In Mandera, the nutrition activities were implemented solely by ACF: through running a TFC at the Mandera district hospital, OTPs at the community level as well as a supplementary feeding programme.

Over the years during the implementation, the emergency has since been stabilised, revealing the reality of a chronic presence of high malnutrition rates in most of Northern Kenya. The current situation therefore requires a shift in the mode of operation if the project will achieve visible impact in the reduction of vulnerability to malnutrition and mortality.

Relevance
While considering the high level of malnutrition in the area, it was important to have a curative nutrition therapy services. The project plan and design was determined by the nutritional status derived from the nutrition surveys conducted in March 2008. The location of distribution centres was determined by the prevalence rates. The project scope focussed mostly on severe acute malnutrition, and was implemented alongside a DFID supported supplementary feeding programme. Little consideration of the chronic nature of malnutrition was factored into the project design, therefore limiting the nutrition efforts to curative. As a result, a high rate of relapse after cure (approximately 29%) was experienced in the programme. While the project was designed to provide individual treatment during an emergency, it is necessary to consider the broader impact that is expected from the integrated project. A curative approach will not be effective or relevant to address the chronic and recurring nutrition problem. Benefits from curative treatments will be felt among individuals but not felt within the general population. Focus needs to be shifted to peer education and positive deviance among the population.

STRENGTHS: Commitment by agency to shift thinking and implementation strategy
Good understanding from experience, of the underlying issues

ISSUES: Is the project able to proactively shift project focus?
Does the agency have the capacity to address chronic malnutrition?

Coverage
Coverage was identified as one of the project’s weak areas. Segments of the target community are nomadic. The area is vast. There is little infrastructure. Cross border interactions, especially in Mandera East also implied that most of the beneficiaries served were not from the catchment area, but were included among the beneficiaries due to their conditions.

Targeting of beneficiaries followed an already set eligibility criteria: the WHO standards for inclusivity into the feeding programme. Patients were admitted into different programmes depending on their weight for height index, MUAC measurements or presence/ absence of oedema. Due to the defined and set protocols, there is little room left to the community to define vulnerability and eligibility for the feeding programme. Community participation can be enhanced by involvement of the community members in screening and referrals.

Geographical coverage was low. In Garissa, the nutrition activities were limited to the township and its surroundings, leaving out a larger ‘rural’ population. Even in the township, there was a short-coming in the number of beneficiaries as most of the patients were admitted after they presented at the health facilities. From the survey results, an approximate 2000 children were severely malnourished yet 214 head been treated by the time of evaluation. OTP coverage was
10.7%. By the time of the evaluation, efforts were being made to increase community mobilization, establishing a screening and referral mechanism. There were also plans to increase the number of distribution sites away from the township. This was expected to increase access to beneficiaries and expand the project’s coverage.

In Mandera, the situation was different due to the vast area as well as the frequent movement by the nomadic populations. However, there was an opportunity to increase coverage by establishing and/or maintaining the feeding centres. The number of centres had been reduced due to beneficiary numbers, though there was no defined or documented criterion that was followed to determine which centres would be operational. The community was not involved in the decision making as a result expressed discontent. In Mandera East, there were more visible efforts to increasing coverage though this was again limited by insecurity. In Mandera, 133 out of a possible 443 children were admitted into the OTP (30% coverage). TFC beneficiaries were not included in the calculation for coverage since the beneficiaries were discharged to the OTP or to home for the cross border patients.

The project was designed to have the nutrition beneficiaries participating in other sector activities especially the food security initiatives. The different projects used different approaches for targeting beneficiaries to these activities and hence not all nutrition beneficiaries were included in the activities. Lack of an integrated follow up mechanism. Coordination between departments was also adhoc, and depended on the personalities of the staff working together. This was attributed to a lack of collective needs assessment at the beginning, or a monitoring system that would tie the indicators collected by the different sectors.

Strengths: Feeding sites are determined by survey data. Worst affected areas prioritised.
Issues: Vast geographical area Low levels of community participation in design or determination of feeding sites.

Coherence (programmatic linkages across sectors & activities)

The nutrition programme is directly linked to the project objective. The direct results expected from the curative activities mean that the treatment and follow-ups might run independently. There was joint activities especially between nutrition and PHP. The hygiene promoters accompanied the nutrition team and conducted health education messages among the beneficiaries. However, there was little engagement between the messages provided to the individual needs. In some of the centres the community health education facilitators were beneficiaries of the feeding programme, but did not link their duties in health education to the hygiene promotion/ health education provided at the feeding centres.

Planned integration of nutrition beneficiaries into other sectoral activities was not or partially observed.

There was some level of coordination with other stakeholders. This was strongest in Garissa, where the linkages between ACF, the MOH and other NGOs were strong and there was evidence of collective thinking and understanding. However, the close relationship with the MOH was more of coordination than operations. Though the OTP was implemented at the health facilities, there was no coordination between the ACF and MOH activities. The district nutritionist also expressed discontent on the introduction of CTC at the health facilities, disregarding the already existing Child Health and Nutrition Information System that included growth monitoring activities. The agency approach had created confusion on the reporting systems by the health facilities. It was also evident that while the project intended to build the capacity of the ministry of health, it was unclear how this would be conducted as an assessment of needs was not done, nor an agreement or terms of reference developed that would be clear to both parties.

In Mandera, the coordination with the MOH was weak due to lack of staff (MOH) and different expectations by the stakeholders. There was an opportunity to liaise with Save the Children, which was establishing a programme to address malnutrition.

There was a general acceptance of the feeding programme by the community, due to its relief nature as well as the tangible and visible benefits observed when a malnourished child recovered. The community was very grateful to the agency, and attributed its efforts to life saving due to the response that started at the peak of the emergency.

STRENGTH: Activities valued and acceptable to the community, stakeholders
Good relationships with some MOH staff and other stakeholders, staff representation in district coordination

**ISSUES:** Weak linkages between sector activities. Follow up mechanisms in the community are not coordinated adequately to be able to create logical relationships between the different services and activities.

Project activities and objectives do not link with the community priorities, but are seen as a relief activity.

**Effectiveness (activity or mode of implementation achieving planned result)**

The project was effective in treating malnutrition among individuals. The cure rates among the beneficiaries are statistically low due to a high default rate, but the project has maintained a low death rate. However, the curative element of the project is affected by the underlying issues such as food security, health and care practices. A high relapse rate of 29% is an indication that the implementation is effective in curing malnutrition, but not in its prevention. One of the issues observed was a weak follow-up mechanism after discharge of the patients. Though there were community volunteers (in Mandera) tasked to follow up the beneficiaries, this was not effective due to weak supervision. One community mobilise was responsible for overseeing the volunteers, who had a busy schedule and rarely had time to train the volunteers on effective follow up and home visits.

In terms of nutrition beneficiary numbers, specifically the severely malnourished children, the project might not reach the expected number of beneficiaries unless vigorous active case finding is established. The numbers expected from the survey were larger than the actual cases of severe malnutrition in the areas of operation. It was also noted that the beneficiary numbers targeted at the proposal stage were much higher than those determined through the survey data. This target might have been too ambitious for the projects to achieve. A total number of 4,440 beneficiaries in OTP/TFC were targeted as compared to 2,475 from the Nov/Dec 07 survey findings.

The limitation in the geographical coverage also resulted in low admission rates. The admissions may be increased by increasing the number of centres (establish mobile centres to areas not currently accessed) as well as intensifying the active case finding at village level.

The outcomes of the nutrition intervention are also bound to be below SHERE standards considering the high rates of malnutrition. Intensive follow up of beneficiaries is needed to enhance their recovery rates. The current outcomes were as follows by the time of evaluation:

<table>
<thead>
<tr>
<th>Death Rate</th>
<th>(&lt;10%, &lt;10%, &lt;3%)</th>
<th>2%. Children presented to facilities at a critical state. Good follow-up for critical cases established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Default Rate</td>
<td>(&lt;15%, &lt;15%)</td>
<td>16% and 32.7% Defaulting is higher in Mandera West due to the nomadic nature of the pastoralists</td>
</tr>
<tr>
<td>Recovery Rate</td>
<td>(&gt;75%)</td>
<td>57.1% OTP and 23% SFP - Low cure rates related to high defaulting as well as quality of care. Relapse rate of 29% signifies major underlying issues</td>
</tr>
<tr>
<td>Avg LoS</td>
<td>3-7 days/&lt;60 days/&lt;90 days</td>
<td>7-30 days (TFC offered to cross border patients)/ 62 days in OTP and 98 days in SFP</td>
</tr>
<tr>
<td>Rate of Weight Gain</td>
<td>4g/kg/day, 3g/kg/day</td>
<td>4.2g/kg/day (OTP) and 1.6g/kg/day (SFP). Low SFP recovery associated to morbidity and sharing of food commodities</td>
</tr>
<tr>
<td>Coverage</td>
<td>&gt;40% in rural areas</td>
<td>&lt;30% and 10% low community mobilization in some areas and a large geographical area in Mandera. Need for proactive community mobilization and addition of more centres away from the larger settlements</td>
</tr>
</tbody>
</table>

Information sharing with the authorities was not defined. There was evidence that the district nutritionist in Garissa was abreast with the activities and plans of the agency, but other MOH staff were not. Reports were submitted to the district nutrition department using an agreed format. However, there is an opportunity to structure the reporting and interaction with the authorities: government offices, district offices, chiefs and community leaders. Reporting to the community was lacking and information was provided when needed, but not in a planned manner.
Monitoring of activities was conducted through a structured monthly reporting format, and data represented in a data base. While the programme used the information to respond to emerging concerns such as defaulting, death and relapse rates, follow up of beneficiaries was not done unless a problem emerged. This creates an opportunity for the programme to conduct post distribution monitoring to understand home situations before individual problems arise.

**STRENGTH:**
- Strong established protocols and managerial support
- Good case management, data recording

**ISSUES:**
- Learning reviews to advise project adjustments
- Busy all round workload on staff, therefore less time for reflection and learning, beneficiary targeting for participation in other activities
- Data management is confusing and taxing to some of the staff, adaptation of the Valid database

**Efficiency** *(cost-effective, internal linkages, maximise benefit of assets/staff)*

The cost per beneficiary ratio is assumed to be relatively high in the project due to the low number of targeted beneficiaries versus the high costs associated with serving these children across a vast area. Cost per beneficiary estimates (direct costs +% overhead costs/total number of cures over the project period) may be higher than programmes in Kenya and possibly as high as programmes in the region (South Sudan, Darfur). The project target was severely malnourished children, who were few compared to the moderately malnourished children that were eventually factored into the project (in Mandera). Cost per cure, while difficult to estimate with budgetary data provided is approximately twice the rates observed by the consultant in South Sudan and Darfur. However, this ratio might reduce by the end of the project.

There was good logistical support in all the programmes and movements and assets were coordinated to provide the most benefit, such as planning movements in one direction by the different sectors. The utilization of human resource was however limited. Each of the sectors had local staff as well as community volunteers, who could have been trained to address various sectors and therefore expand the geographical area (coverage) and also address various issues/sectors to produce a bigger impact among the beneficiaries.

There was some level of communication among the field staff, but this was not optimal and sometimes resulted in disjointed messages to the community. Project staff, especially from other sectors were not fully aware of the nutrition activities (and vice versa), hence it was difficult for them to relate their activities to a nutrition outcome, or relate the messages they provided to the nutrition beneficiaries to promote behaviour change. The support by the national office (HQ) was appreciated by the project managers. However, the line management is vertical and sector specific. This does not encourage inter-sectoral relationships and staff felt obliged to report to their line managers in technical/sectoral terms rather than in terms of integration and how the sectoral activities fitted into the integrated approach.

**STRENGTH**
- Good support systems in place

**ISSUES:**
- Coordination with MOH, remoteness of area results in high costs
- Inadequate service provision and support by MOH

**Sustainability** *(ownership, beneficiary capacity – include financial - to maintain, and relate to results/objectives)*

The nature of the nutrition intervention is emergency based and therefore not sustainable in the affected community. The inputs and food commodities utilised are imported: Food commodities were provided by UN agencies (World Food Programme provided the corn soya blend/unimix, sugar and oil for the supplementary feeding while UNICEF provided the therapeutic milk and plumpy nut). The items are expensive for the government or the community to source. The food security situation in the community was also very poor and therefore not able to provide locally available foods for treatment of malnutrition.

The ministry of Health however has capacity to treat severe acute malnutrition in a ‘normal’ situation, but would be overwhelmed in times of crisis. The MOH has a nutrition unit as part of their standard activities in Garissa. The Garissa PGH has a strong TFC. The feature of nutrition services in Garissa rather than Mandera reflects staff commitment rather than policy. For the prevention and management of mild malnutrition, the community would have to diversify its livelihood options to be able to increase its capacities. The high prevalence of moderate malnutrition would be too demanding for the government to handle through the ministry of health as no budget allocation is provided by the government for supplementary feeding.
Strengthening the community structures would be a more practical approach to address these chronic high levels of moderate malnutrition. The current community based activities: WASH, Food security, PHP, can be used as an avenue of creating change agents in the community who provide nutrition education that is directly linked to the activities and thus influence positive deviance from the outputs of the activities.

It is also important to note that the MoH does not make a budgetary provision for RUTF, as it is provided by UNICEF. Without budgetary commitment for the management of acute malnutrition (moderate or severe), long-term MoH capacity to manage it may be more theoretical than actual.

**STRENGTH**

MOH is able to treat severe malnutrition outside of an emergency.

Community mobilization and training of community volunteers/ representatives to provide nutrition education means that some level of awareness creation can continue.

**ISSUES:**

Community's over-reliance on pastoralism as a livelihood option,

High levels of chronic malnutrition against recurring drought cycles

**Cross-Cutting Issues**

The project design clearly awareness of key issues. Women’s labour was factored in by establishing centres close to the settlements, therefore reducing the time taken by women to attend the distribution. The project also provided non food items, and especially water storage containers that were planned to improve water handing as well as reduce the number of times that the mothers would go to the water points; Women if the feeding programme were also attached to the energy saving stove activity thus free their time from domestic chores to care for their children.

Security of aid workers was prioritised especially in Mandera East. Staff were relocated for their safety especially during the clan conflicts. This was created a positive effect on the staff, who was motivated to continue working for the agency.

Participation by stakeholders was planned, though not always done. There were frequent meetings with the community leaders and government representatives to report as well as consult and as a result, ACF had a good reputation among the beneficiaries and stakeholders. Staff also demonstrated an awareness of the local customs and cultures and observed them as much as possible. The local staff were recruited from their areas of residence to create harmony as well as ensure that the project implementation did not contravene the cultural norms.
Annex 2. Technical Notes: Food Security & Livelihoods

Design

Income Gen: IG is a priority for communities but they have very high expectations and are unhappy about the amount of the loans and the types of businesses it can support. The also would not have selected communal means of working together. In contrast the activity in tune with a real need and potential solution – there is consensus on the purpose.

Stoves: Beneficiaries are selecting between identified technologies. Stove technologies are a priority for women (saving firewood). There is a high level of consensus on the purpose of the activity (less time collecting firewood).

Garden/Sack: Activity was not a priority for beneficiaries. Eating vegetables, which are expensive or not available, are priorities. Farming, let alone in sacks is foreign to the beneficiaries visited. They did not participate in the design of the technologies. The high quality community engagement did lead communities and beneficiaries to agree to give the new, undesired technologies a try. Also, there was a high level of agreement of the purpose of the activity – eat better – between beneficiaries and project. The activity is a real gamble – given the lack of interest for farming by the communities – but one which is proving to be successful.

Strengths: * Common Purpose

• Community Priorities – income gen / stoves
• Gender – stoves – balance in IG groups
• Love of good food – if not priority – soft spot for good food grown by gardens activities

Issues: * Group mechanism for IG not embraced by community

• Resistance to cropping in pastoralist culture

Relevance (actual needs relate to project results/objectives?)

Income Gen: The mode of implementation is very relevant to the levels of literacy, and business acumen. It gives new entrepreneurs a good start. Business activities supported by the grants were not necessarily attractive or sexy to the participants. Beneficiaries wanted big grants to undertake big businesses. Business activity review processes effectively screened business plans against appropriate demand, and marketing criteria. The collective review of business plans was a useful way to encourage peer to peer review rather than ACH review of business plans. If businesses succeed, increased spending on food may be but would not necessarily be the priority household expenditure. Many of the businesses (i.e. goats) will bring in income in lumps, which may be more likely to be allocated to household projects (i.e. roof improvements, livestock purchases).

Stoves: The activity is highly relevant to reducing a women’s labour. The activity was just starting but already women who had been trained were using and enthusiastic about the stoves. Neighbours were asking beneficiaries to build new stoves. The skills and resources required were easily accessible. There were issues with clay near Garissa. The stoves were very useful (no stigma or issues related to how they prepared foods). Dramatically less firewood was required. Activity is highly relevant to affecting key project objectives (particularly U5 acute malnutrition).

Garden/Sack: If the gardens / sacks provide a successful or satisfactory harvest, they should prove themselves to be highly relevant to the project’s purpose. The desire/need to improve dietary diversity clearly a priority for beneficiaries. Gardens/Sacks are proceeding on a scale and in a manner which is appropriate for the context – not large scale but intensive relationships with beneficiaries. Neighbours were borrowing (seeds or the technology) from project beneficiaries to have their own gardens.

Strengths: * Activities relevant to communities – Increasing income big priority in all locations, stoves valued by mothers, take-up of gardens and stoves by non-
targeted beneficiaries reflect interest beyond just beneficiaries to the wider community.

- Activities Relevant to nutrition: Increasing mother time with kids, nutrition food accessible/available, seasonality of nutritious food available in dry season,
- Activities Relevant to Increased Income: Income gen activities – while small – can contribute to HH income, good income potential from gardens, gardens can also reduce food costs,
- Methodologies Appropriate: IG activity success requirements in sync with local capacities, Peer Review (peer to peer learning) of IG activities, good level of staff to beneficiaries to allow good supervision and support.
- Activities Relevant to women – stoves – IG groups (good female representation), reducing a mother’s daily workload
- Potential for scale up: if gardens and stove succeed they are very likely to be scaled up independent of the project.

Issues:
* Nutrition Impact: IG – some businesses will have lumpy revenue streams, fungibility of cash (won’t be used for food),
* Beneficiary involvement vs relevance to ACF mandate: IG - expectations of big income streams – many beneficiaries not interested in small businesses.
* Objectives over-state potential of activities to affect vulnerability or morbidity – small, scale of all Food Sec activities is appropriate to their successful introduction and implementation but will require many years and scale up to make impact in a population.

Coverage

Income Gen: The activity operates – necessarily – on a small scale. It’s coverage even in once community is small. There are not IG activities in all project communities. The activity is very contentious in project communities. Providing cash (loans) to a community has meant that a great deal of community involvement in the activity. That involvement has meant that the most vulnerable have been targeted. Most vulnerable are not necessarily the ones in feeding programmes. Also, the community selection process identified persons who were felt to be appropriate participants, or the potential entrepreneurs. The process has also resulted in an excellent level of transparency and oversight by the community. There was a good mix of men to women involved in the programme. Men dominated the groups but women were also assigned important roles (esp treasurer). It was likely a good compromise between changing gender roles and existing notions of appropriate/acceptable roles for mixed gender groups. No NGO or government body was reported to be investing in micro-business, or loans (although it is likely that there are micro-finance institutions in the Garissa or Mandera). Coordination requirements were minimal. As there are no future plans to scale the project up or develop it as a micro-finance institution, its coverage will likely never be comparable to the need (as defined by prevalence of acute malnutrition). It is a one off, which will help a handful of very vulnerable people – likely a reasonable objective??

Stoves: targeting was done through the feeding programmes, so the most vulnerable were not necessarily identified. Coverage could not be determined as the project was starting. The technology is so simple and replicable, that there is a high potential to cover the project area – certainly of the most vulnerable ones. Coordination requirements were minimal

Garden/Sack: community targeting mechanisms were identified as being responsible for ensuring the most vulnerable / most likely to succeed were included in the activities. Coverage is small – within a project site – but if the activity were continued, expanded in these communities over several years (and the gardens yielded satisfactorily) coverage could be very high.

Strengths:
* Most needy included: Community identified – not by nutrition activities – but by community targeting mechanisms.
* Targeting Included women and Men
• Community Targeting balanced the vulnerable and the likely to succeed at the activity.

• Geographic Coverage – No location outside of project sites was highlighted as wrongly excluded. In contrast, it appeared that most of the main locations were included in Food Security activities.

• Community targeting increased community stake/ownership in activities – and increased the resonance of other health / child care messages introduced (on an adhoc basis) by ACH staff

Issues:  
* Adequate level of needs covered:  Needs defined by HHs with an acutely malnourished child.  Given GAM point prevalence and extending that to estimate total number of children acutely malnourished in one year, it would suggest most households in Garissa and Mandera with children will have a malnourished child (half of the total number of households? - many assumptions are made – very low level of confidence).  The Food Sec activities support perhaps less than 5% of the needs in the district.

• Geographic Coverage: There is a good spread of activities but the depth of coverage in those geographic locations is light.

• Little if any overlap with targeted persons from other ACF activities

Coherence & Coordination (programmatic linkages across sectors & activities)

Income Gen:  Community targeting was used to identify beneficiaries.  It is different than targeting envisioned in the project document (emphasising mothers in feeding programmes).  The change has meant strong community participation and contribution to plans – and very coherent project, from the community’s perspective.  Links across IG to other sectors is interesting.  They work closely with food security activities (particularly in Takaba areas) but as their common purpose is “nutrition” (an ACF prerogative, not the community’s), their commonality is limited to the fact that they are ACF activities.  Consistently good oversight & support was evident by supervisors.  Other sectors had little knowledge of IG activities.  Monitoring is limited to IG activities with no links to other food sec or sectoral activities evident.  No government body following IG activities in the districts.  As such and due to scale, not much interest in the activity in District coordination meetings.  May be opportunities for greater collaboration between these activities and VSF activities, and possibly Save the Children activities in Mandera.

Stoves:  Partial coherence – there are well designed links between nutrition and food sec sectors.  After beneficiaries leave the feeding programme they can begin stoves activities.  After that point there is no linkage between nutrition and food security staff (i.e. follow up).  Stoves seemed like a standalone activity (a good one though).  Monitoring is independent.  No government body following IG activities in the districts.  As such and due to scale, not much interest in the activity in District coordination meetings.  Possibly coordination may be required with SC in the future.

Garden/Sack:  Issues around targeting is similar to Income Gen.  The activity has a stronger link with the project objective (per the design) due to its nature.  It has few programmatic links with other activities in the project.  It is monitored independently.  Coordination was not a high priority issues.  MoA (garissa) – viewed agriculture from availability / economic contribution perspective and didn’t value these efforts.  They were very complementary of the efforts to support irrigation activities.  MoA (takaba) was marginally operational nor were they receptive to the activity.

All Activities:  The inclusion of these activities in the integrated project is a rationale outcome of the project assessment, and design.  IG and Garden activities benefit from a strongly collaborative arrangement with the community.  Targeting is balanced between ACH’s priorities (parents of malnourished children) and the community’s

5 There is a strong positive, operational link between the activities that could be exploited further.
sense of appropriate beneficiaries. It was a deliberate and transparent compromise. It allowed food security and nutrition activities to integrate—almost organically—and with a strong social integration into the community. In turn, it has supported implementation and provides a defacto community monitoring mechanism. If not intentional, the process provided coherence by default.

Little coherence across sectors in practise. Food Security was largely independent of other sector activities, relationship between food security and nutrition beneficiaries.

**Strengths:**

- Community perceives it as Coherent: needs, priorities, targeting, monitoring, and implementation.
- Coherent to objective: Rational choice of activities with a clear relationship to underlying causes of malnutrition
- Coherent Implementation of IG, and garden activities: complement each other
- Coherent with Government priorities in Garissa.: Postive MoA, and Arid Lands

**Issues:**

- Stoves are almost independent (particularly when mothers are targeted from feeding programmes) of community structures
- Weak MoA presence (no opportunity for support or engagement) in Mandera

**Effectiveness** (activity or mode of implementation achieving planned result, targeting, monitoring, social interface)

**Incom Gen:** Groups were just forming at the time of site visits. The process was advanced, had a great deal of interest and participation, and focused on the community dynamics which would influence the success of the approach. Group businesses were not appreciated by most participants. It was not necessarily bad—as it lowered expectations and promoted a collaborative environment. Time will tell if that dynamic can translate into viable businesses. Types of businesses, particularly, goat selling, are likely to benefit greatly from the collaborative approach. Business skills (including numeracy and literacy) are very low but there seems to be an acute sense of profit. Planned trainings seem to be well adapted to these local realities. The amount of income anticipated by the businesses is generally perceived to be too small (i.e. they want more capital for larger businesses) but many group members also felt that the activity would be a complementary income source. Plans from expected additional income were not limited to purchasing nutritious foods. There was an excellent integration between ACF monitoring and Community monitoring of these activities.

**Stoves:** Stoves are adopted and used. Beneficiaries satisfied with stoves. Less wood is required. Community leaders (in Takaba area not evident in Garissa) endorse the activity. Less time is spent collecting wood and this time is used to do activities around the house i.e. weaving mats. Activity was starting but targets expected to be achieved. May be constraints with clay available near Garissa. FS staff exploring options to subsidise transport of clay—but if necessary, alternate designs should be considered. Communities are not generally aware of the stove activities (particularly in Garissa) as targeting done through feeding programmes. There is no community level communication between ACH and community leaders.

**Garden/Sack:** The vast majority of gardens were producing very well. The yield relative to the size of the garden will be good. If gardens continue to be maintained through the year, they can potentially make a valuable contribution—either in income or in vegetables which otherwise would not be purchased. The gardens were very well managed by women with no experience gardening previously. The gardens complemented available household space. Sacks made of sisal are rotting. Pests spoiling kale in gardens or sacks. Fencing is excellent. Shade excellent. Targets will be met. Soil quality varied in terms of fertility and structure with varying impacts on plant growth, and pests. There was an excellent integration between ACF monitoring and Community monitoring of these activities—in Takaba.

**All Activities:** Setting goals for these activities together with the community would be effortless as it is being done defacto in several communities. This will place the project’s purpose in sync with the communities purpose to participate. This opportunity exists because of the excellent community engagement—achieved by the field
staff. There was a definite sense of camaraderie (ACH and Community) in many of the sites visited. Monitoring would focus on activity outputs (i.e. vegetables grown or money made) but could in time be extended to targets of identifying malnourished children, referring these children, having tidy hygienic compounds etc.)

Sectoral autonomy – there is very little operational relationship between food security activities and other sector activities. The synergies of an integrated project were not observed in the food security activities

**Strengths:**
- *Targets will be met*
- Effective Community Engagement – many locations of positive partnership – good communication
- Effective with Beneficiaries: High uptake of activities, Receptiveness of beneficiaries to broader discussions of hygiene, health, child-care with Food Security staff – as there is trust between two parties
- Effective Community Monitoring
- Effective Methodologies for each activity
- Maintain Effectiveness in changing conditions: Flexibility of staff to respond to community conditions, authority and perceptions

**Issues:**
- *Pests threaten success of gardens.*
- Stove activities operate independent of community structures.
- Group approach to structuring IG businesses
- Expectations of business success and incomes
- No relations to other sectors – limit successes to have greater impact

**Efficiency** *(cost-effective, internal linkages, maximise benefit of assets/staff)*

**Income Gen:** There is a relatively high overhead to benefit ratio. While high – it would be a function of this type of intervention in its first year. Expenditures observed which were related to the activity were appropriate and minimal. The activity is not only one which seeks to put additional income in the pockets of beneficiaries; it is also a subsidy to extension and small business development. One staff member was serving several groups and movements were planned rationally. Logistically there was good support to the activity and no problems were reported. Visit to sites were coordinated with other sectors to reduce expenditures and resource requirements.

**Stoves:**
- very cost effective – staff input, resource input = minimal; benefit = time savings, wood savings, time to undertake new income earning activities, time to rest, more supervision of children. There were linkages with food security activities i.e. combining site visits. Logistics rationally coordinated across sectors (site visits of same days, movement of materials when necessary.)

**Garden/Sack:**
- Currently cost-effective and potentially highly cost effective in the future. Staff and resource inputs low (staff to beneficiary ratio or seed costs). Benefit = vegetables which would not otherwise be purchased, income from sale of vegetables, social standing. If a) these crops can produce all year, b) as current beneficiaries graduate into more complex gardening and c) new beneficiaries increase, the benefits will increase exponentially compared to the staff input and expenditures. Logistics are coordinated with other sectors.

**All Activities:**
- Staff demonstrated genuine motivation, and technical knowledge. Intimate knowledge of community mores. Respect for traditional authority structures. Positive and constructive support of field staff by direct line managers – particularly to allow the field staff the latitude to engage beneficiaries are a broad number of issues. Sector managers displayed a good, positive and professional rapport amongst themselves.
- Communication with other sectors limited to organising transport / logistics. Increasing discussion that Food Security activities should be conducted on same days as other sector activities. Monitoring systems for food security activities independent of each other as well as independent of other sectors. Area
Coordinators have difficulty monitoring progress of integration of activities in the area versus outputs. Field staff report sectorally and focus on their activity targets not food security goals let alone goals for integration.

**Strengths:**

- Cost-Benefit ratio
- Efficient Expenditures: levels appropriate to activities
- Efficient Operations (logistics, administration, finance, implementation)
- Staff Efficiency: Field Staff performance, Capability of Staff
- Efficient management: Mentoring / Support to field staff
- Positive Relations across sectoral managers

**Issues**

- Cross-sector communications
- Cross-sector monitoring
- Sectoral line management versus area/project level objectives.

**Sustainability** *(ownership, beneficiary capacity – include financial - to maintain, and relate to results/objectives)*

**Income Gen:** The project was starting during the visits. Community engagement processes and planned trainings seemed very appropriate and will likely leave an enduring impact. Developing different processes of learning could additionally encourage sustainability. Excellent community entry suggests there is a high level of local ownership. Beneficiaries and communities are enthusiastic. If the group dynamics and the small enterprises succeed, these activities will be perceived to be local and not belonging to ACF. The enterprises supported are relevant to locally available resources, skill sets, cash flows and market opportunities. The business plans observed will be able to be sustained on cash flows. Some cash flows will be lumpy which may constrain repayment. Eating well is associated with wealth. Participants indicated that they are looking forward to buying good food (which would include, milk, meat and less likely fruits or vegetables).

**Stoves:** In Takaba, stoves introduced through community structures = evident, high potential for community ownership. Garissa, targeted through feeding programmes = low potential for community ownership. Technologies very appropriate to skill levels and *borrowing* suggest it can easily be sustained independent of project input. Wire may be difficult to get, and in a few cases prohibitively expensive. Cost shouldn’t be impediment where there is high interest in activity. May or may not affect child care (currently no link between activity and spending more time supervising children).

**Garden/Sack** High potential for sustainability. In Takaba, gardens introduced through community structures = evident, high potential for community ownership. Garissa, targeted through feeding programmes = low potential for community ownership. Beneficiaries will likely need to learn from field staff for at least one year (possibly two) before they can confidently manage the gardens and its many surprises (pests, soil issues etc). No knowledge of seed collection, storage. Seeds not available in shops – will be a constraint in future. Seed cost would not be an impediment if they were available in shops. Sacks are financially accessible by beneficiaries. Likely to be sustained – only proviso is that if produce is marketed, proceeds may not be used for food (although that is unlikely).

**Strengths:**

- Appropriate to local skills, resources and context
- One-off learning cycles (staff can impart essential knowledge within one project cycle)
- High uptake of activities
- Relevant to communities
- Support by communities

**Issues:**

- Learning controlled by ACH – not vested in community of beneficiaries - will limit future growth of expansion of activities

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6 such that beneficiaries are able to teach and learn from each other
• Seed provision undermining local provision of seeds
• Not supported by GoK (see coherence section)
• Stoves not grounded in Community governance structures
• Integrated messages are not integral to the activity implementation.

Cross-Cutting Issues

Income Gen:  Participation was balanced for men and women. Activities proposed are unlikely to increase the labour burden on mothers. Activities are complementary to existing livelihoods. Some activities may, if they succeed may even increase the amount of time a mother will spend with small children.

Effects on the environment- activities were environmentally neutral (very small scale).

Participation – qualitatively and by gender and age were very good. Youth were absent from these activities – they may not be the most vulnerable but it also may not be beneficial to a community to have them excluded.

Stoves  Activity was exclusively focused on women. Men were happy to have the women spending less time looking for wood.

Environmentally, the activity will positively reduce demand for firewood. Caution must be advised to be conscious of how and where people collect clay (no issues were noted during the evaluation)

Garden/Sack  Activities almost exclusively focused on women. Staff was almost exclusively male. Watering increased the water collection requirements and was cited as a constraint by a few beneficiaries.

Environmental – none – organic solutions to pest control and soil management.

General:  Disaster risk reduction and Preparedness was limited to benefits of the activity – broadening coping mechanisms.

No harm was noted by virtue of participating in the activities. The agency was very conscious of the needs of balancing services and staffing opportunities across different clans to ensure safety to beneficiaries.

The positive engagement of the activities were likely to increase the security of ACF Staff. Potential risks to staff due to clan tensions were noted and staff were kept from working in areas of tension.

Strengths:  * Balance of female and male participation
• Postive impacts on women’s workload
• Participation in activities does not place a women at risk
• Community engagement could allow a women to make changes in child care without incurring criticism from her immediate community.
• Community engagement and staff security
• Environmentally neutral
• Increasing coping strategies

Weaknesses:  * Balance of female and male staff
• Inclusion of youth in any activities

Technical Recommendations  (recommendations on Integration in the Summary Matrix)

1. Use polythene sacks for sack gardens
2. Use farmer to farmer learning to explore where, and when kale should be planted. Also, use approach to experiment with alternate pest control techniques.
4. Graduated engagement of beneficiaries in garden activities. Have them grow from basic farming to more advanced farming (with potential for higher earnings) More advanced farmers could experiment with different crops, soil management etc.
5. Improve coverage by adding new farmers into programme on an annual basis and maintaining links with existing farmers (who don’t require inputs but can benefit by continued learning about production and marketing).

6. Stop seeds distributions. They are not a constraint to HH production. Supporting private sector, local provision of seeds will serve the communities better in the long term.

7. Promote greater recycling of grey water for to water gardens.

8. Use community targeting mechanisms to introduce/target stoves, increase community ownership, awareness, and monitoring (particularly in Garissa).

9. For stove grills, consider local metals that could be recycled – as many communities are far from shops. Remote communities will be constrained to update stoves if metal only available in larger towns. Alternately, instead of grills, there is the possibility to modify the technology to use stones.

10. Include good child care and nutrition messages as central to all food security activities. (i.e. with more time available to you – you can make sure the children are not left alone as long, you can spend more money on vegetables...etc.)
Annex 3. Technical Notes: WASH & PHP

Project Design (consistency, relevance and coherence of project conception)

The WASH and PHP sectors were introduced into the programme design as supplementary strategy to address underlying causes of malnutrition related to infant and young child care practices, poor public health & unfavorable environmental conditions. The two complementary sectors were designed to be fully community based with full community participation and involvement expected around the programming cycle. Four main activities were envisaged re household and institutional latrine construction, health education and promotion, Bio-sand filter promotion and development of new public water sources, rehabilitation and maintenance of existing ones.

The design, right from the justification for the interventions on underlying causes of malnutrition is very sound and links very well with the overall nutrition objective of the programme. Internal sectoral linkage between all the activities is clear and strong. However, the design failed to to take into account the fact that transformation of water, sanitation and health behavior will be required if meaningful change in nutritional standards of children is to be realized. While the role of safe water supply, sanitation development and hygiene promotion in improving child malnutrition is not in doubt, these clear linkages do not seem to have been effectively woven into the programme design making it difficult to develop longer term impact monitoring framework for the sector. A longer term focus would be required to address this. Further, capacity building as a key factor for sustainability of interventions was not made central in the project design. Such transformation oriented programme would in its design go further beyond basic service delivery to address issues of continuous research and learning and advocacy and different levels

Strengths
- Strong community-based approach to programming ensures beneficiary participation and involvement in WASH and PHP for longer-term ownership of project processes
- Strong internal sectoral integration across project activities

Issues
- Is longer-term transformational rather than short-term informational dissemination for behavior change approach more feasible for realizing the desired changes in nutrition standards in the project area
- How would implementation be standardized in the design and implemented in such a way to enhance sustainability of inputs
- Does the project design take into account the cyclic and chronic nature of the emergency situation in the area? How can a more effective emergency preparedness and response strategy be incorporated?
- Is ACF prepared to cut a larger niche for itself in WASH and PHP research and learning and advocacy in NE province?

Relevance (actual needs relate to project results / objectives?)

While project interventions are observably relevant to the needs of the communities for water, sanitation and health interventions and also well oriented to the programme objective of reducing malnutrition among under fives, it is equally important that interventions are adequate and appropriate enough to effectively address the needs. In an area where school enrollment is low and drop-out rates high, a more in-depth analysis of the WASH and PHP situation for children looking at both in-school and out-school context would inform more accurate targeting during project design and implementation. Further and more area specific and integrated analysis should be done at the time of commencement of implementation at the project level as part of the community entry process. This would improve beneficiary understanding of the integrated nature of the programme and enhance buy-in among project staff and also in the community. It would also help adopt implementation approaches to specific community needs and aspirations. Low involvement of men and out-of-school children in PHP activities meant either that the activities were not relevant to them or there is an unfair emphasis on women’s vulnerability that therefore exclude men
**Strengths:**
- Strong local participation in needs identification and project formulation exemplified through a comprehensive network of project staff and community volunteers
- Wide reach of the programme across the North Eastern Region covering several districts

**Issues:**
- Is more integrated needs identification and project entry process feasible at community level where all sectors participate in an all-inclusive process to ensure a more comprehensive and beneficiary focused process?

**Coverage**

The demand for water in adequate quantity and improved quality is observable all across the project area. Equally need for improved sanitation and better public health standards is well documented in the recent WASH and PHP assessments undertaken by ACF and known to follow the same trends as nutrition needs across the region. However owing to differences in financial, technical support and human resource requirements between different sectors in this case nutrition, PHP and WASH, the debate has been whether all sectors should always be collocated in all target areas with little regard to whether they are too thinly spread to be effective or not. Admirable progress has been made in latrine construction covering both rural and urban populations. However ACF potential for maximizing coverage is constrained by the fact that latrine construction mobilization is by and large the responsibility of the PHP sector not mainstreamed in the wider project.

**Strengths:**
- There is evidence of success in engagement with other sector actors which could be exploited to increase impact without necessarily increasing physical sector coverage
- Innovative resource mobilization approaches such as consortium building and appropriate technology could be used to maximize scale of impact from meager resources while also expanding resource base for improved coverage

**Issues**
- Could better product marketing for both PHP and WASH activities (latrine construction, Bio-sand filter etc.) be used to maximize scale of impact without increasing physical coverage
- Should PHP and WASH seek to cover all areas covered by Nutrition sector or should it seek wider buy-in from other sector players while limiting the tendency to be too thinly spread over a large area and adopting better and higher quality programming over much smaller areas and using this as evidence for wider advocacy?

**Coherence (programmatic linkages across sectors & activities)**

All the activities implemented by both PHP and WASH sectors were adequate for achieving the objectives results pursued by the programme. The key role of improved water quality and quantity, better hygiene practices and improved public health in relation to improvement of nutritional standards in the community is both well established and understood across the programme. There is however a huge need still for more awareness owing to high staff turnover and inconsistency in community engagement with programme personnel. PHP showed a higher degree of integration with other sectors and its operations were more readily understood across the board

Engagement with other actors especially ministry of public health and sanitation and other NGOs showed little consistency across the programme. In Garissa the WASH and PHP sectors showed closer engagement with other NGOs but this was much more by default as the programme is participating in a consortium initiative there. Coordination with the government officers both administrative and technical was seen to be stronger and more deliberate in Mandera where participation in networking and coordination mechanisms particularly for WASH was more evident. Even then, huge gaps were evident in terms of coordination in terms of development of early warning and emergency preparedness and response at district and higher levels and duplication and overlap was also observed in some instances. Internal coordination of operations tended to be stronger than the coordination of technical programming
**Strengths**

- In principle all sector actors are ready and willing to participate in some form of coordination and networking with ACF
- Obvious programmatic coherence between WASH and PHP sector activities and the overall objectives of the programme
- ACF is already recognized as a key player in the WASH and PHP sectors all across the implementation area

**Issues:**

- How responsibilities for both external and internal coordination could be better shared
- Does ACF see a role for itself in improving district level coordination across sectors?
- Would ACF see need for greater investment in internal awareness creation and capacity building on the need for coherence

**Effectiveness (activity or mode of implementation achieving planned result)**

There is evidence of improved access to higher quantities of water owing to programme interventions, improved convenience as a result of construction and use of pit latrines and also improved understanding of health issues which some of the beneficiaries interviewed claimed had resulted into better child care practices and therefore better nutrition. Where new facilities were constructed, women talked of reduced time spent in search of water and articulated how the saved time was spent to improve childcare. In both Garissa and Mandera, project reports show a consistent increment in the number of households either taking up ACF supported sanitation facilities or replicating the sector installations. However, continuous assessment have continued to demonstrate failure in improving water quality in most areas mainly owing to unplanned settlement patterns and unhealthy faecal management behavior. By the time of this study the programme was well on course to complete the outstanding planned activities. Noting that sector implementation started late with some activities only just starting at the time of this study, a straight eight months after the project commencement date, the rush to complete the activities in time and therefore deliver on the donor commitments make it difficult for the sector and indeed the programme to fully appreciate the transformational changes occurring as a result of its interventions and the synergistic effort which is both a result of and a motivation for strengthening integration.

Equally, the sector is fairly ill prepared for possible shocks such as prolonged drought condition that may in only a short time reverse all the gains it has made thus far. Disaster preparedness and response mechanisms, both internal and at district coordination systems we found to be weak or perhaps non-existent. Whereas the sector had an admirable wealth of early warning information such as projected usability for individual pans and underground tanks, this information was either incomplete (some water sources missing), incomprehensive (key information such as volume of available water missing) and more importantly for integration, poorly shared internally within the WASH and PHP sectors and the wider programme or externally among sector players. Little effort has been put in improving quality of information at district level even where ACF was best placed to undertake this. Similarly, a lot of learning and research was ongoing at the time of this study, particularly in Mandera but there was little evidence that the information accruing from these numerous efforts was being adequately and consistently documented and shared. Windlass and windmill pumps in Garissa, alternating twin-pit latrines, dome-shaped light-weight latrine slabs are some examples. Another constraint to sector effectiveness has been pit collapse especially in areas where there is loose soil structure. This threaten to reverse the gains being made by the project especially given acceptance of pit latrine sanitation option is still by and large, low. Also, owing to absence of quality monitoring systems and standards, inconsistencies were observed whereby quality of installations varied from one community to the next depending on the experience of the artisans employed, proximity to project personnel and level of community involvement.

We would want to single out that feedback to communities has remained weak in this sector and indeed in the whole programme. This we found to be the root cause of claims that communities show fatigue and reluctance to participate in assessments. While we found a repository of information on communities in the project area, we seldom found any community which had systematic information on key factors affecting livelihood there e.g. latrine coverage, malnutrition levels or a systematic documentation of ACF supported
community action in the form of a community action plan bringing together all the planned activities of the programme across all sectors. The absence of such tools mainly owing to the short-term focus maintained has also made it difficult for this sector to institute and maintain effective impact monitoring process that captures the progressive transformational changes taking place in a manner that allows the beneficiaries reasonable ownership of the results

Strengths:
- Reasonable understanding of the nutritional benefits of the sector interventions in some communities particularly from people who have seen the benefit
- Drive to promote appropriate technology encouraging community participation
- ACF effort in improving latrine coverage appreciated even outside of the programme by other sector partners

Issues:
- There is need for ACF to develop benchmarks upon which integration can be actively and regularly monitored across the programme
- How much is the organization ready to invest in the development of internal and wider emergency preparedness and response effort?
- Is an integrated community entry, assessment and monitoring process using basic proven participatory tools and methodologies possible within the context of this programme?
- How can community feedback be mainstreamed
- Is regular participatory impact monitoring possible?
- Can standards designs be developed or adopted to aid quality monitoring across the programme?

Efficiency (cost-effective, internal linkages, maximise benefit of assets/staff)

Overall our assessment found the programme to be cost-effective. Given the minimal input the sector puts in to support latrine construction, it can be argued that input-beneficiary ratio is very favorable. Coming in at a unit cost of about Ksh 1,000 and ability to purify virtually any water irrespective of turbidity and/or bacteriological load, the bio-sand filter can also pass as a highly cost efficient intervention. This can also be said of water supply works given they almost entirely depend on intensive local labour. Besides, the contribution of the sector to local economies in areas where the programme operates was in some instances described as immense. We also visited a couple of recent 100% mechanized water pan desilting works undertaken under the auspices of the ministry of water and irrigation which costed more than ten times what it would have costed to undertake similar work using local labour while also did little to spar on local economy. However, owing to constraints linked to time, logistical outlay and supervision requirements for labour intensive works as compared to fully contracted public works, we observe that semi-mechanization of such operations could be considered to get the best of both approaches.

The programme boasts a highly decentralized programme support system which has also managed to be fairly flexible while maintaining international procurement, Human resources, administration and general logistical standards. It is this way of working that enabled the organization to continue operating even when the security situation in the project area deteriorated. However groans still exist from different quarters for autonomous sector-based parallel systems which we established was mainly because of lack of awareness of the value of integrated processes and the absence of a coordination arrangement that commands ready confidence from all involved. In yet another area, efficiency appeared to be constrained by organizational coordination and communication arrangements. At the time of this study, there was no one in place to play the role of area coordinator for the greater Mandera operations but even then the difficulties expressed by WASH and PHP staff in regard to internal communication and feedback were largely similar to those we heard in Garissa where there was a coordinator in place. Structural deficiency in this role seemed to be responsible as it was not clear what value the role added to improved programme integration. The pivotal role the position could potentially play in enhancing intra-programme linkage and

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7 ACF field-based trial data
Effective information sharing of improving programming quality and directing technical assistance where needed, seemed to be lost as a result.

**Strengths:**
- A raft of appropriate and cost efficient approaches to water supply, sanitation and public health
- A well organized and admirably decentralized programme support system which appears to be very well supported from programme headquarters in Nairobi and enjoy high amount of system flexibility in recognition of unique operating circumstances in the project area

**Issues:**
- Is semi-mechanisation of water pan rehabilitation considered an option to enhance efficiency while retaining adequate community ownership of implementation processes?
- How would strengthening of the area coordination role while limiting that sector programme coordinators to less of administration and more of technical advisory, affect communication and feedback across the programme?

**Sustainability** *(ownership, beneficiary capacity – include financial - to maintain, and relate to project)*

Many WASH and PHP sector interventions such as Bio-sand filters are by their very nature likely to be sustained beyond the project lifespan. Some appropriate technology employed also ensures that there is a natural carryover as does the fact that there is a large presence of local outreach staff members who will retain the institutional knowledge around these interventions. Whereas it was a widely held feeling among beneficiaries that project contribution especially for household latrine construction is low, the study established that project input of nearly Ksh 5,000 per latrine completed is high standing a slim chance of being sustained beyond the project making it important that the search for cheaper and more appropriate options is intensified further. PHP processes still depend very heavily on project intervention with no promise that there are self sustaining systems and networks at the community level to sustain the gains made thus far. The network of community volunteers and outreach workers upon which the project rely depend entirely on project incentives and there is no evidence that they would be willing to continue beyond the project end date. This is largely similar to the situation in the rest of the programme. Also, the bio-sand filter promotion activity is at the moment project driven but this is understandable in the sense that the activity was only launched recently. The thinking on how the activity could be sustained has not been incorporated in the initial programme thinking. Shifting to a more sustainable approach such as developing the activity along the lines of an IGA much similar to other interventions in other sectors will be more difficult once the activity takes root as a relief intervention. While it is critical that changes for children being brought about by this project are sustained so that cyclic vulnerability to malnutrition is broken, local water management arrangements where locally appointed or selected community representatives take charge of community water supply systems are by and large still very weak and little effort is put into addressing longer-term management issues prerequisite to sustainability. The level of management, administrative and financial management training currently offered at local water point level fall far short of requirement. With many examples of good practice and success from other agencies and partners across the country such as the Community Project Management Cycle approach recently adopted in ministry of water and irrigation projects, this sector could lead in focusing the effort of the programme in this direction.

**Strengths:**
- Use of appropriate technology and employment of local staff already well established across the programme
- Local management of community projects although weak is already institutionalized within the programme

**Issues:**

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8 Source: Project field staff
• What are the possibilities of increasing investment on local capacity building especially on managerial, administrative and financial management skills and ensuring that there is equal and sustained capacity building effort across the programme
• Would it be possible to rethink community volunteer approach so that high community ownership is counterbalanced with individual motivation to deliver? Approaches where community volunteers cut across all programme sectors with drastically reduced areas of coverage – perhaps only to a handful of households around own household have been shown to enhance intensity of outreach and continuity in capacity building and awareness. Could uniform mode of remuneration be adopted across the programme?

Cross-Cutting Issues

While it is safe to say that key cross-cutting issues are generally taken into account in programming in the sectors of PHP and WASH, it is also clear that the issues are not adequately and effectively addressed. First, although gender issue is factored into programming and is evident through representational and participation measures taken e.g. a minimum number of women in committees etc, it appears as though this is more done for correctness and the actual role and importance of recognition of gender and diversity and the value these aspects add to programming quality does not seen be well recognized, appreciated and monitored. It was clear that there were no clear differences in output between those committees that had active participation of both sexes and those that did not. Likewise, there were no measures put in place that addressed the known literacy and social incapacitation of women so as to improve their participation in leadership. We have already discussed disaster risk reduction under efficiency, effectiveness and project design but it is important to reiterate here that the sector and indeed the programme were found lacking in terms of an integrated strategy for disaster risk reduction, emergency preparedness and response. This was especially because all the assessment showed a cyclic pattern of livelihood shocks that can easily degenerate into full-blown emergency and totally reverse the gains the programme is making. Although most interventions of these two sectors are of relatively small scale with little potential for harm to environment and the social societal fabric, we wish to single out that unmanaged pit-latrine construction in areas of very high water table such as Mandera do pose a serious threat to underground water resources. It is known that underground sources in some areas are already very heavily contaminated and nothing short of a drastic political and technical measure can help salvage the situation. Although no data existed at the time of writing this report, it is possible that latrine construction activities of this sector may help exacerbate this situation if its not checked. At the moment do-no-harm approach to humanitarian programming has not been effectively incorporated into the planning and implementation for these sectors. Community participation is upheld across all programme sectors.

Strengths:
• To varying degree, all cross-cutting issues are recognized and taken into account across all sectors

Issues:
• Could an approach to monitoring of the cross cutting issues across the programme be developed?
• Is overemphasis on women making it difficult for men to participate especially in PHP activities
• How can capacity building be brought to bear in supporting addressing key cross-cutting issues

Technical Recommendations

• Mainstream latrine construction and use mobilization awareness across all sectors of the programme
• Minimize dependency on externally sourced skilled labor (artisans) by adopting technology that require less technical input thus allowing for more involvement of members of a household in construction processes e.g. use of interlocking blocks, light pre-cast slabs etc.
• Improve documentation of lessons learnt from trials and pilots to improve future programming across the entire programme
• Identify key PHP messages that can be developed for more effective dissemination, progress and impact monitoring. A total maximum of six key messages covering water, sanitation and hygiene, nutrition and childcare practices is recommended.
• Adopt IEC material to local conditions and cultures with more effective and participatory monitoring tools
• Invest more in staff capacity building on PHP across the programme
• Adopt a method that ensures that PHP community facilitators spend more time with fewer homes allowing for greater consistency and continuity in health transformation at the household level
• Develop a wider marketing strategy for bio-sand filters. The use of electronic and print media along the same lines as has been taken in the Global Fund for AIDS, TB and Malaria for treated bed-nets should be explored. Develop a more broad-based community-led bio-sand filter production and distribution strategy which could link into IGA activity of this programme
• Consider acquiring simple earthmoving equipment e.g. light front-end dampers to supplement community effort in earth pan rehabilitation and de-silting
• Consider water quality issues more by improving standard designs to address this
• Expand rainwater catchment component of the project to exploit rock and roof catchment potential. Consider such technological options as ferro-cement tanks for both institutional and household level installation
• Develop and/or adopt standard designs for all water supply installations to aid quality control, local technical capacity building and to support replication
• Increase investment in local capacity building. To this end, work more closely with ministry of water and irrigation officials at district level to remain in step with legal and water sector reform developments
• Strengthen internal early warning mechanisms and advocate for more effective and accessible district-wide early warning mechanisms
• Work with North Water Services Board and community to enhance community access to basic services funding through public sources and development community resource management capacities. Already other agencies such as International Rescue Committee and VSO are tapping into these resources
• Develop sector advocacy strategy for WASH and PHP Sectors aimed at utilizing the evidence base the project has developed over the years and sharpening orientation towards ACF overall goals
• Address issues of program structure by reviewing management roles and responsibilities and/or restructuring altogether (see main report)
• Develop system for deliberate and organized information exchange between different district programmes and different sectors within districts and also enhance documentation of project lesson learning and research is a priority within the programme
• Identify and enhance ACF's role in district coordination instruments particularly the WESCORD and DSG
• Develop and maintain effective feedback mechanisms at different levels within the sector
• Develop/adopt one community entry approach for all community projects across the programme. There are numerous proven methods on offer including PRA, PLA etc.

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9 Source: Team leader, Technical Assistance, Kenya Water and Sanitation Programme, Ministry of Water and Irrigation

10 There are also locally developed community project development and implementation tools such as the Kenya water and sanitation programme's community project cycle (CPC) which could be adopted to meet individual needs and expectations. Once identified, such approaches must be consistently used across the programme. In so doing, this sector should advocate for consistency and continuity across the programme.
### Sectoral Recommendations Matrices

#### Nutrition

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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| Coverage  | o Clear eligibility criteria detailing target group.  
|           | o Feeding centres located in worst affected locations  
|           | o Nutrition beneficiaries also participating in Food security and PHP activities.  |
| Coherence | o Activities had direct link to the objective of reduction of malnutrition and mortality.  
|           | o Activities valued and acceptable to the community, stakeholders.  
|           | o Operational coordination and shared activities linked the nutrition to PHP activities.  
|           | o Nutrition beneficiaries were involved in food security activities.  |
| Relevance/Appropriateness | o The integrated approach suitable for addressing the underlying issues to the chronic nature of malnutrition in the area & curing severe cases.  
|           | o Peer learning through the breast feeding support groups encouraged.  
|           | o Project design was advised by a good understanding of the issues affecting nutrition.  |
| Sustainability | o Community involvement in activities promoting ownership of project.  
|           | o Training of community volunteers and CORPs on identification of malnutrition.  
|           | o Community based referral system has created a channel for prompt health seeking behaviour  |
| Effectiveness | o Flexibility to adjust project activities to changing environment  
|           | o Strong coordination mechanisms with stakeholders. Good relationships with government  |
| Efficiency | o Good support systems in place.  |

- Limited geographical coverage
- Focus on severely malnourished children implies a more curative approach. Food security, WASH and PHP activities addressing underlying issues worked with other vulnerable households, but these were not included in the nutrition target.
- The link between nutrition and food security/ WASH activities was more theoretical than evident.

- The priorities of the community were not necessarily nutritional, but more felt needs of water and livelihoods. The relationship of the activities to reduction of malnutrition was unclear.
- Some of the beneficiaries participated in activities for the non food items distributed demonstrating limited understanding of the purpose of the activities.

- CTC approach limits the capacity of the project to address the critically high moderate malnutrition rates.
- Little or no consultation with community during design of projects.

- Reliance of exported food commodities for supplementation and therapy.
- No initiatives developed to promote/ improve local food preservation, management to complement food security efforts.
- Linkage between nutrition and food security and PHP are weak.
- Referral mechanisms dependent on the capacity of MOH to treat malnutrition.
- New initiatives in community still require external financial support.

- Lack of learning reviews and sharing of good practice between and across programmes.
- Weak programme review mechanism for evaluating programme progress and anticipating issues. More reactive than proactive.
- Late delivery of inputs and high staff turnover affected promptness of project activities.
- High cost to cure patient ratio.
### Cross cutting issues
- Coordination between programme coordinators and field good
- Staff aware of general environmental issues.
- Cultural issues taken into account when including nutrition beneficiaries to other sectoral activities.
- Activities designed to reduce women’s workload: (energy saving stoves, distribution of water storage) to provide more time for childcare.
- Inclusion of male caretakers in the feeding programme, male CHIEFs are involved in health education to allow both genders to participate.

### Monitoring
- Record keeping and data management is adequate.

### Grade (A-D)

### Comments
- Coordination between programme coordinators and field good: High staff turnover has big effect on project implementation.
- Staff aware of general environmental issues: Some issues are difficult to address in this ‘closed’ community.
- Cultural issues taken into account when including nutrition beneficiaries to other sectoral activities: Use of plastic bags for packing will have long term effects on the environment.

### Recommendations
- Lack of an integrated beneficiary follow-up system. Follow up of beneficiaries done singularly by sectors.

### Grade (A-D)

### Comments
- Coverage: Low coverage due to limited geographical coverage and targeting of severe malnutrition against a background of high MAM rates.
- Coherence: A weak link between the nutrition activities with the community priorities, and an unclear definition of the expected outcomes of integration.
- Relevance / Appropriateness: The CTC approach does not comprehensively address the chronic nature of malnutrition.

### Recommendations
- Continue & increase surveillance and referral for severe cases.
- Train all ACH staff on MUAC.
- Train key persons in all communities where there are project activities on MUAC measurement.
- Identify moderately malnourished children (even where there is no feeding programme but at least other activities) and targeting their families on how to improve the malnutrition, refer the child if it continues/deteriorates, and if possible include the family in other project activities. Keep local leaders informed of moderately malnourished children and enlist their support to monitor progress.
- A clear understanding between the community and the agency on how the project activities will result on improved nutritional status.
- Development of SMART objectives for integration that clearly defines the interaction between sectors and how the activities will be measured.
- Refine focus of curative nutrition activities to identifying and managing severe complicated and severe cases and strive for high coverage and cure rates.
- Integrate management of severe cases into MoH as part of basic services provided in the region.
- De-emphasise management of moderate malnutrition – limit management (SFP) to clinics if there is capacity in the facility. Support if and when WFP supplies the food – acknowledging it will not be sustained after the project or if WFP discontinues food supplies. Consider limiting support for this activity to prior to the seasonal peak period. Acknowledge that it will not produce an impact at the population level (coverage and cure rates will be too low – mortality and prevalence rates will not be affected by the intervention). Provide it as a compassionate, clinical service for case management rather than a public health intervention.
- Support community identification, management of moderate malnutrition and referral in case of
| Sustainability | C | While the nutrition project works with other sectors aiming to reduce malnutrition, its activities are not sustainable due to reliance on deterioration or non-response.  
- Support community identification and referral of severe malnutrition  
- Strengthen the community based surveillance and referral mechanism  
- Advocate with DHO to ensure all Clinics are trained and resourced to identify and treat severe acute malnutrition.  
- Support DHO with training and supervision of clinic staff on identification and treatment of severe acute malnutrition.  
- Support clinics and district on reporting on RUTF usage to ensure timely supplies from UNICEF  
- Include local food preservation and household food management trainings to complement the food security strategies to enable community store local foods for the dry season. |
| Effective | B | Weak systems for learning reviews and sharing of best practice among project sites as well as lack of proactive project reviews is a critical area in the effectiveness of the project.  
- Establish regular, quarterly review meetings at project level as well as a programme to evaluate the project progress, address delays and anticipate any changes. Technical workshops may be organised to bring out staff from the projects together thus measure the progress collectively. |
| Efficiency | C | High staff turnover, and high expense per cure  
- Address staff motivation issues such as remuneration, staff development and where possible, provide longer contracts to avoid loss of institutional memory as well as energise staff. |
| Cross cutting issues | A | The project is aware of the cross cutting issues and has tried to address them as much as possible.  
- Consider changing the packaging rations to degradable sacks, or encourage the beneficiaries to keep a clean container that is refilled during distributions.  
- Inclusion of HIV/ AIDS as a cross cutting issue for the project implementation |
| Monitoring | B | Community excluded from nutrition targeting and monitoring  
- Train many community members on MUAC  
- Ask for communities to identify malnourished children on screening days.  
- Report to sheikh on children identified as malnourished, referred, in treatment, cured and discharged.  
- Provide baselines for each community and help them to monitor their progress compared to seasonal baselines. |

### Food Security & Livelihoods

<table>
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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td><strong>Coverage</strong></td>
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- Identification of most vulnerable  
- Community targeting mechanisms  
- Good geographic spread of food security activities  
- Poor coverage vs total needs in project area  
- Weak to no link between targeted persons in Food security activities and other sectoral activities |
| **Coherence / Coordination** |  
- Community Perceives coherence (needs, activities, approach etc)  
- IG, and Garden activities complement each other  
- Coherent with MoA, and Arid Lands priorities (Garissa)  
- Stoves largely implemented independent of community governance structures  
- Weak MoA in Mandera |
| **Variance** |  
- Relevant to communities  
- Relevant to underlying causes of malnutrition in North Kenya  
- Small scale of activities  
- Increased incomes may not be spent on food |
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<tr>
<th>Grade (A-D)</th>
<th>Comments</th>
<th>Recommendations</th>
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| Coverage   | C        | Community based targeting more appropriate to identify vulnerable and to engage communities. Low coverage of HHs should be addressed | Adjust targeting mechanism to community-based
|            |          | Overlap of activities and beneficiaries from other sectors | Increase coverage by spreading activities over several years |
| Coherence  | B        | Solid relationships with communities & government create important opportunities to address underlying causes of malnutrition | Formalise current community arrangements (targeting, monitoring, implementation), in the project to increase coherence of different food sec activities
|            |          | Continue to develop relations with MoA, & Arid lands to provide long-term institutional support for these community led activities. |
| Relevance  | B        | Activities highly relevant – but scale is biggest consideration to their relevance in the project (i.e. GAM prevalence implies massive needs vs small numbers in Food Sec activities) | Continue activities – giving continued levels of support – recognising strength of community engagement as key success factor. |
# Technical Notes: WASH

## Coverage
- There is evidence of success in engagement with other sector actors which could be exploited to increase impact without necessarily increasing physical sector coverage.
- Innovative resource mobilization approaches such as consortium building and appropriate technology could be used to maximize scale of impact from meager.

## Weaknesses
- Use of sector collocation as the only strategy to ensure integration leading to sector being to thinly spread and overstretched on the ground in some areas.
- Overemphasis on service delivery limiting the technical coverage potential areas such as advocacy, research and learning.
- Poor product marketing strategies (pit latrine construction support, Bio-sand filter etc.) limiting.

## Sustainability
<table>
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<tr>
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<tr>
<td></td>
<td>Potentially very sustainable and need more time (2 to 3 years?) to become anchored in communities and recognised by government</td>
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</table>

## Food sec targets for multiple years with annual indicators
- Develop multi-year strategies that will take individuals to the integrated goal
- Communities support activities and see them as complementary to their livelihoods
- Learning vested in community (peer to peer learning) not in ACH

## Effectiveness
<table>
<thead>
<tr>
<th></th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Successful implementation due to equal parts relevance, community engagement and competent, motivated staff. Impact will be limited until the activities have greater linkages to activities in other sectors.</td>
</tr>
</tbody>
</table>

## Identification targets for food security activities and food security staff
- Sectoral advisors, sectoral project managers and Area managers should identify aspects of other sectoral activities to be supported by Food Security staff that can capitalise on the good relations enjoyed by the sector and to support integration (vs only sectoral line management)
- Food Security Advisor agree with other advisors on food security issues to be supported also by other sectors and vice versa.

## Efficiency
<table>
<thead>
<tr>
<th></th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost effective food security interventions are well implemented by competent staff and supported by good managers but sectoral bias impedes integration.</td>
</tr>
</tbody>
</table>

## Cross cutting issues
<table>
<thead>
<tr>
<th></th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complementary to mother’s needs and increases HH coping in a community sensitive manner.</td>
</tr>
</tbody>
</table>

## Monitoring
<table>
<thead>
<tr>
<th></th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community entry and engagement has allowed an informal monitoring system which measures not only implementation but also results</td>
</tr>
</tbody>
</table>

## WASH and PHP

### Strengths
- Use of sector collocation as the only strategy to ensure integration leading to sector being to thinly spread and overstretched on the ground in some areas.
- Overemphasis on service delivery limiting the technical coverage potential areas such as advocacy, research and learning.
- Poor product marketing strategies (pit latrine construction support, Bio-sand filter etc.) limiting.

### Weaknesses
### Technical Notes: WASH

<table>
<thead>
<tr>
<th><strong>Coherence</strong></th>
<th><strong>Resource while also expanding resource base for improved coverage</strong></th>
<th><strong>Possibilities of expansion of coverage without increase in staff or resources</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ In principle all sector actors are ready and willing to participate in some form of coordination and networking with ACF</td>
<td>○ Weak approach to advocacy and learning limiting the potential to influence change beyond own coverage areas</td>
</tr>
<tr>
<td></td>
<td>○ Obvious programmatic coherence between WASH and PHP sector activities and the overall objectives of the programme</td>
<td>○ Unclear responsibility lines for both internal and external coordination</td>
</tr>
<tr>
<td></td>
<td>○ ACF is already recognized as a key player in the WASH and PHP sectors all across the implementation area</td>
<td>○ Failure to exploit opportunity to play central role in district level coordination mechanisms</td>
</tr>
<tr>
<td></td>
<td>○ Strong internal sectoral integration across project activities</td>
<td>○ Limited investment in internal capacity building on programming coherence at all levels especially at field outreach level</td>
</tr>
</tbody>
</table>

| **Relevance / Appropriateness** | **Strong local participation in needs identification and project formulation exemplified through a comprehensive network of project staff and community volunteers** | ○ Inconsistent needs identification and project design approaches within sectors and across the programme |
|                               | ○ Wide reach of the programme across the North Eastern Region covering several districts | ○ Lack of a longer term transformational which would be more relevant to the operating context |
|                               | ○ Strong community-based approach to programming ensures beneficiary participation and involvement in WASH and PHP for longer-term ownership of project processes | |

| **Sustainability** | **Use of appropriate technology and employment of local staff already well established across the programme** | ○ Low investment in local capacity building and staff training |
|                   | ○ Local management of community projects although weak is already institutionalized within the programme | ○ Inconsistencies and confusion brought about by multiple and autonomous sector and sometime representation at community level |

| **Effectiveness** | **Reasonable understanding of the nutritional benefits of the sector interventions in some communities particularly from people who have seen the benefit** | ○ Lack of a mainstreamed strategy to monitor and take action on integration issues |
|                  | ○ Drive to promote appropriate technology encouraging community participation | ○ Little investment on internal and district emergency preparedness |
|                  | ○ ACF effort in improving latrine coverage appreciated even outside of the programme by other sector partners | ○ Lack of common approaches and tools for community entry, assessment and project monitoring and impact assessment |

| **Efficiency** | **A raft of appropriate and cost efficient approaches to water supply, sanitation and public health** | ○ Failure to mainstream community feedback as integral part of information management |
|                | ○ A well organized and admirably decentralized programme support system which appears to be very well supported from programme headquarters in Nairobi and | ○ Lack of a monitoring system that allows other stakeholders especially communities to take part |
|                | | ○ Overemphasis on community participation that does not recognize livelihood constraints in the area |
|                | | ○ Week coordination at district level |
**Cross cutting issues**

- To varying degree, all cross-cutting issues are recognized and taken into account across all sectors

- Comprehensive network of outreach workers and community volunteers able undertake daily monitoring tasks
- Well decentralised programme for proper monitoring of programme support functions

**Monitoring**

- Low monitoring capacity in staff and lack of effective monitoring tools and strategies
- Failure to involve communities in some form of participatory monitoring process
- Poor information management and feedback leading to community fatigue

### Grade (A-D)

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Comments</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| B        | Very wide geographic, rural urban coverage with an overemphasis on on service delivery. Poor marketing of products (pit latrine construction support, bio-sand filter etc.) | o Lobby for collaborative working with other humanitarian actors  
|          |          | o Develop better product marketing strategies in recognition of resource constraints  
|          |          | o Develop sector advocacy, research and learning strategy for WASH and PHP |
| Coherence | WASH components relevant to local needs but there is a lack of clarity internally to promote coordination. | o Review the management, administration and coordination roles between sector managers, area coordinators and sector project managers for improved coherence  
|          |          | o Identify and enhance ACF’s role in district coordination instruments particularly the WESCORD and DSG  
|          |          | o Develop and maintain effective feedback mechanisms at different levels within the sector |
| Relevance / Appropriateness | Interventions are clearly relevant and appropriate to observed needs but weak learning across activities and with other sectors | o Improve documentation of lessons learnt from trials and pilots to improve future programming across the entire programme |
| Sustainability | WASH interventions can be sustainable, but capacity, technology or design issues undermine potential sustainability. | o Minimize dependency on externally sourced skilled labor (artisans) by adopting technology that require less technical input and more involvement of HH members e.g. use of interlocking blocks, light pre-cast slabs etc.  
|          |          | o Consider lining of pits where pit-collapse has been determined to be a problem. Use technologies that exploit local materials such as the use of stabilized soil blocks  
|          |          | o Develop a wider marketing strategy for bio-sand filters. i.e. consider how Global Fund for AIDS, TB and Malaria for treated bed-nets has used media. Develop a more broad-based community-led bio-sand filter production and distribution strategy which could link into IGA activities of this programme  
<p>|          |          | o Develop and/or adopt standard designs for all water supply installations to aid quality control, local |</p>
<table>
<thead>
<tr>
<th>Effectiveness</th>
<th></th>
<th>Evidence of increased access to services but dependent on ACH and little evidence of local ownership and transformation of behaviors. Also, inconsistent application of water safety standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>C</td>
<td>The sector is generally cost-effective but the PHP strategy is weak. Also, non-traditional water supply opportunities exist which could be considered.</td>
</tr>
<tr>
<td>Cross cutting issues</td>
<td>B</td>
<td>Good focus on women but a lack of engagement with men in some activities.</td>
</tr>
<tr>
<td>Monitoring</td>
<td>C</td>
<td>Current monitoring captures activity outputs but does not promote communication across project areas or with advisors. Monitoring excludes community participation.</td>
</tr>
</tbody>
</table>

**Technical Notes:**

- Technical capacity building and support replication
  - Mainstream latrine construction and use mobilization awareness across all sectors of the project
  - Adopt IEC material to local conditions and cultures with more effective and participatory monitoring tools
  - Work with North Water Services Board and community to enhance community access to basic services funding through public sources and development community resource management capacities. Already other agencies such as International Rescue Committee and VSO are tapping into these resources
  - Promote standard designs for improved water quality
  - Develop a participatory impact assessment strategy

- Efficiency
  - Identify key PHP messages that can be developed for more effective dissemination, progress and impact monitoring. A total maximum of six key messages covering water, sanitation and hygiene, nutrition and childcare practices is recommended.
  - Consider acquiring simple earthmoving equipment e.g. light front-end dampers to supplement community effort in earth pan rehabilitation and de-silting
  - Adopt a method that ensures that PHP community facilitators spend more time with fewer homes allowing for greater consistency and continuity in health transformation at the household level
  - Expand rainwater catchment component of the project to exploit rock and roof catchment potential. Consider such technological options as ferro-cement tanks for both institutional and household level installation

- Cross cutting issues
  - Increase participation of men in PHP interventions

- Monitoring
  - Develop and maintain effective feedback mechanisms at different levels within the sector
  - Adopt participatory monitoring and impact assessment approaches
Annex 5. ACF Modified version of the UNICEF Malnutrition Causal Framework

Conceptual Framework for the Analysis of Malnutrition

**MORTALITY**

Immediate causes:
- Inadequate Food Intake
- Impaired growth & development
- Disease

Underlying causes:
- Household food security
  - Access / availability / quality
- Psycho-social environment & care practices
- Public Health & Environment
  - Access / availability / quality

Basic:
- Local priorities
  - Formal & informal organization &
- Historical, political, economic, social, environmental & cultural

<table>
<thead>
<tr>
<th>1. Identity</th>
<th>ACF is a humanitarian professional NGO specialised in the fight against hunger and engaged in defending the fundamental rights of populations in danger.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Vocation</td>
<td>THE AIM OF ACF IS TO INTERVENE IN THE FIELD TO SAVE LIVES, PRESERVE AND RESTORE FOOD SECURITY FOR THE POPULATIONS. ACF CONTRIBUITS TO THE PROTECTION OF POPULATIONS BY ACTING AND/OR ADVOCATING (GIVING EVIDENCE.)</td>
</tr>
<tr>
<td>3. Main objective</td>
<td>THE MAIN OBJECTIVES OF ACF’S PROGRAMMES ARE TO ALLOW THE BENEFICIARIES TO REGAIN THEIR AUTONOMY AS QUICKLY AS POSSIBLE AS WELL AS THE MEANS TO LIVE WITHOUT DEPENDING ON EXTERNAL ASSISTANCE.</td>
</tr>
<tr>
<td>4. Intervention framework</td>
<td>ACF intervenes in emergency situations and during the phase out of crisis, in contexts of discrimination and destruiction (social, economical or political) that lead to human suffering and jeopardizes people’s dignity. Its geographical display is primarily determined by the appearance of crises and by its capacity to respond operationally and technically, to alleviate human suffering and safeguard people’s dignity.</td>
</tr>
<tr>
<td>5. ACF 2010 *</td>
<td>Increase our capacity to intervene and our impact among the most vulnerable people, by implementing humanitarian programmes of quality and by contributing to the reduction of hunger in the world.</td>
</tr>
<tr>
<td>6. ACF 2010 Major Strategic Orientations</td>
<td></td>
</tr>
<tr>
<td>N°1</td>
<td>Defend the humanitarian principles that underpin our strategy for intervention.</td>
</tr>
<tr>
<td>7. Fields of strategic activities</td>
<td>NUTRITION</td>
</tr>
<tr>
<td>8. Objectives of the actions / DAS</td>
<td>Preserve and save lives by reducing the risks of mortality linked to acute malnutrition</td>
</tr>
</tbody>
</table>
### 9. Intervention style

Within the framework of the implementation of its actions in the field, ACF ensures a mode of intervention based on the following:
- Evaluation of the needs
- Operational strategic definition
- Actions of promoting and educating populations
- Training and transfer of competences
- Quality control of the products and material used
- Psycho-social consideration
- Preventive action and disasters preparedness
- Evaluation, capitalisation and valorisation of experiences for the development of the quality of the interventions
- Research and distribution.

### 10. Main Actions / DAS

| • Treatment of malnutrition through therapeutic or supplementary feeding | • Distribution of seeds, tools and agricultural input | • Research, exploitation and distribution of surface and ground water | • Organisation of PMI centres (maternal and infantile protection) for immunisation and medical pre-natal and post-natal consultation / visits |
| • Implementation of surveys and tools for nutritional surveillance | • Distribution of food and non food items | • Reconstruction of hydraulic structures (gravity-flow systems, wells, boreholes, treatment plant) | • Participation in restarting or consolidating basic health structures (health centres, hospital centres etc.) and treatment of certain epidemics (cholera etc.) |
| • Support of the families' food economy by relaunching agriculture or diversifying the income. | • Implementation of sanitation work (excreta disposal, vector control, drainage, garbage collection) | • Distribution of products of hygiene and others non food items | • Analysis of intervention contexts, data collection and collection of testimony |
| | • Implementation of campaigns, media and publications | | • Implementation of campaigns, media and publications |
| | | | • Participation in denunciation actions and collaboration with other organisations |
| | | | • Advocating on politicians, governments and international organisations |

* Cf. ACF2010 project ratified by the Board on Jan. 2006
* Version 1 ratified by the Bureau on 04/13/06
### Annex 7. ACH NEP Livelihoods Project Logframe

<table>
<thead>
<tr>
<th>Title of the Action</th>
<th>To address recurrent acute malnutrition and food insecurity among vulnerable populations of the North-Eastern and Rift Valley Provinces of Kenya.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Objective</td>
<td>To contribute to improving health status and livelihoods of vulnerable populations in North-Eastern Province, and to support recently affected population in the Rift Valley to restore livelihoods and regain their autonomy.</td>
</tr>
</tbody>
</table>

#### Intervention Logic
- To preserve and save lives by reducing the risk of mortality link to acute malnutrition among vulnerable population through an integrated approach as well as restoring livelihood of vulnerable population affected by post election violence.

#### Objectively Verifiable Indicators
- a. Mortality and morbidity have decreased among targeted population.

#### Sources of Verification
- ACH nutrition survey, KAP, technical report, Vulnerability Indicator Assessment (VIA) baseline.

#### Risks and Assumptions
- Coordination with other partners (GoK, NGOs, etc.) is effective
- Community acceptance of proposed intervention
- Climatic conditions remain relatively stable
- Involvement of Kenyan authorities in the development of the targeted area
- Commitment of international donors

#### Specific Objective 1
- To preserve and save lives by reducing the risk of mortality link to acute malnutrition among vulnerable population through an integrated approach as well as restoring livelihood of vulnerable population affected by post election violence.

#### Results
- Result 1: Mortality risk of identified vulnerable urban population in NEP is reduced by monitoring and treating severely acute malnutrition, and addressing underlying causes of malnutrition related to infant and young child care practices, poor public health & environment and limited household income.

<table>
<thead>
<tr>
<th></th>
<th>a) Number of nutrition centers operational and number of beneficiaries admitted and treated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) Exit indicators and coverage rates of nutrition centers meet SPHERE standards</td>
</tr>
<tr>
<td></td>
<td>c) Number of BFSG implemented</td>
</tr>
<tr>
<td></td>
<td>d) Rates of acute malnutrition</td>
</tr>
<tr>
<td></td>
<td>e) At least 50% of targeted 400 households are able to increase their incomes</td>
</tr>
<tr>
<td></td>
<td>f) Improvement in diet diversification for at least 50% of targeted 500 household</td>
</tr>
<tr>
<td></td>
<td>g) At least 50% of targeted 500 housed will have observed a reduction in women's workload household</td>
</tr>
<tr>
<td></td>
<td>h) 70% of the women participating in the community health clubs have adopted safe water handling for their</td>
</tr>
<tr>
<td></td>
<td>For all OVIs:</td>
</tr>
<tr>
<td></td>
<td>a) ACH nutrition monthly and quarterly activity reports</td>
</tr>
<tr>
<td></td>
<td>b) ACH coverage survey report and nutrition survey report</td>
</tr>
<tr>
<td></td>
<td>c) ACH FSL monthly and quarterly reports</td>
</tr>
<tr>
<td></td>
<td>d) ACH water/sanitation monthly and quarterly reports</td>
</tr>
<tr>
<td></td>
<td>e) Health education monthly activity report</td>
</tr>
<tr>
<td></td>
<td>f) KAP / VIA survey</td>
</tr>
<tr>
<td></td>
<td>g) IGA baseline and follow-up</td>
</tr>
<tr>
<td></td>
<td>h) Dietary diversity baseline and follow-</td>
</tr>
</tbody>
</table>

- Adequate support from health authorities, including referral hospital authorities
- No major disturbance in the social organisation of the communities
- Good participation of the local communities
- Local availability of materials (e.g. sand)
- Access to sites (e.g. not blocked by rain or
### Result 2: Mortality risk of identified vulnerable riverine population in NEP is reduced by monitoring and treating severely acute malnutrition, and addressing underlying causes of malnutrition related to infant and young child care practices, poor public health & environment and limited household income.

- HH water quality is improved by reduction in coliform count to <30 in HH using bio-sand filter.
- The latrine coverage in the community is increased by 20%.
- Increase available surface water storage in Health center and schools by 200m³.
- Number of nutrition centers operational and number of beneficiaries admitted and treated
- Exit indicators and coverage rates of nutrition centers meet SPHERE standards
- Number of BFSG implemented
- Rates of acute malnutrition
- At least 50% of targeted 100 household are able to increase income
- At least 50% of targeted 200 household are able to improve and/or increase agriculture output for select staple food crops
- Appropriate upgrading is done on 9 shallow wells existing and 2 main water supplies for safer and more sustainable utilization by animals and human.
- The turbidity in wells is reduced to <5 NTU and successful HH water treatment is made easier and more effective.
- 75% of WMCs trained are in place and follow a reporting plan to increase transparency and accountability within the community

### Result 3: Mortality risk of identified vulnerable agro pastoral population in NEP is reduced by monitoring and treating severely acute malnutrition, and addressing underlying causes of malnutrition.

- Increase available surface water storage in Health center and schools by 200m³.
- Number of nutrition centers operational and number of beneficiaries admitted and treated
- Exit indicators and coverage rates of nutrition centers meet SPHERE standards
- Number of BFSG implemented
- Rates of acute malnutrition
- At least 50% of targeted 100 household are able to increase income
- At least 50% of targeted 200 household are able to improve and/or increase agriculture output for select staple food crops
- Appropriate upgrading is done on 9 shallow wells existing and 2 main water supplies for safer and more sustainable utilization by animals and human.
- The turbidity in wells is reduced to <5 NTU and successful HH water treatment is made easier and more effective.
- 75% of WMCs trained are in place and follow a reporting plan to increase transparency and accountability within the community

---

- Coordination with other partners (GoK, NGOs, etc.) is effective
- Community acceptance of proposed intervention
- Involvement of Kenyan authorities in the development of the targeted area
- Commitment of international donors
- No major disturbance in the social organisation of the communities.
- Communities willing to change behaviour and/or adopt new techniques or practices
- Good participation of the local communities
- Local markets can supply inputs
<table>
<thead>
<tr>
<th><strong>malnutrition related to infant and young child care practices, poor public health &amp; environment and limited household income.</strong></th>
<th>resource persons trained correctly identify and refer at least 2 children with malnutrition to the nearest SPC site per month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result 4: Emergency livelihoods assistance for vulnerable host community in Nakuru affected by post-election violence</strong></td>
<td>f) Appropriate upgrading is done on 6 identified earth pans, 6 underground tanks (or birkads) for safer and more sustainable utilization by animals and human.</td>
</tr>
<tr>
<td></td>
<td>g) 2 sessions per each month follow up is employed to ensure that 75% of WMCs trained put by-laws in place and maintain them for a minimum of 12 months.</td>
</tr>
<tr>
<td></td>
<td>a) At least 50% of targeted 1000 households will report improved livelihoods conditions as measured against post-election violence levels.</td>
</tr>
<tr>
<td></td>
<td>b) Percentage of cash spent on short term needs compared with percentage invested or used on longer term needs.</td>
</tr>
<tr>
<td></td>
<td>c) Cash is appropriately used by 75% of targeted households.</td>
</tr>
<tr>
<td></td>
<td>d) Different utilisation of cash for each of the target households.</td>
</tr>
<tr>
<td></td>
<td>a) ACH baseline and follow-up data</td>
</tr>
<tr>
<td></td>
<td>b) ACH monthly or quarterly activities reports</td>
</tr>
<tr>
<td></td>
<td>c) ACH monitoring</td>
</tr>
<tr>
<td></td>
<td>d) ACH Internal Evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Activities</strong></th>
<th>a) Support to treatment of acute malnutrition in urban center (OTP/ TFC centres)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) Build the capacity of local health staffs in management of acute malnutrition</td>
</tr>
<tr>
<td></td>
<td>c) Conduct community mobilization activities for detection and reference of malnourished children</td>
</tr>
<tr>
<td></td>
<td>d) Support to Breast Feeding Support Groups at community level</td>
</tr>
<tr>
<td></td>
<td>e) conduct coverage survey and nutrition survey</td>
</tr>
<tr>
<td></td>
<td>f) Diversification of livelihoods through Income Generating Activities (IGA)</td>
</tr>
<tr>
<td></td>
<td>g) Promotion of urban horticulture via training plus material and technical support</td>
</tr>
<tr>
<td></td>
<td>h) Reduction of women work load via promotion of locally adapted fuel efficiency stoves</td>
</tr>
<tr>
<td></td>
<td>i) Promotion of urban Household sanitation, construction of sanitation facilities in Health Center (OTP and TFC), Enhance of waste management at Mandera city council level.</td>
</tr>
<tr>
<td></td>
<td>j) Promotion of Biosand filter, construction of underground tank in Health Center (OTP), rainwater harvesting in Health Center and schools.</td>
</tr>
<tr>
<td></td>
<td>k) Health Education training to sanitation committee on solid waste management, training in environmental hygiene and fecal disposal, training for youth in health education, Supervision of health related plays and skits by the youth football clubs to primary schools, Training in safe water handling, training in household water treatment through the use of bio sand filter, education in solid waste management for health staff, ministry of health staff training in safe water handling and water treatment.</td>
</tr>
<tr>
<td></td>
<td>l) Survey and base line (KAP/ VIA/Nutrition and coverage</td>
</tr>
<tr>
<td></td>
<td>m) External Evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>As per result 1</strong></th>
<th>a) Support to treatment of acute malnutrition in riverine (OTP centres)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>adopt new techniques. Local authorities are committed to assisting in the recovery process.</td>
</tr>
<tr>
<td></td>
<td>Support of households and host communities to the recovery process.</td>
</tr>
</tbody>
</table>
b) Build the capacity of local health staffs in management of acute malnutrition
c) Conduct community mobilization activities for detection and reference of malnourished children
d) Support to Breast Feeding Support Groups at community level
e) conduct coverage survey and nutrition survey
f) Diversification of livelihoods through IGA
g) Support of farmer through provision of seed and training, plus support of existing irrigation systems
h) Promotion of urban Household sanitation
i) Promotion of Biosand filter. Development of sustainable riverine water structure through the construction of well, infiltration gallery for water supply and support and training of water management committee.
j) Health Education and training in household water treatment and bio sand filter technology, education and training in malaria prevention, education and training on safe water handling and water storage, training in environmental hygiene and fecal disposal.
k) Survey and base line (KAP/ VIA/Nutrition and coverage
l) External evaluation

As per result 3

a) Support to treatment of acute malnutrition in Agropastoral (OTP centres)
b) Build the capacity of local health staffs in management of acute malnutrition
c) Conduct community mobilization activities for detection and reference of malnourished children
d) Support to Breast Feeding Support Groups at community level
e) conduct coverage survey and nutrition survey
f) Strengthen agro-pastoralist livelihood trough promotion of sustainable water resource, rehabilitation of underground tank, earth pan, and sand dam, infiltration well and water management committee trough a cash tranfert activity (an average of 40% of the activity is as cash transfert to the community.

As per result 4

a) Analysis of the situation and identification of beneficiaries
b) Targeting and baseline
c) Provide financial assistance to vulnerable host community households via cash injection in 2 tranches
d) Basic financial management training
e) Monthly monitoring of use of the financial assistance and market prices
f) Internal evaluation done by technical support at Nairobi HQ in order to capitalize on lessons learned

Pre-conditions

Security and authorities allow ACH to access identified sites and beneficiaries
Weather conditions remain relatively stable
Government of Kenya accepts international aid.
Annex 8. Definitions of Integration

1. Integration

Integration (from the Latin *integer*, meaning whole or entire) generally means combining parts so that they work together or form a whole. In information technology, there are several common usages:

http://searchcrm.techtarget.com/sDefinition/0,,sid11_gci212359,00.html

2. Integration

*combination*: a combination of parts or objects that work together well

Psychology *organization of personality traits*: the process of coordinating separate personality elements into a balanced whole or producing behavior compatible with somebody’s environment


Annex 9. Terms of Reference

ATTACHED

Annex 10. Bibliography


Save the Children UK. Causes of Malnutrition in Wajir District. SCUK, Nairobi, 2008

