Report

La Nina Consortium End of Phases III and IV Evaluation

Strengthening Resilience, Emergency Preparedness and Response in Arid Lands of Kenya

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Abbreviations

ASAL	Arid and Semi-Arid Land
CDMC	Community Disaster Management Committee
CDMP	Community Disaster Management Plan
CMDRR	Community-Managed Disaster Risk Reduction
DLCI	Drylands Learning and Capacity Building Initiative
ECHO	European Commission-Directorate General for Humanitarian and Civil Protection
EWS	Early Warning System
FAO	Food and Agriculture Organization
HSNP	Hunger Safety Net Programme
IMAM	Integrated Management of Acute Malnutrition
INGO	International Non-Governmental Organisation
MEAL	Monitoring, Evaluation Accountability and Learning
KIRA	Kenya Inter-Agency Rapid Assessment
M&E	Monitoring and Evaluation
NDMA	National Drought Management Authority
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Overseas Development Assistance
PISP	Pastoralist Integrated Support Programme
PDS	Participatory Disease Surveillance
PMU	Project Management Unit
REGLAP	Regional Learning and Advocacy Programme
TSU	Technical Support Unit

UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Executive summary

1.1 Introduction

The La Nina Consortium aims to support communities living in the arid and semi-arid lands (ASALs) of Northern Kenya to cope and recover from drought crises, food insecurity and other shocks and stresses, as well as to help them prepare and plan for future crises. In order to do so, the partners work to build on emergency response and invest in strengthening the resilience of people in the longer term.

The Consortium was formed in February 2011 in consultation with ECHO in response to the 2010/11 drought and ensuing humanitarian crisis in the Horn of Africa. Phases I and II of La Nina focussed on the drought response. Phases III (July 2012 – December 2013) and IV (January 2014 – March 2015) aimed to move from emergency response to longer term development and resilience programming implemented through a community-driven approach. During these phases, an element of emergency response was retained through the emergency envelope budget for funding identified need during small-scale emergencies or for early action while seeking funds from other donors.

In Phase III, Consortium partners included six international non-governmental organisations (INGOs): Oxfam GB; VSF-Germany; VSF-Suisse, VSF-Belgium; ACTED; and, Concern Worldwide. These partners have been responsible for interventions in their respective focus communities in 9 counties of Northern Kenya, which are West Pokot, Baringo, Samburu, Turkana, Marsabit, Wajir, Mandera, Isiolo and Garissa. For Phase IV, the partners included four of the original organisations: Oxfam GB, VSF-Germany, ACTED; and, Concern Worldwide. The areas of intervention were reduced to West Pokot, Baringo, Samburu, Turkana, Marsabit, Wajir and Mandera.

The purpose of this evaluation is to learn about the design and implementation of the La Nina Consortium during Phases III and IV and to assess the impact of the project activities on the target populations in across the 7 counties of intervention[1] including the added value of working as a consortium.

The approach to the evaluation has been to take a critical look at current resilience programming under the La Nina Consortium, employing a rigorous research methodology and working with the Consortium partners to make practical recommendations to implement lessons learnt in organisational strategies and utilise the evidence generated to help build resilient communities.

[1] Both the membership and geographical coverage of the Consortium have changed for Phases III and IV. The current evaluation focuses only on the areas and partners present during these two phases of the project (i.e. VSF Suisse and VSF-Belgium, as well as some areas are not taken into account in the report)

1.2 Methodology

As outcomes of resilience-building actions may take long periods of time to manifest because causality is generally multifaceted[2], finding impact on resilience indicators after two years and nine months of project implementation is particularly challenging for any such project, especially if policy level changes are expected. Evidence on the causal links between project actions and resilience outcomes are not well understood and nor are the timeframes of resilience impact after an activity is implemented. This evaluation utilises a mixed qualitative and quantitative approach to allow us to make inferences about the *contribution* of the project to identified resilience indicators, but cannot demonstrate *attribution*.

Qualitative methods used were key informant interviews, focus group discussions and observation, carried out in 12 sites across four counties (West Pokot, Samburu, Turkana and Marsabit). A quantitative survey was implemented with community members across six counties (as above including Wajir and Mandera) with a sample size of 663. There are limitations to the analysis and interpretation of quantitative data obtained for this evaluation, but we have been able to draw conclusions based on the mixed methods approach and through triangulation of findings. More detail on limitations can be found in Annex 2 of the main report.

1.3 Findings

1.3.1 Relevance, appropriateness and quality of design

The principle objective of Phases III and IV of the Consortium was "to contribute to resilience and emergency preparedness in the Arid Lands of Kenya". The specific objective of Phase III was "to enhance the capacities of communities to better manage disaster" and was modified "to enhance the capacities of vulnerable communities and County Structures to better plan, prepare and respond to shocks and stress" for Phase IV.

These objectives are aligned with two realities on the ground in Kenya at the time. The first was the 2011 drought in the Horn of Africa. Chronic and recurrent drought is a longstanding problem in the region, but the scale of the crisis associated with this drought event highlighted the need to move beyond periodic humanitarian assistance and improve preparedness for chronic drought shocks. The second was the coincidence of this event with devolution of much decision-making power, including drought risk management, to new county structures. In light of this context, the objectives for Phases III and IV were relevant.

The intended beneficiaries of the programme cover a very large area, approximately 250,000km^2 across six counties. While the targeted population and areas of direct intervention are somewhat smaller), these are still spread over wide geographical areas composed of very diverse communities and contexts. The assumption that activities at the community level (such as establishment of CDMCs) will have a spill over effect across Northern Kenya is a challenge to the objectives of La Nina Consortium and there is a question as to how appropriate this is. In general, mechanisms for adoption of new technologies/institutions from neighbouring communities are not well understood. There are examples of Consortium activities that have been replicated successfully from one county to another, e.g. the Integrated Management of Acute Malnutrition surge model, indicating that the Consortium design of technical sharing and scaling up can work.

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[2] Barnett, C. and Gregorowski, R. (2013). Learning about Theories of Change for the Monitoring and Evaluation of Research Uptake. Brighton, UK Institute of Development Studies.

The institutional design of the project as a consortium appears to address the priorities of the donor and partners. Consortium design allows the donor to achieve returns to scale in terms of transaction costs (i.e. contract and fund management is essentially devolved to Consortium level). The partners are able to access and develop new capacities while maintaining their geographical coverage and expertise. In terms of the aim to build resilience, it is sensible that partners and local institutions develop capacities for service provision. At the same time, there are constraints to the project design in terms of resilience building. The coverage of the Consortium activities results in spreading of funds over large geographical and technical areas. Thus, it is necessary to rely on a spillover hypothesis, which is uncertain and carries risk of reinforcing inequalities if not met.

The design of the project and its success relies on the CMDRR approach and CDMC structures. The efficiency of CDMCs to correctly identify the priority issues and to represent communities is tested in the evaluation. Some improvement in the process may be required to ensure the voice of marginalised parts of the community is heard. Furthermore, the Consortium strategy to strengthen governance systems could be reinforced through a common approach to advocacy and governance activities across all partners. CDMC funds are low as they have not yet managed to attract significant additional funds from other stakeholders, as intended in their design. Moreover, the Consortium activities cannot systematically address resilience, as this depends on the particular context in which they are implemented. However, the approach appears sound and a start has been made towards building capacities for resilience under the Consortium.

On average the project has provided a direct monetary investment on its target population of approximately 4.18 euros per capita over Phase III (duration 18 months), i.e. 2.79 euros per person per year. Including the overall budget the investment per capita approximately 10.51 euros, approximately 7.00 euros per person per year[3]. Direct investment from the project is less than half of the overall investment made per capita. This ratio is relatively low, especially when compared to average overseas development assistance per capita in Kenya (31.52 Euros)[4].

Overall, it is important to note that resilience is notoriously difficult to measure and it is well recognised that targets and indicators for such a nebulous and contested concept are largely untested. The objectives, targets and indicators that have guided the Consortium are evidence that resilience-building is well understood in principle by the partners. As shown in the findings presented in this section, the link between the principle of resilience building and activities implemented could be reinforced.

1.3.2 Efficiency and adaptation to changing needs

The project started on time although there were some delays attributed to delayed delivery of ECHO funds. To minimise delay, Oxfam GB pre-financed three partners in Phase III; VSF-Suisse, VSF-Belgium and VSF-Germany. According to the Secretariat, the financial and human resources available were adequate at the coordinating level. Dedicated human resources include the Consortium Lead, the MEAL Officer and the Technical Support Unit (TSU) Manager to provide coordination and technical support.

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[3] Direct beneficiary population based on quantitative evaluation reference population

[4] Note: ODA is expressed in constant 2012 USD value, conversion to euros was made using official exchange rate in 2012: 0.7789. Author's calculations based on World Development Indicators Database.

Use of CDMCs has been efficient in facilitating entry into the communities where their problems and priorities have been profiled. The efficiency of this approach is highly dependent on the human capacity of each CDMC. In some areas the methodology relies on creation of new institutions (the CDMCs) instead of utilising existing ones (e.g. Water Resource Users Association) for participatory planning. This may lead to overlaps, inefficiencies and even tensions within the community. However, selection of CDMCs was done by community members and in many cases they include members of local water, health and relief food committee members. Engagement with local leaderships such as the Chiefs and Assistants has helped in strengthening leadership structures as has supporting relevant government departments to train community members has been complementary and efficient to a certain extent.

At the Consortium level, the combination of technical competencies has been highly recommended and as a way of transferring skills and economies of scale. At the project level, collaboration has been appropriate where members of the PMU / TSU who are drawn from each partner meet to share technical and strategic insights into the project. At the field level, collaboration could be much more efficient through regular field visit exchange between all partners and geographical areas (e.g. every 3 months) and frequent communication between field officers to share lessons learnt. In some sites, there appeared to be disconnect in discussions of resilience building at national level and an emergency response focus on the ground.

At the project level, the transition from emergency response (Phases I and II) to resilience building (Phase III and IV) is a clear response to changing needs in Kenya. At the outset, many of these areas were characterised by recovery from the 2011 drought and insecurity. As these problems have been addressed gradually, the needs and priorities of these communities have evolved and the project was able to address these (e.g. water supply, animal health). Since the 2011 drought, NGOs have played a role in influencing donors to shift towards managing risk rather than responding to crisis in the Horn of Africa[5]. The Consortium partners have long experience in Kenya and the Consortium's 5-year resilience strategy informed ECHO's 2014 Humanitarian Implementation Plan, that was adapted to community needs and the changes under the Kenya Constitution i.e. devolution to county governments.

The Consortium structure and various technical skills partners enable response to priority needs identified by communities through their CDMPs. The emergency envelope is an important component giving financial flexibility to the partners to address emergencies rapidly. This has been recognised by government institutions and communities who have been mostly positive about partners' response to shocks.

Of the 12 sites visited, most of the infrastructure mentioned in the activity and Consortium Secretariat field visit reports[6] were visible although there were some notable failures e.g. stolen solar panels, broken water pipes etc. The implementation of courses and training has also being verified where possible in the sites visited.

The total budget for this project was 10.2 million Euros of which 7.2 Million Euros were allocated to Phase III only. There were no significant variations between

[5] see for example A Dangerous Delay Joint Agency Briefing Paper, prepared by Oxfam and Save the Children in 2012 (Available at: https://www.oxfam.org/en/research/dangerous-delay)

[6] Phase IV Field Report Summaries for Laisamis (6-9 October 2014), North Horr & Loiyangalani (15-19 October 2014), Samburu Central (1-4 December 2014) and Turkana (19-22 February 2015).

proposed and actual budgets and therefore this did not have any adverse effect on the attainment of the objectives.

1.3.3 Project effectiveness

Water supply and sanitation has been a key concern for all of the communities visited in the evaluation. A range of interventions have been implemented, including solar-powered boreholes latrines, water piping systems and roof water-harvesting systems. The technical expertise of Oxfam has been important here and partners reported the importance of technical sharing in addressing water priorities. These interventions have had various degrees of success. In some cases, the improvements in water supply have clearly been helpful to communities and have even enabled them to take further resilience building actions e.g. in Nairibi, Marsabit and Lokore, Turkana. In other cases, the interventions have not been maintained or have been ineffective, e.g. Ballah and Malabot, Marsabit.

All partners have facilitated Participatory Disease Surveillance (PDS) by working in close partnership with the department of veterinary services and livestock in several counties. Interviews with the Veterinary Officers from Samburu, Mandera and Marsabit revealed that the PDS is a notable initiative that has helped local communities to control livestock diseases in the project areas. Community disease reporters confirmed instances where they have been able to help their communities in preventing common animal diseases because they have been trained, although community reporters did list a number of challenges in implementing PDS.

In addition, the Consortium has also supported several activities that promote food security and income generation. In two sites visited in Marsabit County, communities have prioritised village savings/ microfinance schemes to fund activities including running a butchery, selling clothes and curios, selling charcoal, livestock/fish trading, opening shops and buying equipment (e.g. fishing nets). In two additional cases, communities have attempted to improve household food security through crop cultivation, a new activity for these households.

La Nina Consortium (specifically VSF-Germany and ACTED) has been supporting local institutions in conflict resolution before and during the lifetime of the Consortium. Through the Consortium, VSF-Germany has supported the Sub-county Commissioner in Marsabit with bringing together groups in dispute by organising and providing resources for meetings. According to the District Commissioner's office and community representatives in Marsabit, this assistance has been vital to conflict resolution processes.

The coincidence of the Consortium's activities with devolution has supported the achievement of outputs and outcomes of the programme. Moreover the establishment of county governments has contributed to the political legitimacy of the Consortium's approach at the local level. These new governance institutions, as well as the NDMA, have facilitated capacity building in disaster risk management.

1.3.4 Sustainability and impact

ECHO have funded the La Nina Consortium for a further Phase V. This Phase sees inclusion of a new partner, Transparency International Kenya to lead on accountability and citizen engagement. Through Phases I to IV, the Consortium has been funded solely through ECHO and the level of funding has declined. In this sense, the dependence on one donor does not ensure the sustainability of Consortium activities in the longer term.

In some instances, the sustainability of activities looks uncertain. Notably, the use of Consortium partner vehicles to carry out response to community participatory

disease surveillance reporting (e.g. as implemented by Concern in Laisamis, Marsabit) will not be sustainable in the long term if county governments do not take responsibility for these actions. The utility of water tanks installations for rain-water harvesting is challenged by lack of rainfall over three years in one site visited (Malabot, Marsabit). Plans for county government to fill these tanks in times of drought will not be effective unless arrangements can be made for this to happen on a regular and sustained basis. The IMAM nutrition surge model has proven to be effective in managing shocks in Marsabit, but Ministry of Health officials there recognise that without sustained government funding the benefits of this action will not continue.

Survey respondents were asked about the extent to which they participated in planning processes. Half of the households reported participation in County planning consultation. It is important to note that those who did report participating in meetings were not attending these regularly (only 30% of the 239 respondents). The reasons cited included not being invited, being otherwise occupied or lack of access as a reason preventing their attendance. Of these 239 respondents, 20.49% cited that they or one of their household were CDMC members. Of these, 72% said they participated in the county planning consultation. This reflects the effort made by the Consortium to ensure CDMC representatives attend.

To ensure effective implementation of the emergency envelope, there are guidelines that are used by the Consortium to ensure harmonisation and alignment of activities across the four implementing partners. According to some project partners, the emergency envelope mobilises quickly but the determination of thresholds has been complicated, and these funds could have been employed more strategically. However according to the Consortium Secretariat, there were also some cases where proposals have been challenged by the secretariat for the lack of strategy and guidance provided for improved strategic programming. As such, thresholds have been determined on a case by case basis, depending on the technical area and scrutiny of technical leads of proposed action. Also, the Secretariat explained that Consortium level minimum standards have been established e.g. 50% of the food basket for voucher or cash transfer.

88% of the respondents that have received emergency support as direct beneficiaries are completely (55%) or partly satisfied (33%) with it. Only 10% are not satisfied at all. These results are similar for the other kinds of support (90% satisfaction rate). There is a tendency for people to report satisfaction with project activities, particularly if they have been direct beneficiaries of it, as it the case here. In general, where the La Nina Consortium is mentioned as the support provider (for emergency and non-emergency support), the satisfaction rate is around 80%. On average 8% of people said that they are not satisfied with the Consortium's support.

There are different views within the Consortium regarding exit strategies. For several key informants, the exit strategy is not clear and organisational strategies differ on this. Interview with ECHO confirmed that there is no well-defined exit strategy beyond the Consortium seeking other sources of funding to keep activities going. There is evidence that this kind of difference in strategy is leading to tensions as some partners seek funds as a Consortium for smaller scale or overlapping interventions. For these ideological reasons, some key informants expressed doubts over continued membership of the Consortium. Given the long term impact sought by the Consortium, the absence of a common and clear exit strategy can be understood. However, it is recommended that this be addressed by partners during Phase V.

Almost all of the households across the counties have been affected by the drought in 2011. We refer to the memory of the household to ask them if they feel better able to face such shocks today. This questions has several limitations: it relies on memory and a person's own perceptions.

On the overall sample more than half of the respondents (52%) said that they feel better able to cope should a drought such as the one in 2011 occur. We consider this result as one proxy for level of resilience as it refers to a past event that happened just before Consortium activities were implemented.

The results are significantly different by county. More than half of the respondents considered they feel better able to cope in Samburu (69%), Turkana (51%) and Wajir (92%), all regions where the results are significantly different from the average of the sample.

In the other regions, less than half of the respondents feel they are not better able to cope with a drought like that if it occurred today. The highest ratio is for Marsabit (49%) and Mandera (46%). External factors such as conflict, county governance, social networks etc. can influence the ability of people to cope. It is not possible to attribute causality of this results with the overall La Nina Consortium, nonetheless, some causalities that can be identified by activities are identified in the report (see Table 2 in the main report).

The La Nina Consortium has supported some government stakeholders in skills development in areas of early warning system, preparedness and response strategies. In particular, the project implementers have worked directly with NDMA officers (e.g. Resilience Officers and County Drought Response Officers) to support them in enhancing their capacities in disaster reduction and response preparedness.

During the course of the fieldwork and key informant interviews, the evaluation team observed several examples of good practice and scaling up including CDMC-led planning and funding proposals, the IMAM surge model and Concern's community conversations approach.

1.3.5 Monitoring and reporting

At Consortium level, M&E is undertaken internally and constitutes site visits and reporting on output indicators. The Consortium MEAL Officer has core responsibility to monitor partners' activities and travels monthly to assess activities in the field based on activity plans, partner needs and issues raised in monthly reports and PMU / TSU meetings. In Phase III, a peer review was conducted whereby partner teams were sent to other partners' areas. This was found to be an important mechanism for learning, but was also costly and time-consuming as an exercise, which will be a barrier to repeat peer reviews.

The Consortium MEAL Officer and Oxfam as Consortium lead have worked with each partner to identify indicators and what success looks like from technical leads in collaboration with these central M&E leads. Each month, monthly reports are submitted by partners and fed back as consolidated monthly reports issued by the Secretariat.

Although the organisational structure of the Consortium is appropriate to allow for information sharing, there are differing reports on the effectiveness of communication lines from Consortium members. For example, it appears that at field level information is not necessarily trickling down. The current mechanism in place is that partners are responsible for dissemination of information and learning

from PMU / TSU level within their respective organisation, though the efficiency of this varies between organisations.

1.3.6 Consortium coordination

All Consortium actions are taken through an organised structure, which comprises of the Board, the Project Management Unit (PMU) and the Technical Support Unit (TSU). The La Nina Consortium is led by Oxfam GB. The country directors of each Consortium partner sit on the Board, meet periodically and provide strategic oversight.

The Board are responsible for strategic decisions. While there are established ways of working and documented reporting lines, there is no existing terms of reference for the Secretariat and reporting lines back to the Board are viewed as inadequate by some. Day-to-day decision-making appears to sit with the PMU and perhaps to a greater extent with the TSU. It is not clear where the division lies between these two bodies. Technical expertise is sought and shared on an ad hoc basis and recommendations made at these meetings are fed back to PMU for decision making. While monthly calendars are shared with TSU members, it is not always possible for field staff to engage in the TSU. In these instances, they are represented by their head office in Nairobi, information is shared after the meetings and follow ups made by telephone etc.

There was some observed tension between decision-making processes taking place in Nairobi and implementation in the field. The level of decision-making power at community level varies by partner. Nonetheless, county government stakeholders interviewed perceived that all partners were able to act fast and respond to demand, particularly when compared to experiences with other consortia.

The 5-year strategy was developed in Phase III and revised in Phase IV. The development of the 5-year strategy was intended to bring partners together and was a planned output for Phase III. The revision of the strategy for Phase IV revealed the differences in strategic direction of the partners, which in itself was useful. The process was seen by some Consortium members to be a “unifying process” and useful development after some periods of tension in ways of working and ideology between organisations.

1.4 Conclusions

The relevance of the Consortium activities is reflected in its attempt to address pertinent risks prioritised by communities in the ASALs of Northern Kenya, such as prolonged drought, water shortages and conflicts. In addition, the project has recognised that ASAL communities are much more vulnerable to risks and crises compared to other regions. Hence the emergency envelope has been an important aspect of the project. We can confidently say that the project has been responsive to the needs of community needs making it relevant and appropriate to target beneficiaries

The institutional design of the project as a consortium appears to address the priorities of the donor and partners. Consortium design allows the donor to achieve returns to scale, regional coverage and a range of technical expertise in line with resilience building approach in the aftermath of the 2011 drought.

Sharing technical competencies of partners has been a key relevant strategy for the project and in principle and practice this is a positive aspect of the Consortium design. Evidently, the Consortium partners have found each other to be responsive

and each has added value in their respective areas of expertise making it a programme of work with multiple dimensions.

However, it is important to recognise that the approaches of the respective partner organisations differ, especially with respect to resilience building and policy advocacy. Therefore some partners have had to change their focus and diverged from normal practice more than others and subsequently, there lacks a common approach towards building resilience among partners.

Most of the activities, inputs and deadlines mentioned in the project documents provided have been implemented as planned. During site visits, delays in the activities and funding have been mentioned but these have not had a significant impact on the overall efficiency of the project

Working collaboratively as a consortium of partners with different strengths and specialisms has helped to build synergies in disaster risk management and there are indications from this analysis that communities in Northern Kenya will evolve to become more resilient in the longer term. The Consortium has managed a relatively harmonised set of activities across a wide geographical area, delivered through organisations with different specialisations and voices. Partners have shown a high level of goodwill to exchange expertise, but there have been some trust issues, especially where there is disagreement about the direction of the Consortium.

Findings suggest that the Consortium activities have contributed to resilience outcomes (e.g. awareness of risks and disasters and prevention) in its areas of direct operation. However, we note that there are multiple development agencies that have worked in the project areas and continue to implement similar activities. Hence it is difficult, as ever, to attribute resilience to the activities of the Consortium.

At the household and community levels, the project has managed to help people diversity their livelihoods to a certain extent adopting agricultural practices, small businesses and service provision. This was articulated during KII and FGD with beneficiaries

La Nina Consortium assumes the basis of building resilience is strong capacities of stakeholders at all levels and scales. Capacity building has therefore been one of the main focus for the Consortium and there is evidence that communities have become increasingly aware of risks and disasters.

The exit strategy is not well defined and according to the donor, is based on the Consortium seeking other sources of funding to prolong their activities. Given the long term impact sought by the Consortium, the absence of a common and clear exit strategy can be understood.

The CDMCs can be effective platforms to foster resilience building at the community level if they have sufficient technical and financial support. We can conclude that extent of CDMC's effectiveness in building community resilience is largely determined by the local context of areas of operation, capacities and the nature of the support that they received from La Nina Consortium.

Clearly the emergency envelope was an important aspect of the Consortium and that assessing impact of emergency response is relatively straightforward when compared to resilience outcomes.

Monitoring activities have been taking place throughout Phases III and IV, but it should be appreciated that resilience is a notoriously difficult concept to define and measure in general. For the Consortium, M&E has been carried out at Consortium

level by verification of outputs through site visits by Secretariat and against key indicators.

The general perception is that the La Nina Consortium is recognised as a key player in resilience building in Northern Kenya. It has been useful to put in place an organised structure for managing the activities of the Consortium, as well as defining the roles and responsibilities of the various elements. We conclude that managing a Consortium is a complex endeavour and an ambitious task because in reality each member organisation has its own vision and ways of working.

1.5 Lessons learnt and recommendations

Value of partnerships in resilience building: Working as a Consortium of NGO partners with different technical competencies, geographical coverage and local partnerships has the potential to implement resilience building programming in ASALs at scale. Membership of the Consortium should remain open to ensure it can continue to be responsive and add value. Importantly, and as acknowledged by ECHO, this particular Consortium model enabled quick mobilisation of funds and emergency response after a severe shock, the 2011 drought.

A common vision: Successful collaborative efforts to resilience building require a clear vision which should be shared by all partners, otherwise, this can affect effectiveness implementation of activities.

Sustainability: Managing retreat in such a context is particularly challenging and it is important to have a clear exit strategy if this is the end goal. Given the long term impact sought by the Consortium, the absence of a common and clear exit strategy can be understood. However, it is recommended that this be addressed by partners during Phase V.

Governance structures: The County Steering Group meetings are a valuable opportunity for actors to coordinate on policy and programming and Consortium partners have reported active participation in these fora. A next step to achieving capacity building goals could be to explore ways to improve cross-county coordination and learning for government structures.

Agents of change: The CDMC approach can facilitate resilience building at the grassroots and we have seen some good examples of success stories. But the assumption should not be made that community-based institutions such as the CDMCs will bring about change within their respective communities. It is important to have the right leadership with a genuine commitment to foster change and even more important CDMCs require reliable sources of technical and financial support to operate.

Communication: We encourage the Secretariat to draw clear lines of communication and to broadcast more widely the results of the technical meetings to keep all the teams up to date when they are making decisions (e.g. newsletter and regular updates products could be designed regarding different members: local partners, governmental institution, internal project managers etc.).

Shared learning: Regular field visit exchange between all partners and geographical areas (e.g. every 3 months) and frequent communication between field officers to share lessons learnt would be beneficial.

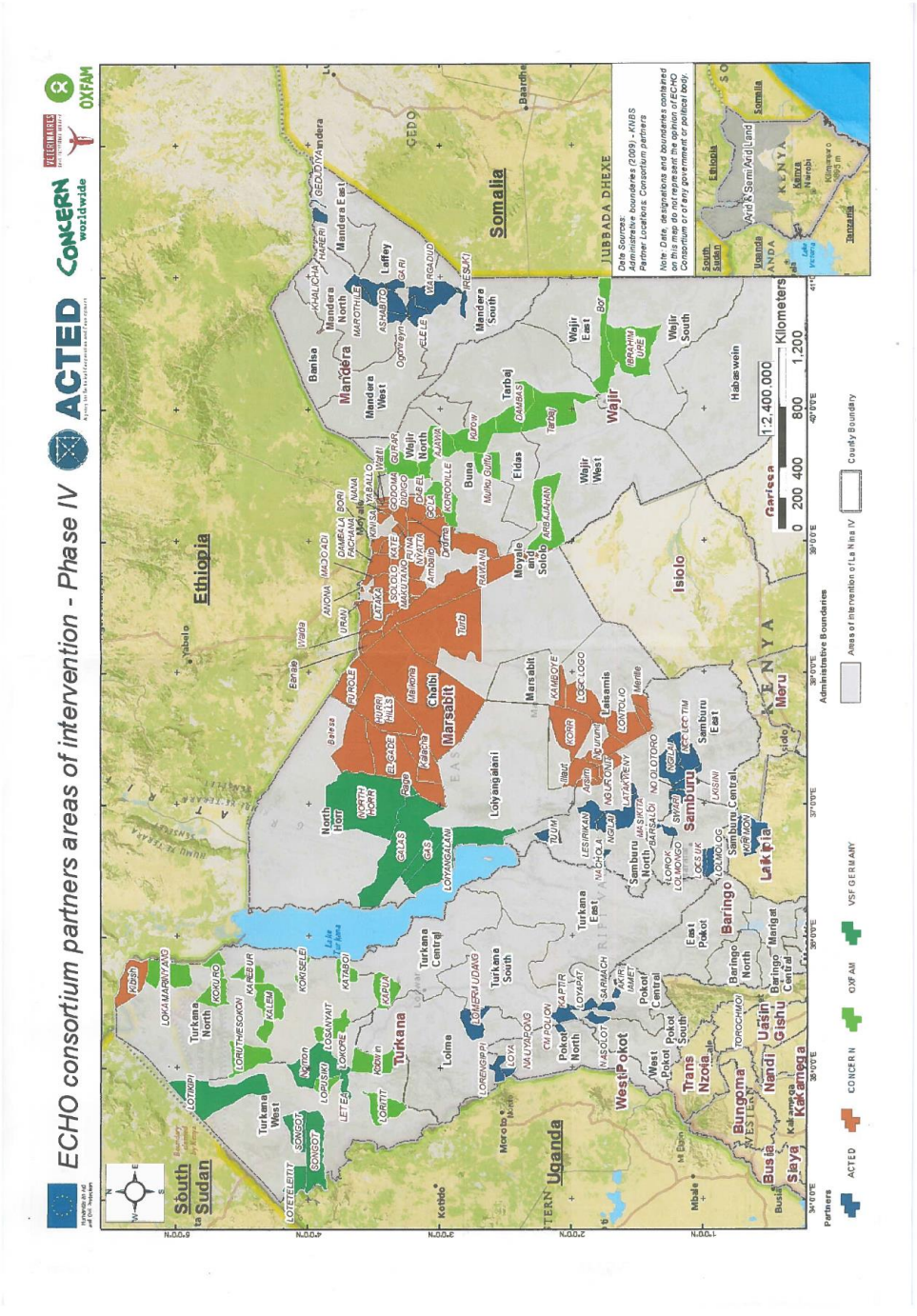
2 Introduction

The La Nina Consortium aims to support communities living in the arid and semi-arid lands (ASALs) of Northern Kenya to cope and recover from drought crises, food insecurity and other shocks and stresses, as well as to help them prepare and plan for future crises. In order to do so, the partners work to build on emergency response and invest in strengthening the resilience of people in the longer term. More specifically, the fourth phase of the La Nina Consortium has aimed to enhance the capacities of vulnerable communities and newly-devolved county structures to better plan, prepare and respond to shocks and stresses. For Phases III Consortium partners included 6 international NGOs: Oxfam GB, Concern Worldwide, ACTED, VSF-Germany, VSF-Suisse and VSF–Belgium. In Phase IV, Consortium partners included six of the original partners: Oxfam GB; VSF-Germany; ACTED; and, Concern Worldwide. These partners have been responsible for interventions in their respective focus communities in 9 counties of Northern Kenya, which are West Pokot, Baringo, Samburu, Turkana, Marsabit, Wajir, Mandera, Isiolo and Garissa (7 in Phase IV : Garissa and Isiolo are excluded). See Figure 1 for the partner areas of intervention in Phase IV.

The Consortium was formed in February 2011 in consultation with ECHO in response to the 2010/11 drought and ensuing humanitarian crisis in the Horn of Africa. Phases I and II of La Nina focussed on the drought response. Phases III (July 2012 – December 2013) and IV (January 2014 – March 2015) aimed to move from emergency response to longer term development and resilience programming implemented through a community-driven approach. During these phases, an element of emergency response was retained through the emergency envelope budget for funding identified need during small-scale emergencies or for early action while seeking funds from other donors.

Based on this longer term perspective, the Consortium developed a 5-year strategy initiated in Phase III and focussed on strengthening county governments and the National Drought Management Authority (NDMA) to improve planning, coordination, financing, information sharing and learning on emergency preparedness and response. Phases I to IV of the La Nina Consortium were funded solely by the European Commission-Directorate General for Humanitarian and Civil Protection (ECHO). This report presents the scope, methodology and findings of Phases III and IV of the La Nina Consortium, as well as lessons learnt and recommendations.

Figure 1: La Nina Consortium partner areas of intervention in Phase IV



3 Evaluation objectives and questions

3.1 Purpose of evaluation

The purpose of this evaluation is to learn about the design and implementation of the La Nina Consortium during Phases III and IV and to assess the impact of the project activities on the target populations in across the 7 counties of intervention[7] including the added value of working as a consortium.

3.2 Evaluation objectives

The objectives of this evaluation are to assess the following areas:

1. Relevance, appropriateness and quality of design of the Consortium;
2. Efficiency of implementation and adaptation to changing needs;
3. Project effectiveness;
4. Sustainability and impact;
5. Monitoring and reporting; and,
6. Consortium coordination.

3.3 Evaluation questions

Questions for the evaluation were provided in the terms of reference and have been arranged according to these objectives. These are as listed below.

3.3.1 Relevance, appropriateness and quality of design

- Were the objectives, indicators and targets formulated relevant and realistic?
- Does the action build on the comparative advantages of the NGO? Does it compete with or substitute for activities that other development agencies could do more appropriately or efficiently?
- To what extent did the project respond to priority issues of the intended beneficiaries in the ASAL Context, donor and members of the Consortium? Is the action's organisational structure and choice of partnership appropriate to achieve its aims?

3.3.2 Efficiency and adaptation to changing needs

- Did the project start on time?
- Were financial and human resources available in the quantity and time planned?

[7] Both the membership and geographical coverage of the Consortium have changed for Phases III and IV. The current evaluation focuses only on the areas and partners present during these two phases of the project (i.e. VSF Suisse and VSF-Belgium, as well as some areas are not taken into account in the report)

- Was the methodology of implementation the right one under the circumstances?
- Is the level of collaboration and coordination with partners including capacity building appropriate and efficient?
- How did the project adapt to changing needs?
- To what extent did the consortium factor the recommendations from ECHO's field visits and feedback on progress reports provided by the ECHO?

3.3.3 Project effectiveness

- To what extent were the planned outputs achieved? Were there any unintended impact or outcomes?
- What were the major factors influencing the achievement or non-achievement of outputs and outcomes?

3.3.4 Sustainability and impact

- To what extent have the benefits of the action continued or are expected to continue?
- To what extent were the emergency envelope projects linked to the existing long term project goals?
- Is there an appropriate exit/handover strategy? If so, has the strategy been actioned? To what extent?
- To what extent has the action strengthened disaster preparedness capabilities of community members?
- To what extent has the action strengthened disaster preparedness capabilities of NDMA and any actors that form parts of the disaster management systems?
- Are there any good practices, successful activities/strategies that can be replicated, scaled up and used to influence practice and policy development?

3.3.5 Monitoring and reporting

- What project monitoring activities were done in the project?
- How was information shared amongst consortium members (particularly lessons learnt)?
- Are there reports that were produced and how did the consortium work in producing reports?

3.3.6 Consortium coordination

- Is the consortiums' structure and governance appropriate to its strategy? Has it been governed and managed effectively and efficiently so far?
- Is the consortiums' 5-year strategy relevant, appropriate and realistic given the Kenyan context, donor priorities and the profiles of consortium partners?

4 Methodology

La Nina Consortium aims to contribute to resilience and emergency preparedness of people in the arid lands of Kenya. The concept of resilience is broad and contested and as such there are no agreed, formal measures of resilience. Even dimensions of resilience indicators are disputable regarding the scale and the purpose of the activity assessed. Furthermore, since no baseline data exist for Phase III, it was not possible to compare and assess any observed changes in the outcomes and impacts made during the end-term evaluation exercise through quantitative analysis.

As outcomes of resilience-building actions may take long periods of time to manifest, finding impact on resilience indicators after almost 3 years (2 years and 9 months) of project implementation is particularly challenging for any such project. Evidence on the causal links between project actions and resilience outcomes are not well understood and nor are the timeframes of resilience impact after an activity is implemented. The activities implemented under the La Nina project differ in their nature, and are therefore supposed to have either direct or indirect impact on resilience on different timescales. Moreover the impact of an action will be specific to the environment and context in which it is implemented. To further complicate the task, there have been many resilience-building programmes taking place in Northern Kenya since 2011. Thus, the project activities under the Consortium have been implemented alongside those of other partner programmes of other organisations.

For this reason referring to traditional logical framework terminology around 'outputs-outcomes-impacts' is not particularly relevant for a resilience-building intervention such as the La Nina Consortium. To take a recent resilience programme logframe, the Building Resilience and Adaptation to Climate Extremes and Adaptation (BRACED) Knowledge Manager approach and Barnett and Gregorowski (2013)[8] recognised a rank of outcome levels depending on timeframe (i) immediate outcomes (short-term : awareness and access); (ii) intermediate outcomes (medium-term, such as the increased usage, adoption or behavioural change); (iii) ultimate outcomes or long term impact (long-term, such as changes in policy) and impact (resilience and wellbeing improvement). We also recognised that in a timeframe of 5 years, long term impact cannot manifest. Therefore, the design of the quantitative survey allows us to make inferences about the *contribution* of the project to identified resilience indicators, but cannot demonstrate *attribution*[9] as well as considering short and long term outcomes of the various range of Consortium activities. By breaking down the impact pathway into sub-steps – or even further – it then becomes possible to focus on those aspects where change is likely to be more tangible, where there is

[8] Barnett C. and Gregorowski R. (2013) Learning about Theories of Change for the Monitoring and Evaluation of Research Uptake. IDS Practice Paper in Brief. Institute of Development Studies

[9] Since the impact evaluation aims at assessing the attribution of a project (impact) to the final objective. The multiple external factors affecting resilience, the potential complementarity or over determinations between the activities as well as the complexity of the resilience complex makes the attribution to the activity really complex in the context of La Nina consortium. Nonetheless the contribution of the project can be demonstrated

most influence, and by implication, is more likely to be attributable to the intervention.

4.1 Quantitative survey

The quantitative survey work followed 7 steps detailed in Annex 2. These include design of the survey to be implemented on a representative sample of the population directly benefiting of the Consortium's activities. We consider 97,890 households as this reference population (the questionnaire is presented in Annex 1). Test on the co-benefits and spill overs of the activities cannot be performed by our quantitative survey as our sampling strategy was restricted to direct beneficiaries. The survey was implemented between the 15-22 September 2015 by 34 enumerators in 24 sites and 6 counties. The survey was implemented in collaboration with Consortium partner teams in the field. The final database counts 663 household surveys completed with an average rate of non-response or missing values of 0.6%[10]. A full explanation of the methodology, accuracy of the surveys, responsibilities, training and supervision performed by the members of the teams is detailed in Annex 2.

4.2 Qualitative survey

The main qualitative methods used were key informant interviews and focus groups. During field visits, observations were made and informal discussions held with community members also. Annex 3 shows the qualitative tool used for the evaluation comprising a set of questions. To complement these methods, we also reviewed relevant documentation including the project proposal, internal review reports, progress and financial reports.

We consulted with Consortium partners and Secretariat in Nairobi to gain an understanding of the background of the project as well as to elicit their views and perceptions about the project. We visited 12 project sites across Marsabit, Turkana, West Pokot and Samburu and conducted face-to-face interviews with key stakeholders of the projects. We interviewed field officers, members and officials of the CDMCs, representatives of national and county governments such as the National Drought Management Authority and the Veterinary Office. Both Mandera and Wajir were not visited due to insecurity so it was not possible to carry out face-to-face interviews, we managed to carry out telephone interviews with CDMC members and government officials from Mandera. However, interviews with respondents from Wajir proved to be difficult due to poor telephone network.

Qualitative data was used to strengthen the findings of the quantitative analysis and provide the narrative for the project interventions in selected sites.

Limitations

The evaluation team visited 2 sites per county, in those counties that were accessible due to security concerns. These sites were selected by Oxfam GB based on the random selection and accessibility of sites. It is not possible to ascertain whether the sites visited were representative of others in the area of intervention. Given that we visited sites where partner activities have been implemented, it was not possible to assess whether the Consortium has had indirect impacts on the total beneficiary population or whether spill over effects have occurred.

As time at each site was necessarily limited, we prioritised speaking with CDMC members and local officials. It was not possible to visit two counties (Mandera and

[10] After cleaning the data base, see Annex 2 for more detail.

Wajir) because of the security situation in these areas. Of course, more time in selected sites would have strengthened the evidence base for the findings of this evaluation as it would have enabled thorough verification and triangulation of information presented by key informants. However, the quantitative results provide a valuable source of triangulate and validation of qualitative findings because the survey was conducted with community members in the same areas.

A general limitation with qualitative work is the issue of impartiality of key informants with respect to their experience of a project or intervention. Key informants would have been inevitably biased for financial, personal or professional reasons. In interpreting the qualitative data, we have endeavoured to identify such instances and caveat these in the presentation of findings.

It is important to note that the findings we present here are based on evidence collected from various sources. Therefore, where evidence was not adequate (mainly due to time limitations and consequent lack of triangulation), we were not able to answer some evaluation questions. In Baringo for example, we managed to have interviews with two NDMA officers who gave some clear insights on emergency response issues and collaborative efforts with consortium partners. However, it was not possible to triangulate the information given by the NDMA and hence we have not covered much on Baringo County.

The evaluation has been performed with the support of the four implementing partners in the Consortium: Oxfam GB, ACTED, Concern Worldwide and VSF-Germany.

Only "treated" households (household receiving directly the effect of the Consortium's activities) have been surveyed for this evaluation. Therefore, the sampling strategy does not allow for controlling the activity as we did not survey for counter factual. In assessing the contribution of the Consortium activities to perceived changes in resilience, we have chosen to refer to a disaster event that occurred in all regions where the Consortium has been operating. The counter factual used during this evaluation is a *before*/*after* comparison based on respondents' memories.

We chose the 2011 drought, which affected households across Northern Kenya and was the reason the Consortium was established. Throughout the survey, we referred to this event and the current ability of the household to face a similar event to assess changes in their perceived resilience. The limitation here is that this resilience measure depends on the memory of the households of an event that occurred four years ago, and so responses are biased to some extent. In order to assess the contribution of the Consortium activities to resilience, we cross-analyse between this assessment of household resilience and their participation in Consortium activities. Finally, the qualitative survey was designed to provide the narrative and test the causality links between the activities and resilience levels of selected participants to address some of these limitations.

Some limitations to the analysis and interpretation of quantitative data obtained for this evaluation are described in the survey, as well as how these were addressed. The Sources of possible errors during the data collection and entry have been addressed e.g. through Training of Trainers. Based on the mixed methods approach and through triangulation of findings between sources (qualitative, quantitative survey and reports) we have drawn some robust conclusions in the following part. Nonetheless, readers should be cognisant of these limitations that are highlighted within the report.

5 Findings and analysis

5.1 Relevance, appropriateness and quality of design

5.1.1 Were the objectives, indicators and targets formulated relevant and realistic?

The Consortium was formed in February 2011 in consultation with ECHO in response to the 2010/11 drought and ensuing humanitarian crisis in the Horn of Africa. Phases I and II of La Nina focussed on the drought response. Phases III (July 2012 – December 2013) and IV (January 2014 – March 2015) aimed to move from emergency response to longer term development and resilience programming implemented through a community-driven approach.

Relevance of objectives in building resilience

The principle objective of Phases III and IV of the Consortium was "to contribute to resilience and emergency preparedness for 865,056 people in the Arid Lands of Kenya". The specific objective of Phase III was "to enhance the capacities of communities to better manage disaster" and was modified "to enhance the capacities of vulnerable communities and County Structures to better plan, prepare and respond to shocks and stress" for Phase IV.

These objectives are aligned with two realities on the ground in Kenya at the time. The first was the 2011 drought in the Horn of Africa. Chronic and recurrent drought is a longstanding problem in the region, but the scale of the crisis associated with this drought event highlighted the need to move beyond periodic humanitarian assistance and improve preparedness for chronic drought shocks. The second was the coincidence of this event with devolution of much decision-making power, including drought risk management, to new county structures. In light of this context, the objectives for Phases III and IV were relevant.

The Consortium's 5 year strategy (2013-2018) also outlines 6 strategic objectives:

1. To support the communities living in the ASALs and the local governance structures to improve their capacities to jointly enhance resilience
2. To facilitate generation of information, knowledge and opportunities to build resilient livelihoods
3. To provide technical support to stakeholders to enhance access to quality basic services
4. To improve knowledge and sustainable management of natural resources by relevant stakeholders in the ASALs
5. To contribute to improved, gender sensitive and coordinated early warning and increased emergency response capacity for all stakeholders

6. To contribute in building and disseminating knowledge on resilience in the ASALs among all stakeholders

Each of the strategic objectives correspond to specific activities of the Consortium and link the holistic approach of resilience building with these activities focussing on capacity building at all scales, natural resource management and basic service provision.

Overall, it is important to note that resilience is notoriously difficult to measure and it is well recognised that targets and indicators for such a nebulous and contested concept are largely untested. The objectives, targets and indicators that have guided the Consortium are evidence that resilience-building is well understood in principle by the partners. The principle of resilience building and activities implemented could be reinforced if the Theory of Change of the project should be well understood in detail by all Consortium partners at all levels.

Relevance of indicators and targets

In Phase III, the Consortium desired results included: enhanced capacity of target communities for preparedness and response to mitigate the impact of shocks; and enhanced protection of livelihoods and community assets against the impact of external shocks and enhanced organisational capacities among consortium partners to effectively anticipate and respond to emergency. In Phase IV, the project targeted to increase the capacities of nearly 30,000 households (29,334) so that they could plan, prepare and withstand shocks and stresses (Result 1). The following indicators were monitored[11]:

Phase III

- targeted population have developed a community disaster management plan following the NDMA format
- targeted CDMC members demonstrate increase in knowledge in disaster preparedness and response
- Target beneficiaries demonstrate increase in knowledge on natural resources management amongst trained households
- % of target communities implementing elements of their CDMPs

Phase IV

- % of active CDMCs using CDMPs to mobilise resources to build community resilience
- % of active CDMCs participating in county level disaster planning, management and response

A second target was introduced in Phase IV to increase the capacity of County structures so that they would subsequently help 87,531 households and 612,717 individuals to plan and prepare to shock and stresses. The indicators for this target were:

- IMAM surge model successfully replicated in another County
- Number of counties with improved contingency plans for resource allocation and developed through consultation with stakeholders
- Number of counties with improved early warning systems for preparedness and mitigation to shocks and stresses.

[11] ECHO Consortium Interim Report Phase IV, October 2014 (reference number ECHO/-HE/BUD/2014/91012)

In both Phases, a third target was to enhance capacities of the Consortium's partners to effectively anticipate and respond to emergencies (Phase III) / coordinate and initiate early response to localised humanitarian crises targeting a population of 6,714 households and 47,000 individuals (Phase IV). During the fieldwork, evidence has been gathered by the evaluation team to conclude whether or not these objectives were met. Considering the quantitative survey as representative, we find that most of the objectives have been partly or fully attained (see section below). Differences across counties and communities highlight areas of improvement. At the time of site visits, there was no emergency intervention taking place and we did not have the opportunity to visit all sites. Nonetheless, there were opportunities to speak with recipients of previous cash transfers and food vouchers in the sites visited and these were perceived as successful by the communities. NDMA and county government officials spoken to in site visits also reported valuable support from partners coordinating county steering groups, training officials and drafting disaster risk management plans and legislation. Indicators included:

Phase III

- Evidence-based advocacy bulletins that guides county resource allocation
- 1 set of triggers for early detection of crisis is developed and agreed by all partners and NDMA

Phase IV

- % of eligible localized disasters for which the consortium has initiated response within 72hrs
- Number of counties where consortium partners engage with government structures in assessments and response plans.

The quantitative survey implemented for this evaluation provides a proxy measure of resilience impact that should help to test the causality link between outcomes and impacts. We note that the Consortium's 5 year strategy document presents a definition of resilience as *"the ability of women and men to realise their rights and improve wellbeing despite shocks, stresses and uncertainties*". This theoretical definition is clear and places development at the centre of La Nina's activities. In the same document, the goal of the Consortium's activities is that "*communities living in the ASALs have increased capacity to cope with shocks and stress"*. This working definition of how Consortium members understand resilience could be strengthened by drawing on existing frameworks and literature around resilience and its measurement. This may help to build understanding across the Consortium on how project activities can build longer term resilience. Consortium members do appear to share an understanding of the objectives and targets they aim to reach in general, although some reported that they found the theory of change unclear.

The targets are dependent on the county structures having the right technical skills, willingness to engage and adequate financial resources to carry out the relevant activities including disaster risk management and emergency response. There is some variation across the region of intervention and this has been a challenge for the Consortium. For example, CDMC demands are not the same and the level of engagement with county structures varies by county and by partner. However, there was a clear evidence that the project has engaged closely with the various county government structures including the members of the county assembly, the ward administrators and relevant departments such as veterinary, livestock, water and agriculture. This engagement has included training county officials, providing

technical assistance (for service delivery and drawing up legislation), providing logistic/financial support (e.g. vehicles for animal disease monitoring) coordinating decision-making processes (e.g. county steering groups) and playing a convening role (e.g. conflict resolution).

The extent to which provision of training and support "strengthens county structures" is difficult to assess. Key informants in county offices described example of how they have been enabled in their responsibilities through such support. In other cases, it is less clear how capacity has been built after training sessions, particularly in instances where capacity is already low e.g. CDMCs in Malabot, Marsabit.

Finally, the intended beneficiaries of the programme covers a very large area, approximately 250,000km^2 across six counties[12]. While the targeted population and areas of direct intervention are somewhat smaller (see Figure 1), these are still spread over wide geographical areas composed of very diverse communities and contexts. The assumption that activities will have a spill over effect across Northern Kenya is a challenge to the objectives of La Nina and there is a question as to how appropriate this is.

Design of the project

On average the project has provided a direct monetary investment on its target population of approximately 4.18 euros per capita over Phase III (duration 18 months), i.e. 2.79 euros per person per year. Including the overall budget the investment per capita approximately 10.51 euros, approximately 7.00 euros per person per year[13]. Direct investment from the project is less than half of the overall investment made per capita. This ratio is relatively low.

A large proportion of the activities engaged in the Consortium rely on capacity building as a means of building resilience. Capacity building is supposed to have long term effects and outcomes are difficult to evaluate. As this budget only reflects the direct contribution of the project per capita in Phase III, we can assume that there will be greater returns in the longer term, provided capacity is indeed built.

[12] West Pokot, Samburu, Turkana, Marsabit, Wajir and Mandera

[13] Direct beneficiary population based on quantitative evaluation reference population

Table 1: Analysis of the project budget by capita (Phase III)[14]

Financial overview of the action	Budget for Phase III	No. of targeted HH	No. of targeted people[15]	Budget per capita (Euros)	Direct ben. HH[16]	Direct ben. popn.[17]	Budget by capita (Euros)
Staff Costs	2,731,428						
Equipment (laptop/computer)	70,144						
Equipment depreciation	21,084						
Running costs (office, vehicle, communication)	977,821						
Result 1 Activities	623,717	29,334	205,338	*3.038*	97,890,549	685,230	*4.18*
Result 2 Activities	1,654,262	87,531	614,717	*2.691*			
Result 3 Activities	585,016	6,714	47,000	*12.447*			
Other Costs	65,500						
Subtotal Direct Eligible Cost	6,728,972						
Indirect Cost 7%	471,028						
Total	7,200,000	123,579	867,055	8.304			10.51

We have compared these results to the Overseas Development Assistance (ODA) per capita received in Kenya and neighbouring countries (Table 2).

[14] Note Author's calculations based on La Nina Secretariat's document, considering only the Phase III budget as an illustration.
[15] Assuming average of 7 people per household
[16] Direct beneficiary households based on quantitative evaluation reference population
[17] Direct beneficiary population based on quantitative evaluation reference population

Table 2: ODA received in 2013[18]

	Kenya			Tanzania			Ethiopia		
	Net ODA received (billion)	Population, total (million)	ODA per cap	Net ODA received (billion)	Population, total (million)	ODA per cap	Net ODA received (billion)	Population, total (million)	ODA per cap
2013 in USD	3.252	43.693	74.43	3.438	50.213	68.46	3.827	94.558	40.47
2013 in Euros	*2.533*	*-*	*57.97*	*2.678*	*-*	*53.33*	*2.981*	*-*	*31.52*

Compared to the ODA per capita received in Kenya, and also neighbouring countries, La Nina Consortium delivers less than 12% of the ODA per capita received by Kenyan people. This comparison relies on the assumption of a homogenous distribution of ODA over the population and we can assume that Northern Kenya benefits less than the national average. Nonetheless, this result highlights the relatively low contribution of the project to the target population. In fact, the targeted population of the programme is broad, scattered and heterogeneous across the region, which affects the effectiveness of the project overall. Restricting this analysis to 'environment' and 'adaptation' markers used by OECD to track ODA funds, the Consortium contributes five times more than the Kenyan average per capita. However, the caveat is that this assumes the La Nina Consortium can be considered an environment or adaptation programme, as opposed to emergency support. Therefore, the resilience focus of La Nina does not allow for direct comparison.

Moreover considering only this direct contribution, we can question the benefits to people to participate actively in Consortium activities, including the CMDRR process. Considering that 34% of the Kenyan population lives on less than 1.90 USD per day[19], likely to be significantly more in Northern Kenya, the project direct investment contributes less than 1% of daily income of people. So, one measure of appropriateness of project design is assessing the cost-benefit to a beneficiary in terms of time. To be directly profitable for people, the project should not take more than three days per year for a person living on less than 1.90 USD per day. This number is even lower for people on lower incomes. Participation in Consortium activities, especially the CMDRR and other training processes, is relatively time consuming for people and can easily exceed three days. The direct investment[20] that an individual can receive from the project compared to its cost can prevent the success and the efficiency of this programme which rely on the community participation. Whether this time investment is worth it depends on the opportunity costs and the impact of the project e.g. transfer of skills, capacity building and community ownership. This finding is supported by the results of the survey

[18] Note: ODA is expressed in constant 2012 USD value, conversion to euros was made using official exchange rate in 2012: 0.7789. Author's calculations based on World Development Indicators Database.
[19] Most recent data available on World Development Indicators Data base for the year 2005
[20] We do not consider here potential indirect and co-benefits bring by CDMCs (networking, better work efficiency due to WASH benefits…)

highlighting that income generating activities (i.e. working or being busy) is the reason mentioned by 16% of people for not attending CDMC meetings.

Working in a Consortium necessarily affects economic efficiency. Theoretically donors could increase effectiveness by funding a consortium, especially in producing economies of scale. In the case of La Nina Consortium, functioning costs in particular become high because of the structure. For example, some positions that offer the same functional roles and responsibilities (especially administrative and logistical functions) are duplicated by Partners (in the Financial Report of the Phase III for instance). In Consortium structure overlapping is prevented in the field because the areas of operation are different. Nonetheless this wide spread of activities does limit the theoretical economies of scale expected in designing and funding a Consortium structure. In terms of effectiveness, the Consortium's design is a good means of extending partners' technical activities. As partners do not work in the same areas, potential economies of scale made on fixed costs are limited. It is important to mention that efficiency savings on fixed costs in the field are not the reason provided by ECHO for setting up the Consortium. Rather, the priority was to achieve greater effectiveness in rapid emergency response across a wide geographical area. In this sense, the Consortium design is appropriate. ECHO also mentioned consortia funding as useful in reducing administrative transaction costs as only one organisation is contracted rather than five. The transaction costs are effectively handed down to the consortium level (e.g. the role of the Secretariat).

The 5 year strategy for the Consortium highlights that the "*added value of such a setting is four-fold:*

- To connect different issues and improve each partner's ability to deliver multi-sectoral programme to enhance the approach towards resilience building of the communities living in the ASALs
- To leverage the area of coverage
- To increase the capacity of the devolved governments to enhance resilience through multi-sectoral capacity building and influencing policies and practices
- To develop multi-sectoral expertise and enhance sharing of good practices on resilience

The La Nina Consortium funding follows the structure of partners in competition (i.e. each is in their area of expertise and area). However, because the aim of the Consortium design is to support the different technical expertise and areas of influence of the partners, this dispersed structure mitigates against competition and is an appropriate approach to working in the northern Kenya context. There are several aspects of the design of the project that are appropriate to the objectives. First, the design of the project was based on information from multiple sources including surveys, Household Economic Analysis (HEA), Situational Assessments reports from previous phases and consultations. Extensive consultation with key actors and stakeholders such as county/sub-county and national governments, community-based organizations, local representatives (e.g. chiefs and religious leaders), peace forums, representatives of NGOs and peace actors was useful in the design of the project particularly in planning for activities.

Second, using a Community Based Targeting (CBT) approach, the Consortium partners in collaboration with relevant stakeholders (e.g. the NDMA, the Veterinary Office) identified areas of interventions, for both emergency assistance and, according to key informants, resilience building activities. This was part of a

contingency planning process, which took into account the needs of different vulnerable households within the targeted areas. Besides, interventions targeted communities, which had already received some support from development agencies (e.g. World Food Programme) but were vulnerable to shocks and stresses caused by disasters such as prolonged drought, disease outbreaks and conflicts.

Third, the project focussed on resilience-action orientation and took a community approach in implementing its activities. During the contingency planning and grant implementation, members of the community were involved and to this extent made informed decisions on the most suitable activities that addressed their problems and priorities. Direct involvement of local people contributed to a more community-driven planning process and action in managing risks and hazards in specific contexts.

Fourth, the project used different governance/institutional structures for implementing activities. The use of CDMCs as points of entry into the communities is an important strategy as they have the potential to reach out to grassroots communities. CDMCs were the actual implementers of the project's activities and this created a sense of ownership within the communities. Other actors who were directly involved into the project's activities were officers from various government sectors including the National Drought Management Authority (NDMA), Agriculture, Veterinary, Food and Nutrition, Livestock, Water and Health. The involvement of these well-established structures is to ensure long-term sustainability of the project and strategize its exit.

Last, the setup of the project's personnel seems appropriate with field-based officers facilitating the implementation of the project and then reporting systematically to their respective project coordinators.

The main internal factor that negatively influenced the achievements of results appears to be limited resources attributed to the CDMCs. CDMC members clearly articulated that they do not have adequate resources to reach out to all community members within their respective villages, in several sites. Local barazas are used as a means of dissemination and consultation, but such platforms are not a guarantee for capacity building and raising awareness. Differences across CDMC functioning and performance also appear to be due to human capacity whereby some CDMC members have more advanced technical skills (e.g. in fundraising). In addition, each CDMC represents an administrative unit of location, it is quite challenging for members to reach out all the households in a given location with regard to creating awareness, mobilising and building capacities of community members. It is quite understandable that Consortium activities have been limited to certain areas; however, it is an ambition to suggest that the CDMCs would reach out to as many people as possible in certain locations. Distance to the meetings prevents some household representatives to attend. Thus one of the challenges of implementing the project efficiently is the vast geographical area over which it is implemented. This challenge is directly linked to the CDMC design and unit of implementation of activities.

Furthermore, the assumption that building the capacity of several individuals (i.e. the CDMC members) will have spill over effects in the wider community is debatable. This depends very much on the nature of the communities and individuals involved, the local context, the density of social networks and the level of cooperation, or indeed conflict, in those communities.

5.1.2 Does the action build on the comparative advantages of the NGO? Does it compete with or substitute for activities that other development agencies could do more appropriately or efficiently?

The La Nina Consortium was formed to respond to the crises of food and water insecurities that hit the Horn of Africa in 2010/11. The ASAL communities in Northern Kenya were hit hard by this event and ECHO judged it necessary to form a consortium of INGOs with the aim of supporting these communities to cope and recover from the crisis as well as manage future shocks. Oxfam GB was asked by ECHO to lead this Consortium to ensure quality of programme implementation. By working together as a Consortium, the partners are able to build a synergy in resilience building through collective investment, aligning their objectives and goals while saving resources. To sustain resilience in the longer term, the partners have focussed on strengthening the capacities of governance structures at all levels from the CDMCs, county offices and the NDMA.

Each Consortium partner leads on its area of technical specialism as follows: Concern Worldwide - Nutrition; VSF-Germany - animal health and conflict prevention and mitigation; ACTED - Geographic Information Systems (GIS) and Early Warning Systems (EWS); Oxfam GB – Coordination, Water, Sanitation and Hygiene (WASH), Monitoring and Evaluation and Advocacy and Governance. The approach of setting up a consortium comprising these organisations has comparative advantage in terms of implementing activities efficiently while reducing repetition and replication. The benefits of complementarity are most obvious whereby the project continues to make use of the different technical expertise of NGOs, which are highly experienced in their field. Geographical coverage has been extended and time and resources used more efficiently under this model. Subsequently, each Consortium partner has been able to focus on the particular activities they specialise in or lead, while at the same time implementing similar activities across the board, and draw on the expertise of each other while carrying out collaborative initiatives with local partners to build community resilience.

The Consortium is comprised of four INGOs of different sizes and technical capabilities. Membership of the Consortium has been based on expertise and experience as well as on geographical presence. At the end of Phase III, VSF-Belgium[21] and VSF-Swiss[22] left the Consortium due to reduced funding and overlap with VSF-Germany in terms of specialisation. This revision of partners was in response to changing needs of the project and was handled well by the Consortium and partners involved. In Turkana, there is evidence of the perception that the Consortium has retreated from some communities in their areas, which is a challenge for remaining partners operating in these counties. Concern has been a member for Phases III and IV but is not an original member. Concern received large funds from ECHO and there was a decision taken that these should be disbursed through the La Nina Consortium. In practice, this took some time to implement with Concern running a parallel ECHO grant before formally joining the Consortium in September 2012.

It is evident that there are differences in ways of working, in strategies, capacities and systems of the respective member organisations. There are also differences in the importance of the Consortium activities relative to other programming and activities, with some more dependent than others on this budget stream. To some extent, the partners came together by necessity as ECHO sought to consolidate funding streams and ensure project quality.

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[21] Implemented action in Turkana and Garissa counties.

[22] Implemented action in Isiolo and Mandera counties.

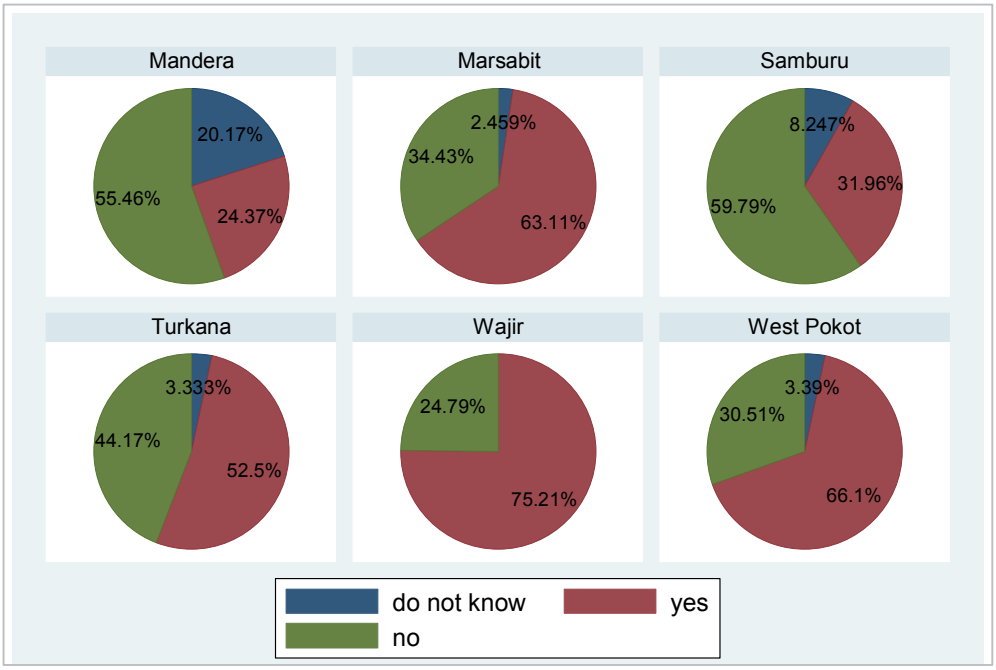
Competition between the consortium partners and other development agencies is likely as the resilience programming space in Northern Kenya becomes increasingly crowded. Notably, field officers confirmed that UN agencies such as FAO, UNICEF, UNDP, WFP, OCHA and DLCI (formerly REGLAP) have been working in La Nina Consortium project areas on advocacy. The county steering groups are in place to coordinate stakeholders activities at county level to ensure planned activities are integrated and avoid duplication. In other locations this is not the case. For example, a key informant from Ashabito CDMC in Mandera, asserted that no other development activities have been initiated apart from La Nina Consortium. It was not possible in the short field visits to ascertain the complementarity of these organisation's interventions. From some field visits e.g. to Nairibi and El Mollo in Marsabit county, it was noticeable that communities had worked to harmonise the assistance they were receiving from respective organisations and this worked well. In others, the linkages and overlaps were not clear e.g. Ballah, Sarmach and Lokore.

5.1.3 To what extent did the project respond to priority issues of the intended beneficiaries in the ASAL Context, donor and members of the Consortium?

La Nina Consortium has continued to address one of the most critical problems facing the ASALs, notably the limited capacities (technical, human and logistical) to respond to disasters and emergencies at county and community levels. The two most pressing issues facing Northern Kenya during this time period were drought, both recovery from 2011 and preparedness for the next severe event, and the devolution of these responsibilities to county level. Implementing CMDRR across the region was a sensible approach to addressing risk and strengthening decision-making structures at community and county levels. The technical areas of intervention were also appropriate to respond to priority issues. In all the sites visited, CDMCs reported that they were happy with how the partners had supported them in implementing their priority activities. It was not possible to verify this with wider sections of the community in all cases. Table 2 indicates the activities that have taken place across six counties under where the survey was implemented.

The survey is designed to test if CDMCs' decisions are representative of community members and are effective mechanisms for raising their issues. On average, more than 50% of the respondents have heard about CDMC meetings and 62.63% of the respondents know their CDMC representative. Of those who have heard of their CDMC, more than 60% consider that CDMC meetings offer opportunities to raise concerns.

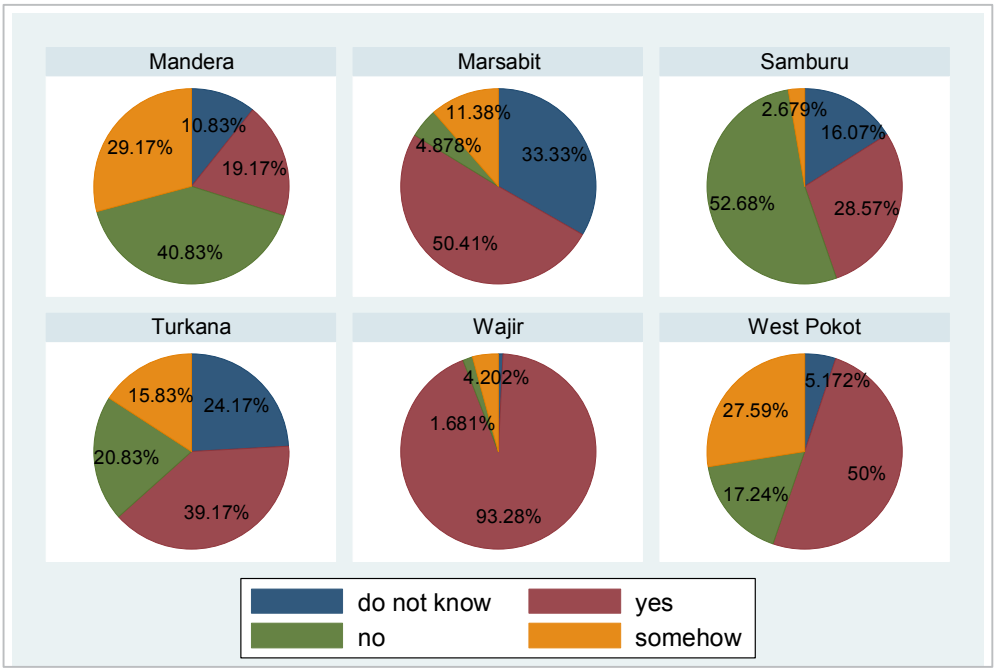
Figure 2: Visibility of CMDC- Responses by county to the questions: Have you heard about CDMC meeting?



The same proportion of the population surveyed considers that their CDMC addresses totally or partly the community's priority. It is important to mention here that less than half of the population 46% considers that CDMC fully addresses the community's priority and they are 23% who are not considering that CDMC response to this function. This overall results covers a heterogeneous county situation. Wajir County presents the most positive results with more than 90% of the 119 respondents knowing their CDMC representatives and recognising the CDMC work as addressing communities' priorities. At reverse results from Samburu are more mitigate as the majority of the 112 respondents do not know their CDMC representative and 52% do not consider that CDMC address their communities issues (all results at county level are significantly different from one place to another).

In general we note differences of between 10 and 20% between people knowing about their CDMC representatives and recognising the institution fully addresses community priorities. The biggest gaps are in Mandera and Turkana where more than half of the respondents know their CDMC respectively consider the CDMC is fully responding to community priorities. In most of these areas people consider that CDMCs "*somehow*" address the community's priorities. By partner, the capacity of CDMCs to address the community's priorities is recognised by more than 60% in areas where Oxfam and VSF-Germany are the implementing partners.

Figure 3: Does CDMC address community priorities?



Finally we use the survey to assess if the focus activities proposed by the La Nina Consortium are in line with households situations and need. Only 2% of the sample (18 households, mainly located in Turkana) has not been affected at all by the 2011 drought (2 of them where not living in the region). This high statistics confirmed that building resilience to drought in the sites and for the households targeted is highly relevant.

Since 2011, households have been affected, on average by more than 4 shocks other that drought with a standard deviation of about 2 shocks. Some households (22 households) have not been affected, only 3 households have been affected by all the 10 shocks listed. Livestock death or disease, sharp rise in food prices and insecurity are mentioned by more than 50 % of the population. This confirmed the relevance of the La Nina Consortium in addressing issues that are broadly experienced by communities. It confirms a relevant selection of issues to address. Interesting to note that insecurity and livestock are also highly ranked in term of the most significant shocks experienced by the households. It is also interesting that flooding is not mentioned broadly in the population (27%) but the threat is considered as highly important by this household[23].

[23] We have not included questions F3 and F4 due to missing data.

Table 3: Importance of the other shocks for the households

Other shocks since 2011	Share of the households that have been affected by this shocks since 2011	Average Rank (1 is the most severe)	Median Rank (1 is the most severe)
1. Insecurity / conflict / cattle rustling	50.53%	1.35	1
2. Flooding	27.64%	1.9	2
3. Sharp rise in food prices	71.64%	2.18	2
4. Livestock disease outbreak	65.16%	1.94	2
5. Livestock death	79.79%	1.89	2
6. Large fall in price of livestock & inputs	46.76%	2.17	3
7. Household business failure	21.15%	2.34	3
8. Illness / death of household member	24.47%	2.4	3
9. Human disease outbreak	39.67%	2.3	3
10. Reduction of regular assistance (e.g. aid, remittances)	33.03%	2.55	3

The La Nina Consortium has aligned its objectives with the NDMA and the County Steering Group, which are concerned with building resilience to drought in these areas. NDMA representatives consulted during this evaluation reported positive experiences of working with Consortium partners and strengthened capacity to plan and implement activities (e.g. through support for coordination of County Steering Groups and for drafting legislation).

The model of technical sharing has allowed each member of the Consortium to operate to its strengths and members the Consortium have reported strengthened capacity in other technical areas as a result. For example, both Concern and VSF-Germany staff reported enhanced capacity in WASH. Also, the Consortium has proved flexible in adjusting its membership and local partnerships according to identified needs. Managing a Consortium is a complex endeavour and an ambitious task because in reality each member organisation has its own vision and ways of working. There is evidence of ongoing tension within the Consortium for these reasons.

ECHO has continued to fund five phases of the Consortium and the partners have responded to reported requests to streamline membership and address resilience building. Interview with ECHO confirmed that the Consortium has been responsive to ECHO's priorities and needs during this period, especially in shifting towards a resilience-building approach.

Table 4: La Nina Consortium response to local beneficiaries in different sites : Targeting, Activities and Results

Activities	Mandera	Marsabit	Samburu	Turkana	Wajir	West Pokot
CMDRR training	✓	✓	✓	✓	✓	✓
Natural Resources Management	✓		✓			
Livestock re-stocking					✓	✓
Village banking		✓		✓		
Cash payment	✓	✓		✓	✓	✓
Share of the population who has not received an early warning before 2011's drought in %	*80.83%*	*67.48%*	*65.79%*	*59.17%*	*39.17%*	*71.67%*
Who gave the information when received in2011 -From ECHO: 20.78%	*23.26%*	*12.28%*	*5.88%*	*16.30%*	*34.01%*	*15.38%**
From local government or NDMA: 21.4%	*32.56%*	*29.82%*	*8.82%*	*31.52%*	*13.61%*	*26.92%**
EWS training	✓	✓	✓	✓	✓	✓
Proportion of "Better early warning" mentioned as improvements made since 2011	*31.22%*	*23.53%*	*34.32%*	*26.32%*	*33.82%*	*22.06%*
Proportion of "Better early warning" mentioned as improvements to be made in the future	*31.94%*	*21.40%*	*18.18%*	*24.65%*	*31.56%*	*16.54%*
Share of the population affected by livestock disease outbreak since 2011	*31.67%*	*61.79%*	*85.83%*	*79.17%*	*74.17%*	*51.67%*
Share of the population affected by livestock deaths since 2011	*72.50%*	*77.24%*	*98.33%*	*81.67%*	*76.67%*	*65.00%*
PDS	✓	✓	✓	✓	✓	✓
Share of Disease surveillance recognised as new activity changing livestock management since 2011 drought	*7.27%*	*17.80%*	*1.82%*	*17.45%*	*8.73%*	*21.74%*
41 associations of ECHO to the disease surveillance (101 mentioned)	*2/12*	*11/21*	*1/3*	*11/26*	*15/29*	*1/10*
Water supply	✓	✓	✓	✓	✓	✓
Share of Water infrastructure access mentioned (at survey time): borehole / piped water / water kiosk / rainwater collection / dam.	96.67%	78.86%	100.00%	66.67%	100.00%	71.67%

Activities	Mandera	Marsabit	Samburu	Turkana	Wajir	West Pokot
Share of Water Management recognised as new activity changing livestock management since 2011 drought	*26.67%*	*9.32%*	*21.21%*	*18.12%*	*25.00%*	*21.74%*
47 associations of ECHO to Water Management	*4/44*	*4/11**	*0/35*	*4/27**	*29/83*	*6/10**
(210 mentioned)	*9.09%*	*36.36%**		*14.81%**	*34.94%*	*60.00%**
Sanitation	✓	✓	✓		✓	✓
Share of latrine (VIP and PIT) access mentioned (at survey time)	*71.67%*	*33.33%*	*21.67%*	*2.50%*	*64.17%*	*25.00%*
Food vouchers	✓	✓				
Food ratios and Vouchers mentioned as type of support received since 2011	*26.52%*	*31.89%*	*28.14%*	*31.76%*	*32.58%*	*51.11%*
85 associations of ECHO to vouchers (443 mentioned)	*3/74*	*23/81*	*7/56*	*41/94*	*8/115*	*3/23*
	4.05%	*28.40%*	*12.50%*	*43.62%*	*6.96%*	*13.04%*
Animal health training & treatment		✓		✓	✓	
Share of Vaccination recognised as new activity changing livestock management since 2011 drought	*32.73%*	*36.44%*	*34.55%*	*31.54%*	*32.23%*	*34.78%*
associations of ECHO to the vaccination	*1/54*	*9/43*	*1/57*	*15/47*	*53/107*	*5/16**
(324 mentioned)	*1.85%*	*20.93%*	*1.75%*	*31.91%*	*49.53%*	*31.25%**
Establishment of livestock market	✓					
Have you received assistance from your access markets with your crops or livestock	*15.83%*	*3.25%*	*39.13%*	*28.33%*	*87.5%*	*81.67%*
Share of the population affected by insecurity conflict or cattle rustling since 2011	*75.83%*	*36.59%*	*39.17%*	*41.67%*	*37.50%*	*95.00%**
Conflict resolution	✓	✓	✓	✓		

*Note: Tick box rows constructed with partner field staff at Training of Trainers in Nairobi. First line is baseline statistics drawn from evaluation survey and last line is end line survey (cannot be attributed to project alone). * Results to take with caution regarding the size of the sample (<30 observations) or non-response rate. If not explicitly mentioned no attribution to La Nina Consortium can be directly made.*

Table 2 presents the various Consortium activities. Where it was available from the survey, we analysed the baseline and end line situation for each activity. Further detailed analysis of this table can be found in Annex 4.

Overall the results suggests that some targeted activities seem to follow the priority needs of the county populations (e.g. on PDS and animal health treatment). Some of the activities could be continued (e.g. EWS) or geographically extended depending on the current situation or needs expressed by respondents (e.g. conflict resolution

and WASH). Finally the link between Consortium and outcomes can be made for most of the activities related to livestock health and sanitation. Results of specific activities implemented in one or two counties, such as food voucher distribution or market livestock access, do not provide insights on the role of the Consortium in effecting change. This is possibly due to the fact that these activities are likely in competition with other similar initiatives in the same counties or in neighbouring counties, so controlling for their impact is complex. The analysis suggests that precise and targeted activities constituting the added value (area of expertise) of the Consortium and those that are focused on relative and absolute needs of the population produce significant results. This could be an argument for further refinement of project activities and increasingly integrated technical sharing under the Consortium.

5.2 Efficiency and adaptation to changing needs

This is an ex-post evaluation. Therefore the final evaluation can only assess efficiency dependent on the monitoring and evaluation (M&E) undertaken throughout the project phases. Findings presented here have been obtained through documentation provided by the Secretariat and from key informant interviews.

Implementation and response to needs

As most of the results presented relied on the internal reporting and documentation provided by the Secretariat, this evaluation does not provide a systematic control of the activities implementation/inputs delivery. Triangulation of the information obtained by the Secretariat with interviews and field work allowed us to draw some conclusions. Table 5 presents the results of this triangulation work. Information that has not been independently checked is not discussed in this table. Table 5 also presents how the project has adapted to changing needs.

Table 5: Evaluating the La Nina Consortium's efficiency in making progress in fulfilling its aim and objectives

Evaluation questions	Level of progress made
Did the project start on time?	Yes. Phase III (in July 2012) and Phase IV (in Jan 2014). Some delay in activity implementation is attributed to delayed delivery of ECHO funds.
Were financial and human resources available in the quantity and time planned?	According to the Secretariat, the financial and human resources available were adequate at the coordinating level. Dedicated human resources include the Consortium Lead, the MEAL Officer and the Consortium Technical Support Unit (TSU) Programme Manager to provide management and technical support. According to project staff in two of the field sites visited, resources were not always adequate at the field level where much technical support was required, specifically on water and sanitation infrastructure and maintenance. Some local partners and key informants described instances where the emergency envelope funds were insufficient to address the urgent needs of the target populations.

Was the methodology of implementation the right one under the circumstances?	Use of CDMCs has been efficient in facilitating entry into the communities where their problems and priorities have been profiled. The efficiency of this approach is highly dependent on the human capacity of each CDMC. In some areas the methodology relies on creation of new institutions (the CDMCs) instead of utilising existing ones (e.g. Water Resource Users Association) for participatory planning. This may lead to overlaps, inefficiencies and even tensions within the community. Engagement with local leaderships such as the Chiefs and Assistants has helped in strengthening leadership structures. Supporting relevant government departments to train community members has been complementary and efficient to a certain extent. At the Consortium level, the combination of technical competencies has been highly recommended and as a way of transferring skills and economies of scale.
Is the level of collaboration and coordination with partners appropriate and efficient?	At the project level, collaboration has been appropriate where members of the PMU / TSU who are drawn from each partner meet to share technical insights into the project. At the field level, collaboration could be much more efficient through systematic field visit exchange and frequent communication between field officers to share lessons learnt. In some sites, there appeared to be disconnect in discussions of resilience building at national level with an emergency response focus on the ground.
How did the project adapt to changing needs?	At the project level, the transition from emergency response (Phases I and II) to resilience building (Phase III and IV) is a clear response to changing needs. Some NGOs (including Oxfam) have been active in influencing for resilience-building activities and this has converged with the shift in donor community and Kenya government. At the outset, many of these areas were characterised by recovery from the 2011 drought and insecurity. As these problems have been addressed gradually, the needs and priorities of these communities have evolved and the project was able to address these (e.g. water supply, animal health). The Consortium structure and various technical skills partners enable response to priority needs identified by communities through their CDMPs. According to two field officers, monitoring activities have found that some CDMCs were not making sufficient progress and focussing on working closely with the most active CDMCs have helped in efficient operations. The emergency envelope is an important component giving financial flexibility to the partners to address emergencies rapidly. This has been recognised by government institutions and communities who have been mostly positive about partners' response to shocks.

	At the community level, there are obvious livelihood changes within the ASAL communities from relying principally on pastoralism to adopting a mix of pastoralism with agriculture and cash economy. In response, Phase III community grants have supported crop cultivation and small businesses (e.g. trading) in some locations.
To what extent did the consortium factor the recommendations from ECHO's field visits and feedback on progress reports provided by the ECHO?	Interview with ECHO confirmed that the donor had made field visits e.g. to all partner areas in 2014. They confirmed that intermediate and final reporting for each project was submitted by the Consortium and they were happy with progress.

Of the 12 sites visited, most of the WASH infrastructure mentioned in the activity and Secretariat field visit reports were visible and in good working order, in use by the target communities. In some sites, we noted that this was not the case e.g.in Ballah, Marsabit County, the solar-powered water pump described in the Phase III final report is no longer in operation as the solar panels have been stolen. The implementation of courses and training has also being verified where possible in the sites visited through focus group discussions.

The total budget for this project was 10.2 million Euros of which 7.2 Million Euros were allocated to Phase III only[24]. As shown in Table 6, there were no significant variations between proposed and actual budgets and therefore this did not have any adverse effect on the attainment of the objectives.

Budget

Oxfam GB receives funds from ECHO then disburses to partners immediately. In Phase III, budgets were more activity led than previously and more or less expensive depending on the technical focus of partners e.g. Oxfam undertakes the WASH activities, which are expensive relative to others, and also hold the emergency envelope funds. Memoranda of understanding are specific to partners and signed with Oxfam, who hold the right to oversight and risk of disbursing the budget.

Table 6: Analysis of budget and expenditure for ECHO La Nina in Phase III[25]

Financial overview of the action	Budget for Phase III (in euros)	NCE Budget (in euros)	Spend	Spend %
Staff Costs	2,731,428	2,883,682	3,026,966	105%
Equipment (laptop/computer)	70,144	37,178	37,322	100%
Equipment depreciation	21,084	24,006	22,802	95%
Running costs (office, vehicle, communication)	977,821	973,297	1,070,306	110%

[24] Figures for Phase IV were not seen by the evaluation team

[25] Source: Consortium Secretariat

Result 1 Activities	623,717	546,929	458,247	84%
Result 2 Activities	1,654,262	1,856,866	1,592,693	86%
Result 3 Activities	585,016	378,779	468,474	124%
Other Costs	65,500	28,234	39,819	141%
Subtotal Direct Eligible Cost	6,728,972	6,728,972	6,716,630	100%
Indirect Cost 7%	471,028	471,028	470,164	
Total	**7,200,000**	**7,200,000**	**7,186,794**	

Information provided by the Secretariat indicated that there were some delays in fund transfers from ECHO. In Phase III, the project started on 1 July but there was a delay in transfer of funds from the donor. The grant agreement was signed with ECHO on 21 December 2012 and funds were transferred from ECHO to Oxfam in January 2013. To avoid further delays in the implementation of the activities, Oxfam pre-financed three partners in August 2012 who could not start activities without liquidity. These were VSF-Suisse (60,641 Euros), VSF-Belgium (30,000 Euros) and VSF-Germany (45,000 Euros). Concern, Oxfam and ACTED initiated their activities using their own funds. In Phase IV, the project started in January 2014 despite a delay in funds transfer from the donor, which was received in May 2015.

There was no additional funding in cash and in kind for project implementation. The project leveraged for additional resources through the CDMCs who fundraised up to 3 million Kenya shillings from other stakeholders to implement activities in their CDMPs. In terms of fundraising, the Consortium identified potential sources of funding and submitted proposals that were unsuccessful.

5.3 Project effectiveness

5.3.1 To what extent were the planned outputs achieved? Were there any unintended impact or outcomes?

Water supply and sanitation has been a key concern for all of the communities visited in the evaluation. A range of interventions have been implemented, including solar-powered pump boreholes latrines, water piping systems and roof water-harvesting systems. The technical expertise of Oxfam has been important here and partners reported the importance of technical sharing in addressing water priorities. These interventions have had various degrees of success. In some cases, the improvements in water supply have clearly been helpful to communities (e.g. Lokore, Turkana, Loosuk, Samburu) and have even enabled them to take further resilience building actions (e.g. horticulture in Nairibi, Marsabit). In other cases, the interventions have not been maintained (e.g. theft of solar panels in Ballah, Marsabit; water piping system breakdown in Sarmach, Pokot) or have been ineffective (e.g. roof water-harvesting in Malabot, Marsabit). In the case of water kiosks, whereby users are charged for water from improved sources, the funds have been used for maintenance, although there have been issues with enforcing payments in some of the sites visited (e.g. Lokore, Turkana). In some cases, project activities have provided a platform for

communities to take further resilience building action (e.g. using water kiosk payments to build classrooms in Nairibi, Marsabit).

It was clear from site visits that communities in the ASALs value their livestock and these provide the foundation of livelihoods. Animal health is therefore a priority and VSF-Germany and Concern have designed interventions to address this, including Participatory Disease Surveillance (PDS). Also, Concern are working on development of a Livestock Surge Model. Over the past decade, there have been recurring animal disease outbreaks such as Peste des petits ruminants (PPR). The project as facilitated PDS by working in close partnership with the department of veterinary services and livestock. Interviews with the Veterinary Officers from Samburu, Mandera and Marsabit revealed that the PDS is a notable initiative that has helped local communities to control livestock diseases in the project areas. Community disease reporters in Samburu and Marsabit also confirmed instances where they have been able to help their communities in preventing common animal diseases because they have been trained. Community disease reporters and veterinary officers said they faced a number of challenges of implementing PDS including limited payment or logistical support and lack of use of the generated data (in Samburu and Mandera).

In addition, the Consortium has also supported several activities that promote food security and income generation. Communities have prioritised village savings/ microfinance schemes in two of the 12 sites visited (Kobuin, Turkana and El Mollo, Marsabit). Women's groups have been key to the implementation of these schemes and income-generating activities funded have included running a butchery, selling clothes and curios, selling charcoal, livestock/fish trading, opening shops and buying equipment (e.g. fishing nets). In two additional cases (Kirimon, Samburu and Nairibi, Marsabit), communities have attempted to improve household food security through crop cultivation, a new activity for these households. For example in Kirimon, where drought is chronic and food is often scarce, 50 households were supported to cultivate land. With cash worth USD 7,000 disbursed to Kirimon CDMC and after successful outcomes other households which were not supported by the project also began to do farming after realising that this activity has the potential to improve household food security. In Nairibi, Marsabit, the community have harnessed opportunities provided by the Consortium as well as other organisations including Adeso and USAID to diversify livelihoods into cultivation.

In North Horr, La Nina Consortium has been supporting local institutions in conflict resolution both before and during the lifetime of the Consortium. Through the Consortium, VSF-Germany has supported the Sub-county Commissioner with bringing together groups in dispute by organising and providing resources for meetings. According to the District Commissioner's office and community representatives in Marsabit, this assistance has been vital in conflict resolution processes.

Table 7: Evaluating the project's effectiveness in achieving planned outcomes

Activity/output	Remarks[26]
Monitoring of community projects funded in Phase III	Monitoring of the community based projects was conducted systematically through periodic field visits by the Consortium MEAL Officer and on some

[26] Based on key informant interviews

	occasions the Consortium Lead and TSU Manager to document progress and lessons learnt. The donor (ECHO) has also made field visits.
Review of CDMPs, Capacity Building of CDMCs, Capacity building of CDMCs on Early Warning and Conflict Mitigation.	103 CDMPs out of 111 were reviewed during the entire project timeframe. More CDMP reviews are planned for Phase V.
Strengthening of community participation in County/Sub County decision-making, planning and budgeting process	Members of the CDMCs have been trained on governance in the context of the new Kenya Constitution and in particular on how to seek audience with the country and sub-county governments in planning and budgeting. CDMC members are community representatives who make attempts to mediate with county government and relevant county stakeholders on community needs.
Support on early warning systems. Collection of Early Warning information through PDS and water monitoring	The project has supported the development of the 'flag' system as a strategy of warning communities of disasters and risk in Baringo county. It has also assisted veterinary department in carrying out PDS on a regular basis in some areas. It has also supported training of the community disease reporters to help with systematic monitoring of animal diseases within the villages. Emergency Market and Mapping Analysis (EMMA) has been carried out for strategic water points in Isiolo, Wajir, Garissa and Turkana (e.g. boreholes).
Dissemination of early warning information to communities	Mostly done through local barazas and CDMCS. The Drought Bulletin can only be accessed by elites such as GOs and NGOs. There is an issue about the level of confidence in such information. More avenues need to be opened to reach out to the wider communities
Assessment capacity and mapping of other resilience initiatives.	A questionnaire was administrated in all the counties to gather this information. The practical use of outcomes from this exercise is unknown.
Roll out of the surge capacity model and expand it to another County	This has been replicated in Wajir by Save the Children and Islamic Relief and in Samburu by the World Vision and IMC and in Baringo by World Vision (according to the quarterly report on the surge model).
Feasibility study on adaptation of the nutrition surge model to animal health/production model in the ASALs.	A study on IMAM surge capacity model conducted a quarterly report covering the nutrition survey in Moyale. Concern has also developed a conceptual framework for a surge model adapted to livestock production. Workshops were organised with participants from Ministry of Agriculture, Livestock and Fisheries. This activity will be further developed during Phase V.
Identification of priorities on policy reform informed by project implementation. .	Successful use of advocacy strategies through engagement with key players to reform policies that are related to:

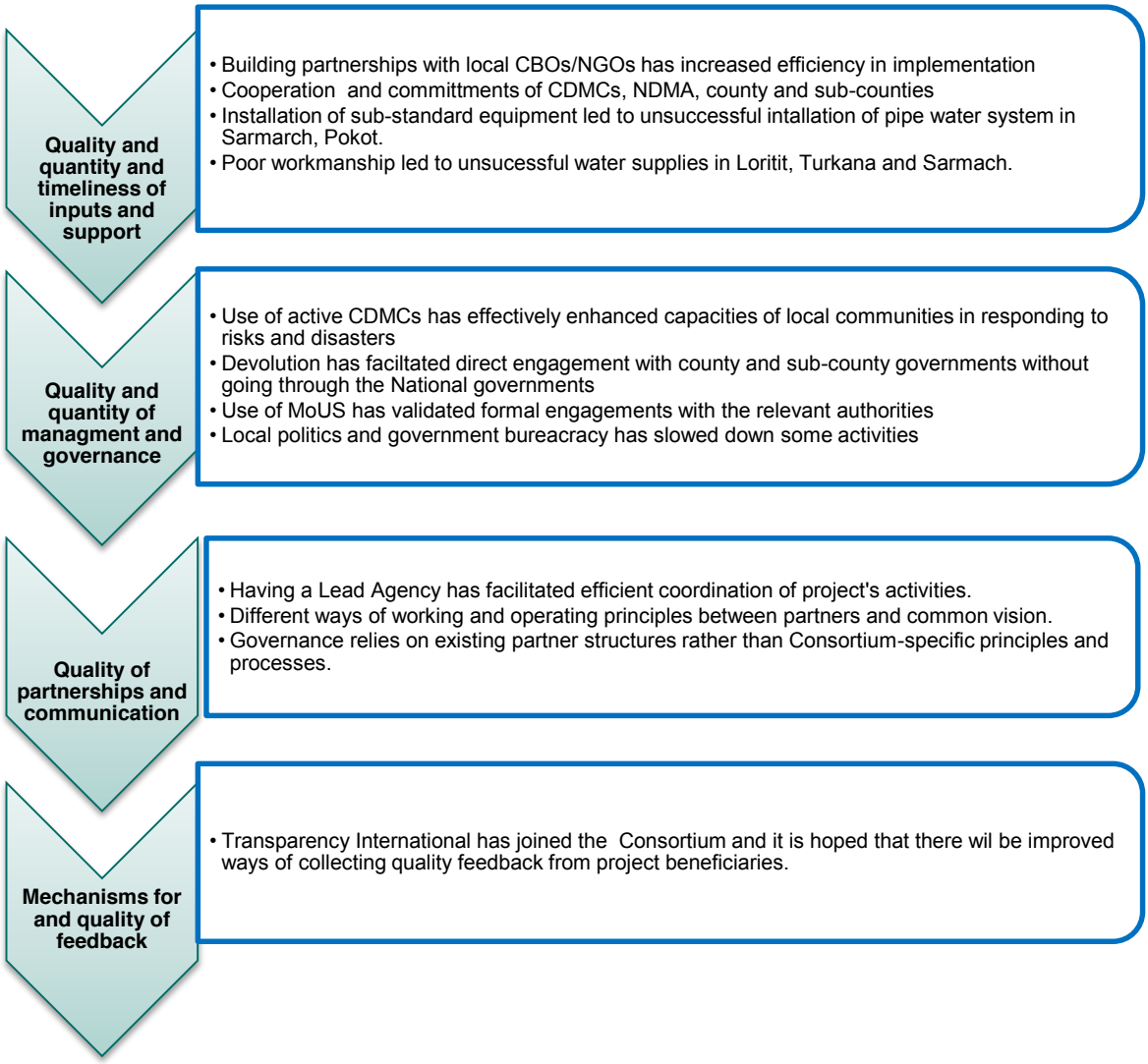
	Veterinary (the Vet Act) Drought management (contingency plans) Water security (Water storage)
Respond to emergencies that happen in consortium areas of operation	Several emergency projects successfully implemented in different counties. While emergency responses were successfully implemented, we have not been able to verify that these have reached the ambitious target set out by the project.
Coordination with the NDMA at County Level for emergency response and revision of the Rapid Assessment Team in a more light and specific instrument to provide support in more technical assessments.	Successful facilitation of capacity building activities with NDMA to help communities and county structures to plan, prepare and withstand shocks and stresses Enhanced consortium partner's capacity to coordinate and initiate early response to localized humanitarian crises

5.3.2 What were the major factors influencing the achievement or non-achievement of the outputs and outcomes? Were there external factors outside the project implementers' control that affected the achievement or non-achievement of results?

The coincidence of the Consortium's activities with devolution has supported the achievement of outputs and outcomes of the programme. Moreover the establishment of county governments has contributed to the political legitimacy of the Consortium's approach at the local level. These new governance institutions, as well as the NDMA, have facilitated capacity building in disaster risk management. During key informant interviews, it was apparent that members of the CDMCs have been trained on various aspects of disaster risk management by the NDMA. Training has ranged from formulation of by-laws, book- keeping, proposal writing etc. Some of the committee members have been able to write proposals and have approached their county government and other sources for funding.

Changes in livelihood dynamics due to diversification have influenced the projects positively whereby many households are diversifying their sources of income. This is because they no longer just rely on livestock but also crop production and the cash economy (e.g. trading) and service industries (e.g. providing transport via motorbikes).

Figure 4: Key factors influencing the achievement or non-achievement of the planned and unplanned outputs and outcomes



One of the strengths of the La Nina Consortium is putting in place governance structures that help in facilitating community participation as well as implementing the various activities. In particular, the project has facilitated the activation and establishment of Community Disaster Management Committees (CDMCs) in different counties to undertake the implementation of the project's activities. The CMDC's principal role is to reach out to the community at the grassroots levels and have been used as the main points of interventions. These committees are the main points of entry into the community and are expected to strengthen local capacities so that they can respond to risks and disasters as well as emergencies.

5.4 Sustainability and impact

5.4.1 To what extent have the benefits of the action continued or are expected to continue?

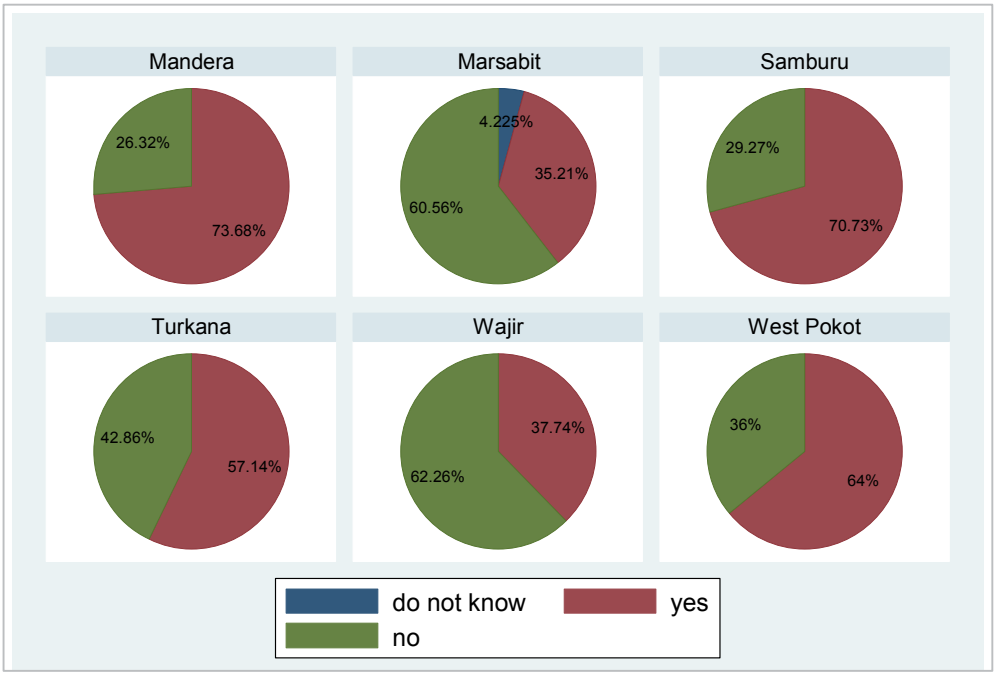
ECHO have funded the La Nina Consortium for a further Phase V. This Phase sees inclusion of a new partner, Transparency International Kenya to lead on accountability and citizen engagement.

Through Phases I to IV, the Consortium has been funded solely through ECHO and the level of funding has declined. In this sense, the dependence on one donor does not ensure the sustainability of Consortium activities in the longer term.

In some instances, the sustainability of activities looks uncertain. Notably, the use of Consortium partner vehicles to carry out response to community PDS reporting will not be sustainable in the long term if county governments do not take responsibility for these actions. The utility of water tanks installations for rain-water harvesting is challenged by lack of rainfall over three years in one site visited (Malabot, Marsabit). Plans for county government to fill these tanks in times of drought will not be effective unless arrangements can be made for this to happen on a regular and sustained basis. The IMAM nutrition surge model has proven to be effective in managing shocks in Marsabit, but Ministry of Health officials there recognise that without sustained government funding the benefits of this action will not continue.

Survey respondents were asked about the extent to which they participated in planning processes. Half of the households that did report participation in county planning consultation. It is important to note that those who did report participating in meetings were not attending these regularly (only 30% of the 239 respondents). The reasons cited included not being invited, being otherwise occupied or lack of access as a reason preventing their attendance. Of these 239 respondents, 20.49% cited that they or one of their household were CDMC members. Of these, 72% said they participated in the county planning consultation. This reflects the effort made by the Consortium to ensure CDMC representatives attend.

Figure 5: Share of the households participating in public consultation on county planning[27]



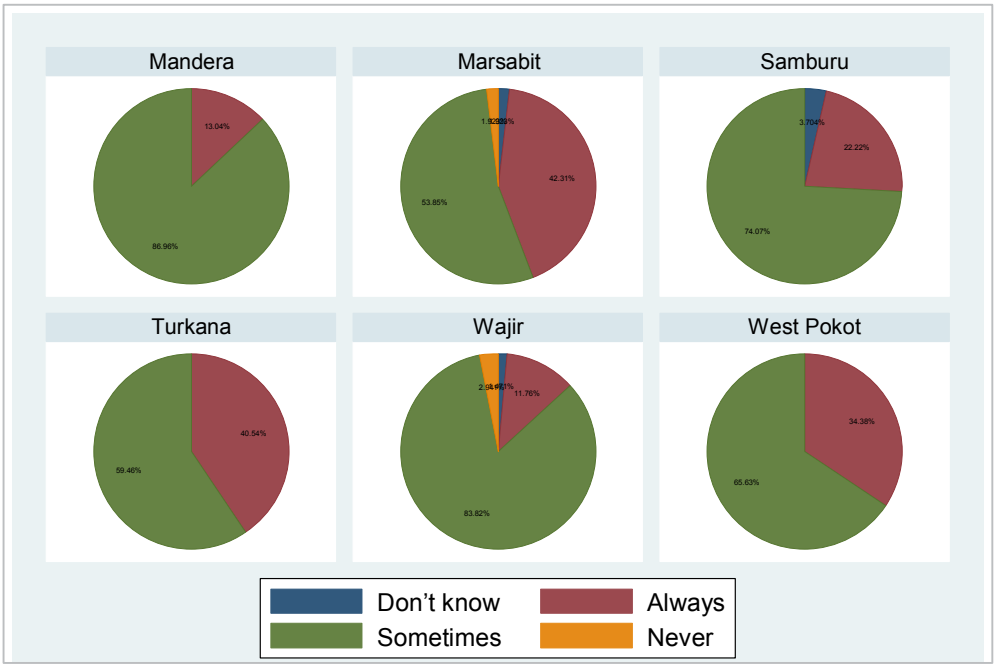
From the site visits, it appears that the cohesiveness of communities and strength of leadership are critical to the sustainability of interventions. In communities where this was observed (e.g. El Mollo and Nairibi), beneficiaries seemed more able to implement effective activities and find ways to capitalise on them in terms of additional resilience-building activities. In communities where natural resources were not managed communally (e.g. Ballah) or where people from other areas or within the community were able to take advantage of interventions (e.g. not paying for access to water kiosks), the interventions were less effective and less sustainable.

We are using the information on CDMC and planning participation obtained through the survey as proxy for the relative sustainability of these initiatives.

In our sample only 20% of the households interviewed had been represented at a CDMC meeting. Among those people knowing about the CDMC in their area, the majority were not always participating, only sometimes. Marsabit is the county where participation appears most regular.

[27] Note that Mandera and West Pokot should be viewed with caution due to the low response rate (below 30 people).

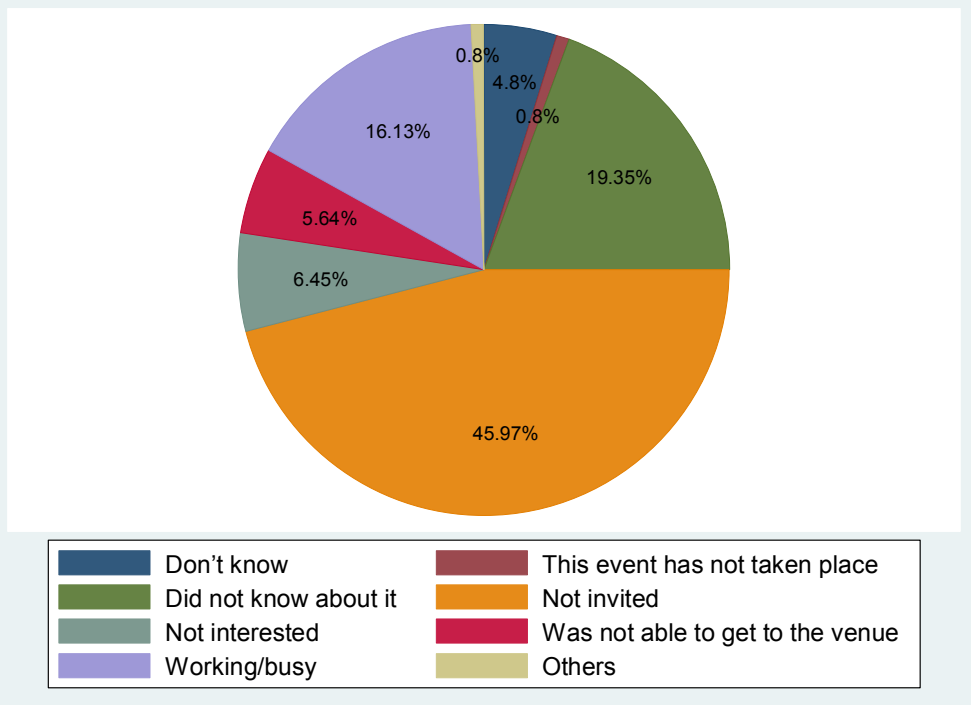
Figure 6: Regularity of participation to CDMCs[28]



In order to analyse deeper the factors that can support the sustainability of the CDMCs people were asked what prevented their participation to the CDMC meeting. It seems that the majority did not feel they were invited. Better visibility of CDMCs would improve direct engagement with their activities. About 35% of the households mentioned that they either had to work during CDMC meetings or they were not aware of it. The relative majority (45.8%) said they were not invited to the CDMC meeting. Interestingly the majority of respondents who said that they were not invited for CDMC meetings were women (70%) and most were household heads (66.7%). The fact that some respondents (16%) mentioned they were at work or busy during the CDMCs meetings reinforces the findings of the section above in terms of time investment to attend meetings. Theoretically, the financial benefits of attending CDMC meetings should be greater than opportunity costs for an individual, otherwise this can comprise sustainability of CDMC's activities.

[28] Note: Mandera and Samburu results should be considered with caution as the sample of respondents to these questions is below 30.

Figure 7: What prevent the household's members to not participate to the CDMC meeting?[29]



The premise of CMDRR is to build the capacity of communities to participate in decision-making. Some CDMCs in the sites visited have demonstrated strengthened capacity in terms of asserting their priorities with agencies because of the trainings received and support provided by partners. Others have been less successful for various reasons including local politics, context, vulnerability levels and level of education or capacity to understand training courses and translate these into action. Several key informants cited the lack of education of CDMC members as a barrier to uptake of training, which suggests the training was not appropriately designed for the intended audience. At a higher level, the project continues to build capacities of the county government through training and support to staff and elected officials.

The value and effectiveness of newly established institutions as a means of building capacity is questionable. Setting up an institution involves high transaction costs, especially for poor communities where time spent on subsistence and income generation is valuable. Often, new institutions overlay or duplicate existing formal or informal institutions and norms. If the end result is to produce a representative CDMP, the use of existing mechanisms for participation should be considered. However, in the case of CDMCs, key informants reported that existing mechanisms could not be used as they did not have the required composition e.g. women, men, disabled people, youth, elderly.

[29] Note: Information cannot be spread by NGOs and counties regarding the low response rate to these questions (124 respondents).

5.4.2 To what extent were the emergency envelope projects linked to the existing long term project goals?

To ensure effective implementation of the emergency envelope, there are guidelines that are used by the Consortium to ensure harmonisation and alignment of activities across the four implementing partners. According to some project partners, the emergency envelope mobilises quickly but the determination of thresholds has been unclear, and these funds could have been employed more strategically. According to the Consortium Secretariat, there were also some cases where proposals have been challenged by the secretariat for the lack of strategy and guidance provided for improved strategic programming. As such, thresholds have been determined on a case by case basis, depending on the technical area and scrutiny of technical leads of proposed action. Also, the Secretariat explained that Consortium level minimum standards have been established e.g. 50% of the food basket for voucher or cash transfer.

Local partners (i.e. Pastoralist Integrated Support Programme - PISP), communities and NDMA officials interviewed for this evaluation reported that the contingency provided by the emergency envelope helped to have the means to take action on time which is not often the case in times of drought and conflict, due to inefficiencies in county structures. While county governments currently set aside approximately 2% of budgets for contingency funds, in some cases they see NGO humanitarian assistance as vital. Ideally, government agencies are responsible for managing and coordinating relief and emergency response with support from NGOs.

In the survey, households were asked about the kind of support they received after the 2011 drought. While we cannot attribute the support provided by the Consortium, we can draw some conclusions about emergency assistance from the kind of support.

People had the option to choose 1-3 types of support received. On average people mention 2 kinds of support (661 respondents), in total 1,410 instances of support are mentioned. We group these by category: 52% are related to emergency support (cash transfer or food rations); 24% were related to other support provided by the Consortium (training, animal health support and WASH). The other types of support mentioned are remittances, destocking or not explicitly defined.

The following table explicitly shows that the Consortium and partners are more often recognised as providers of emergency support (38%). Phases I and II of the Consortium were oriented more towards emergency response, which may explain this result. Households may have a better memory of emergency supports that are more clearly linked to major events. In terms of Phases III and IV, the resilience-building activities implemented have not gained as much recognition in a longer duration of time.

Table 8: Providers of Emergency support

EMERGENCY SUPPORT	Freq.	Pct.	Cum.
ECHO La Nina Consortium partner	282	38.32%	38.32%
Other NGO	235	31.93%	70.24%
Government	191	25.95%	96.20%
Faith-based organisations	24	3.26%	99.46%

Other	4	0.54%	100%
Don't know	1	0.14%	100%
Total	736		

Table 9: Providers of Others types of support[30]

OTHER SUPPORT	Freq.	Pct.	Cum.
ECHO La Nina Consortium partner	44	12.75%	12.75%
Other NGO	110	31.88%	44.64%
Government	152	44.06%	88.70%
Faith-based organisations	30	8.70%	97.39%
Other	9	2.61%	100 %
Don't know	1	0.29%	100 %
Total	345		

88% of the respondents that have received emergency support as direct beneficiaries are completely (55%) or partly satisfied (33%) with it. Only 10% are not satisfied at all. These results are similar for the other kinds of support (90% satisfaction rate). In general, where the La Nina Consortium is mentioned as the support provider (for emergency and non-emergency support), the satisfaction rate is around 80%. On average 8% of people said that they are not satisfied with the Consortium's support. There is a tendency for people to report satisfaction with project activities, particularly if they have been direct beneficiaries of it, as it the case here. The satisfaction of households that have benefited from support is statistically different across regions and partners (99% level of confidence using Pearson Chi^2 test)[31]. However, these results should be treated with caution as they can be influenced by several aspects that which we are unable to control. For example, shocks may affect people disproportionately, where impacts may be critical in some areas than others.

5.4.3 Is there an appropriate exit/handover strategy? If so, has the strategy been actioned? To what extent?

There are different views within the Consortium regarding exit strategies. For several key informants, the exit strategy is not clear and organisational strategies differ on this. Interview with ECHO confirmed that there is no well-defined exit strategy beyond the Consortium seeking other sources of funding to keep activities going. There is evidence that this kind of difference in strategy is leading to tensions as some partners seek funds as a Consortium for smaller scale or overlapping interventions. For these ideological reasons, some key informants expressed doubts over continued membership of the Consortium. Given the long term impact sought

[30] This includes training, animal health support and WASH only

[31] Mandera, Samburu, West Pokot and Concern areas did not provide a response rate sufficient to perform the differences test

by the Consortium, the absence of a common and clear exit strategy can be understood. However, it is recommended that this be addressed by partners during Phase V.

The backdrop to this issue is the devolution of service delivery to county level. As one informant put it, "there is a new player in town and we have to engage with them". One county government official in Turkana articulated the difficulty in partners reducing assistance provision in ASAL counties. Communities and some parts of government perceive Oxfam as 'taking a back seat' when they are still needed. Community expectations need to be managed carefully.

5.4.4 To what extent has the action strengthened capabilities of community members?

The challenge of our quantitative survey has been to find relevant questions that can assess change in disaster management attributed by La Nina at the household level. Almost all of the households across the counties have been affected by the drought in 2011. We refer to the memory of the household to ask them if they feel better able to face such shocks today. This question has several limitations: it relies on memory and a person's own perceptions. Nonetheless the response to the questions should give a relatively good proxy of the change in resilience of the people interviewed. This assessment of resilience does not provide any attribution to the programme, but gives an indication of the impact on resilience.

On the overall sample more than half of the respondents (52%) said that they feel better able to cope should a drought such as the one in 2011 occur today (see Figure below). We consider this result as a proxy for resilience level as it refers to a past event that happened just before Consortium activities were implemented. The results are significantly different by county and by implementing partner.

The results are significantly different by county. More than half of the respondents considered they feel better able to cope in Samburu (69%), Turkana (51%) and Wajir (92%), regions where the results are significantly different from the average of the sample.

In the other regions less than half of the respondents feel they are not better able to cope with a drought like that if it occurred today. The highest ratios are for Marsabit (49%) and Mandera (46%). External factors such as conflict, county governance, social networks etc. can influence the ability of people to cope. It is not possible to attribute causality of this results with the overall La Nina Consortium, nonetheless, some causalities that can be identified by activities are identified in the report (see Table 2 in the main report).

These results show increased ability to cope with drought (as a proxy for resilience) at the household level in intervened areas. However, it is not possible to attribute this change in resilience to the Consortium activities especially when considering factors such as the presence of other development projects/programmes, devolution and other shocks.

Figure 8: Level of confidence to cope to a drought today

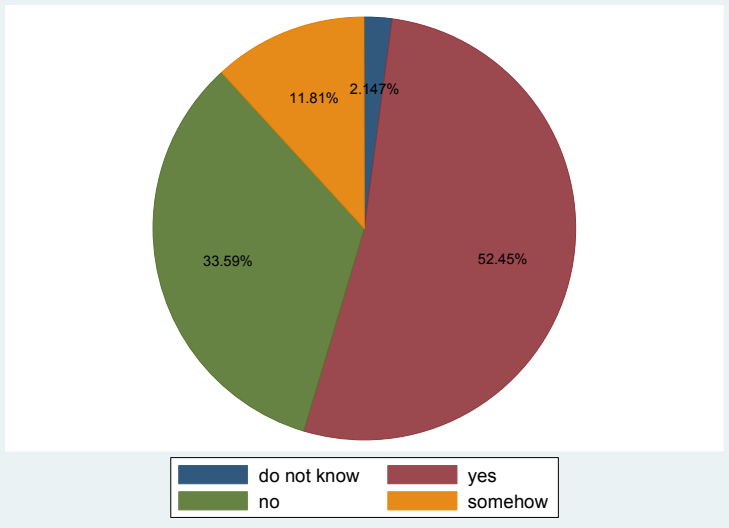
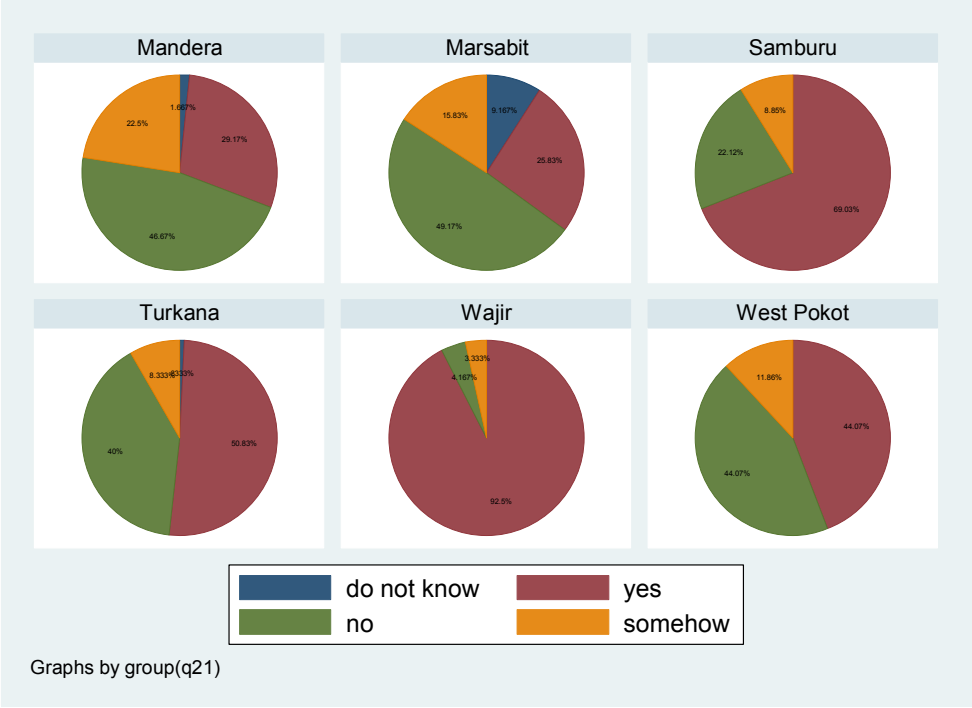
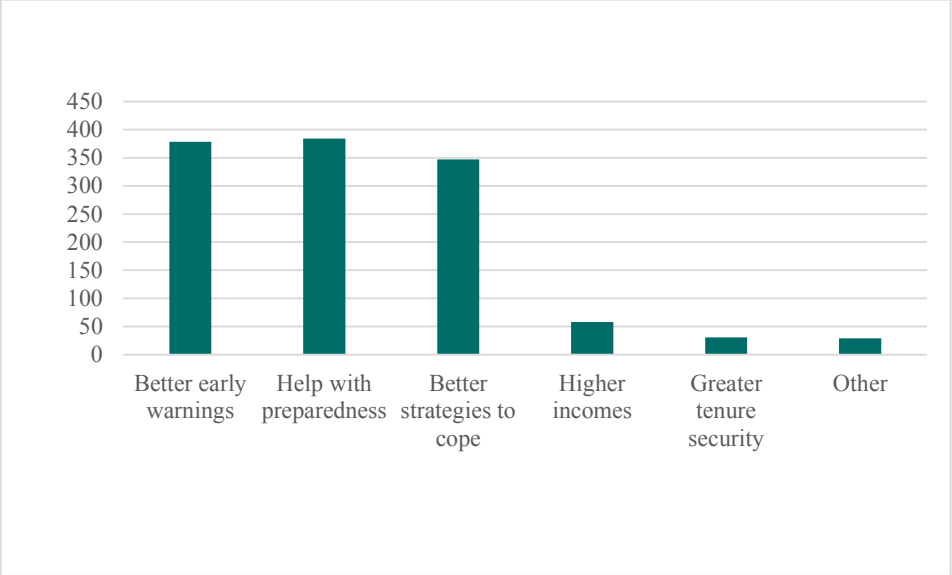


Figure 9: Level of confidence to cope with a drought today by county



People have been asked to define the improvements in the areas that help them to better cope with drought (conditional on responding positively to the first question). On average people have mention 1.8 improvements, thus 1,227 instances of improvement have been mentioned. Figure 10 presents the improvements mentioned in the overall sample. The capacity to anticipate shocks is clearly the areas where the improvements are most noticed, with 60% of responses linked to early warning system and preparedness.

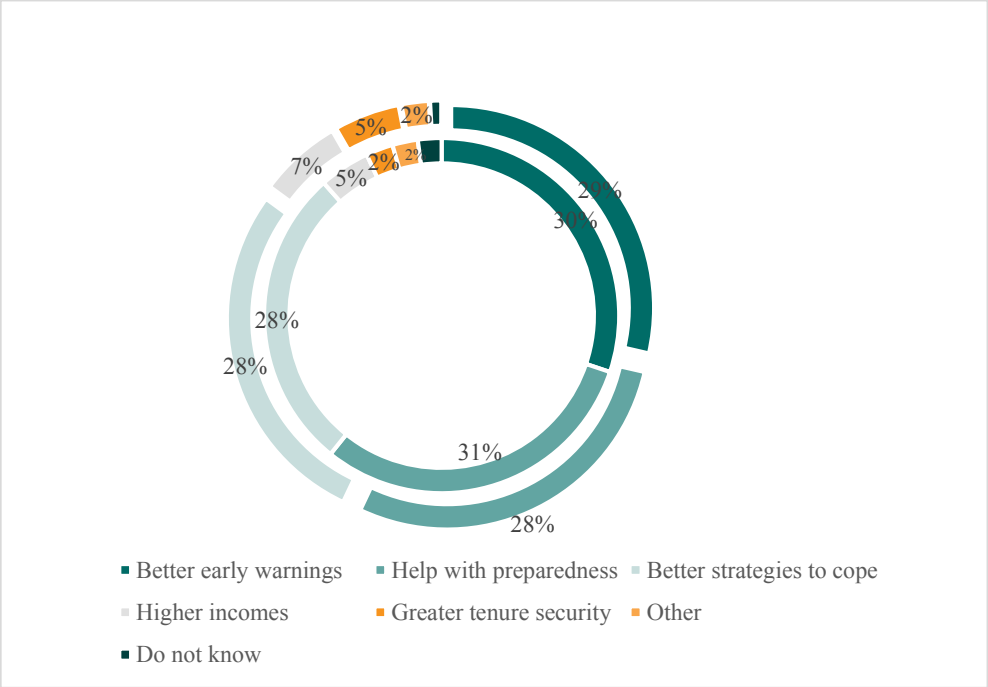
Figure 10: Improvements helping to better cope to drought



This distribution is similar across regions (especially for the 3 most-cited options). We note that in Turkana and Marsabit 'greater tenure security' is statistically more cited than in other areas but the frequency of this options remain low (around 5% maximum).

On further improvements that could be made, households mentioned in general more options (more than 2, 1,253 instances). In general, the options are mentioned in the same proportion and there is no statistical difference by option. This is a recognition that changes made are going in the right direction but are not sufficient. The two differences we can notice are in higher income (more cited as a need than an existing improvement). These results could be used to work more on improving income as a component of resilience building (i.e. less emergency investments). We can also note that help with preparedness is more cited as an improvement made than a need. Regarding the high proportion of responses here we cannot consider there is no need for this to be improved, but the improvement already made have helped some household to feel more confident. An alternative interpretation could be that what has been done for preparedness has not been effective so people do not ask for it to be continued. Finally, people can be biased towards what they have already experienced.

Figure 11: Improvements made since 2011 to cope to drought and needs[32]



Note: Internal circle represents the distribution of the improvements made since 2011 and the external one the improvement to made.

We explore the level of satisfaction attributed to Consortium activities (since 2011) in helping to manage drought risk. The results cannot be attributed to Phases III and IV specifically, rather encompasses all Phases. More than 70% of respondents are satisfied with La Nina Consortium activities.

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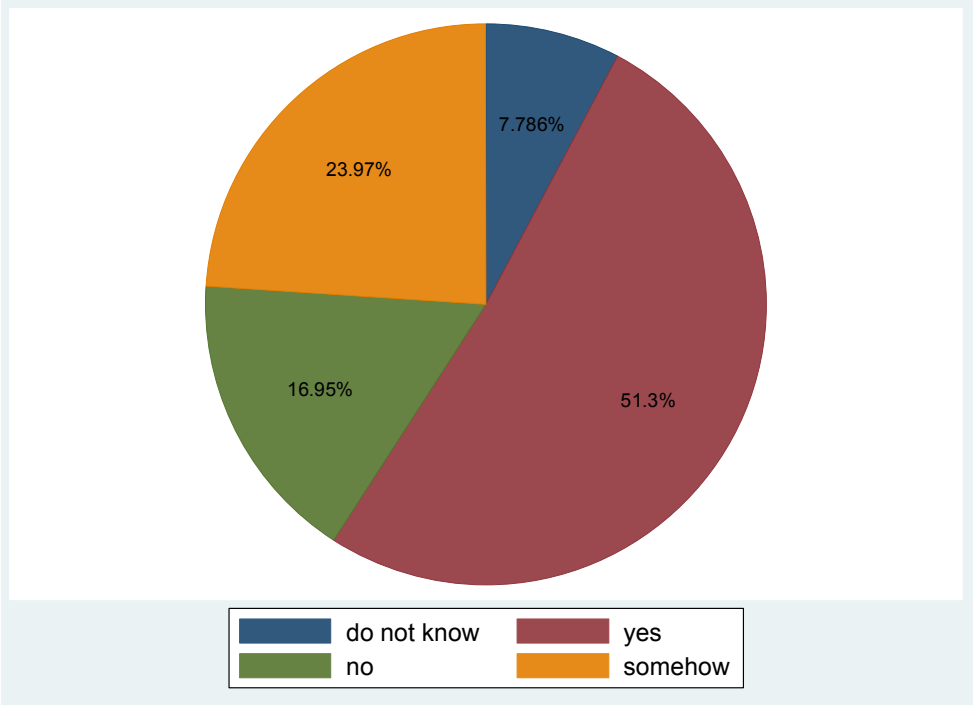
Figure 12: Satisfaction with the work of the La Nina Consortium in helping to manage drought



Grouping the satisfied responses in one category, we tested the differences by county and found a significant difference. In general, the majority of people responding are satisfied with the Consortium activities ('Yes' or 'Somehow') but the share varied from 60 to 99% depending on the county.

Table 10: Test on differences in satisfaction with La Nina Consortium by county[33,34]

	Yes or Somehow	No	Total
Mandera	66	44	110
	60	*40*	*100*
Marsabit	75	24	99
	75.76	*24.24*	*100*
Samburu	85	19	104

[33] Note: First line of each observation represents the frequency in responses, the second in italic correspond to the percentage. We perform a Chi2 Test of Pearson testing the differences of distribution between counties.

[34] Note: Table 10 excludes the 'do not know' responses for the chi-squared test. Thus, 51 observations have been excluded, leading to a restriction of the reference sample from 655 to 604. This explains the difference between figures presented in Figure 2 and Table 10.

	81.73	*18.27*	*100*
Turkana	105	10	115
	91.3	*8.7*	*100*
Wajir	119	1	120
	99.17	*0.83*	*100*
West Pokot	43	13	56
	76.79	*23.21*	*100*
Total	493	111	604
	81.62	*18.38*	*100*
TEST	Pearson chi2(5)	69.2398	Pr = 0.000

5.4.5 To what extent has the action strengthened disaster preparedness capabilities of NDMA and any actors that form parts of the disaster management systems?

The La Nina Consortium has supported some stakeholders in skills development in areas of early warning system, preparedness and response strategies. In particular, the project implementers have worked directly with NDMA officers (e.g. Resilience Officers and County Drought Response Officers) to support them in enhancing their capacities in disaster reduction and response preparedness. Interviews with key informants at the NDMA revealed that key areas of capacity building include carrying out rapid assessments and making contingency plans (e.g. Drought Contingency Plans) as a part of response preparedness strategies. For example, in Baringo ACTED has supported the NDMA in developing an early warning system where computer software is currently being used to identify the most vulnerable sites across the county. Information gathered is analysed and used to create awareness among the local communities about risks and disasters as well a trigger a response strategy.

Other key stakeholders which continue to benefit from capacity building initiatives of the project partners ward administrators, members of county assembly, County, sub-County governments and the CDMCs. The project has facilitated several training sessions for these stakeholders in key areas such as drought and flood management. Support has been given in risk identification, for example through the formulation of County Disaster Management Plans as well County Integrated Development Plans and County Contingency Plans. In Baringo, the project has facilitated the development of community disaster preparedness plans in four administrative areas at the Ward level. In Turkana, Oxfam has assisted with drafting disaster preparedness plans. Key informants also stated that the project has improved knowledge and skills of certain individuals within the community in areas of animal health. In particular, some Community Disease Reporters (CDR) have gained skills in administering livestock vaccines from working more closely with county veterinary officials.

5.4.6 Are there any good practices, successful activities/strategies that can be replicated, scaled up and used to influence practice and policy development?

During the course of the fieldwork and key informant interviews, the evaluation team observed several examples of good practice and scaling up. These include:

The Community Conversations model for community participation implemented by Concern Worldwide. This approach merges standard participatory rural appraisal tools and requires regular communicate with communities they are engaging with, particularly upon entry into new communities. Concern implemented their CMDRR programme after the Community Conversations process was completed, which enabled communities to provide feedback, raise concerns and participate in decision-making processes. In Marsabit, the county government has decided to use Community Conversations as the basis for consultations and this is being proposed for legislation to embed the principle into county law.

IMAM Nutrition surge model. It was reported to the evaluation team that UNICEF has now adopted the nutrition surge model developed by Concern for their funded programmes in Northern Kenya. World Vision, Save the Children, Islamic Relief and IMC have also implemented this model in their work in Northern Kenya.

CDMCs. Some of the CDMCs have stood on their own and scaled up beyond the Consortium activities. For example in Marsabit, 29 out of 42 CDMCs have sought funding from elsewhere since their inception. In Marsabit, CDMCs from 11 wards have participated in plans for the budget for 2015/16. However, no funding decisions have been made on these by national government, as present so not sure how many will be carried forward.

From the results of the survey, these successes do not appear to be recognised in the responses of the participants, some of whom say they do not feel better prepared for a drought like 2011. This indicates the difficulties associated with targeting large populations over large geographical areas and the contribution of Consortium activities to widespread resilience outcomes.

5.5 Monitoring and reporting

5.5.1 What project monitoring activities were done in the project?

At Consortium level, M&E is undertaken internally and constitutes site visits and reporting on output indicators. The MEAL Officer has core responsibility to monitor partners' activities and travels monthly to assess activities in the field based on activity plans, partner needs and issues raised in monthly reports and PMU / TSU meetings. The visits are also to ensure technical recommendations made by the TSU and previous visits are being implemented. The MEAL Officer also facilitates mid-term and end of project reviews and peer reviews for items distributed during emergency interventions.

In Phase III, a peer review was conducted whereby partner teams were sent to other partners' areas. This was found to be an important mechanism for learning, but was also costly and time-consuming as an exercise, which will be a barrier to repeat peer reviews.

The MEAL officers situated within the Secretariat and also in Oxfam (as Consortium lead) have worked with each partner to identify indicators and what success looks like from technical leads in collaboration with these central M&E leads. There have been differing views within the Consortium as to the suitability of having a central M&E lead. One argument made for having one is that less M&E capacity is required at partner level, indeed not all partners have had M&E department throughout the

lifetime of the Consortium, although most partners do now have M&E staff that can contribute to Consortium monitoring. Another is to ensure M&E is coordinated and activities harmonised.

5.5.2 How was information shared amongst consortium members (particularly lessons learnt)?

At Consortium level, information sharing appears to be more coordinated compared to the field level. Information is shared at PMU / TSU meetings and documentation saved by the Secretariat on an Oxfam GB information system. Partners are responsible for information management and systems in their respective organisations.

Although the organisational structure of the Consortium is appropriate to allow for information sharing, there are differing reports on the effectiveness of communication lines from Consortium members. For example, at field level, some staff felt that information does not always effectively cascade down from Consortium level to them and that this limits opportunity for feedback. The Consortium sends information to focal points identified for PMU and TSU. But as one local partner described, as the consortium is implemented following similar structures in all counties, there should be opportunities to learn from each other's experiences as local partners. According to this key informant, there is no effective mechanism for co-learning and information sharing. To address the needs of all partners, new information sharing measures could be tested e.g. mailing lists, regular newsletters, shared information platform etc. While annual meetings were useful, these are rare opportunities exchange, course correction or learning. The current mechanism in place is that partners are responsible for dissemination of information and learning from PMU / TSU level, though the efficiency of this varies between organisations.

One effort to address this has been for the Secretariat to foster a culture of exchange visits with project staff. For example, VSF-Germany staff from Turkana has held trainings in Mandera. Key informants throughout the site visits judged these as successful. In Phase III, a national stakeholder forum on animal health was held but in Phase IV it was decided that county level stakeholder fora would be more cost effective and shift the focus to county needs and priorities.

5.5.3 Are there reports that were produced and how did the consortium work in producing reports?

The evaluation team confirmed that each partner compiles a monthly report (e.g. progress, monitoring, financial etc.) and submits to the Secretariat. An interim report and final report are sent to the donor for each funding agreement. Field reports are an important aspect of monitoring the progress of activities and are often shared with partners.

5.6 Consortium coordination

5.6.1 Is the consortiums' structure and governance appropriate to its strategy? Has it been governed and managed effectively and efficiently so far?

All Consortium actions are taken through an organised structure, which comprises of the Board, the Project Management Unit (PMU) and the Technical Support Unit (TSU). The La Nina Consortium is led by Oxfam GB. The country directors of each Consortium partner sit on the Board, meet periodically and provide strategic oversight. The Consortium Secretariat comprises 3 full-time staff that sits within Oxfam GB's office in Nairobi. These include the Consortium Lead, the Technical Support Unit Manager and the Consortium Monitoring, Evaluation, Accountability and Learning (MEAL) Officer (who is funded 80% by the Consortium and 20% by Oxfam GB).

There are some differences of opinion within the Consortium partners as to the role of the Secretariat. One partner perceived a conflict of interest between the Consortium Secretariat and Oxfam GB as lead of the Consortium and host organisation. Another partner does not share this view and finds that the Consortium Secretariat is very much owned by the partners. As such, efforts have been made on the part of the Secretariat to distance themselves and demonstrate independence of Oxfam GB. For example, the emergency envelope applications are approved equally across the partners and Oxfam is represented by their project officers in Turkana and Wajir in coordination meetings in the field. In Nairobi at coordination level, Oxfam is represented by the ASAL coordinator and ASAL officer. This, coupled with reported limited information sharing in some cases, has led to a reported lack of sense of ownership on the part of one partner, whereas others have not experienced this.

The Board are responsible for strategic decisions, but have been meeting irregularly, although it has been agreed by the majority of Board members that quarterly meetings are sufficient. While there are established ways of working, reporting lines back to the Board are viewed as inadequate by some members of the Consortium.

Day-to-day decision-making appears to sit with the PMU and perhaps to a greater extent with the TSU. It is not clear to the evaluators where the division lies between these two bodies. Technical expertise is sought and shared on an ad hoc basis and recommendations made at these meetings are fed back to PMU for decision making. It is not always possible for field staff to engage in the TSU as this can be process heavy in terms of coordinating travel of personnel to Nairobi frequently for several days, sometimes at short notice. In these cases, field staff are represented by partner staff based in Nairobi, which can cause a degree of disconnect with those on the ground according to one Nairobi-based staff member, despite the process whereby the TSU calendar is shared with partners for planning purposes and in the event field staff cannot make the meetings, their Nairobi counterpart attends such meetings and follow ups are done with field teams. Alternative methods for improved field staff inclusion could be tested e.g. rotating meetings between field locations.

There was some observed tension between decision-making processes taking place in Nairobi and implementation in the field. The level of decision-making power at community level varies by partner. In the case of one implementing partner operating locally (i.e. local partner), decision-making power was considerably stronger at field level such that the design and implementation of activities were notably responsive to demand. One local partner interviewed felt that they were not directly involved in decisions made in Nairobi at the Consortium level, rather decisions were fed down from the respective implementing partner. This situation has improved in Phase V, for which this local partner was invited to the inception workshop.

Nonetheless, county government stakeholders interviewed perceived that all partners were able to act fast and respond to demand, particularly when compared to experiences with other consortia.

5.6.2 Is the consortiums' 5-year strategy relevant, appropriate and realistic given the Kenyan context, donor priorities and the profiles of consortium partners?

The 5-year strategy was developed in Phase III and revised in Phase IV. The stated focus of the strategy is to continue to strengthen county governments and the NDMA to improve planning, coordination, financing, information sharing, dissemination and learning on emergency preparedness and response.

The development of the 5-year strategy was intended to bring partners together and was a planned output for Phase III. The process was seen by some Consortium

members to be a "unifying process" and useful development after some periods of tension in ways of working and ideology between organisations. Others feel the strategy is not fit for purpose, has not gone far enough, "is weak" and "is not as effective as it could be". One partner reported this may be due to differing organisational strategies and differing levels of organisational resources.

5.6.3 How can the consortium do things better in future? What recommendations are made at the following levels:-

- ✓ **Strategic**
- ✓ **Programmatic**
- ✓ **Operational**

Strategic

Working as a Consortium of NGO partners with different technical competencies, geographical coverage and local partnerships has the potential to implement resilience building programming in ASALs at scale. Clearly, each Consortium partner has brought their particular expertise and extensive experience gained from working directly with vulnerable communities in the ASALs. To a certain extent, the Consortium approach has helped partners to avoid replication of activities, overlaps and reduced operational costs which would have been incurred if all were working at the same site. Membership of the Consortium should remain open to ensure it can continue to be responsive and add value. Importantly, and as acknowledged by ECHO, this particular Consortium model enabled quick mobilisation of funds and emergency response after a severe shock, the 2011 drought.

Successful collaborative efforts to resilience building require a clear vision which should be shared by all partners, otherwise, this can affect effectiveness implementation of activities. Implementation of the Consortium is guided by a 5-year strategic plan and this is important in terms of fostering a shared understanding of project aims and objectives and in monitoring progress. Some partners did not feel that the strategy is strong enough and therefore it is important to continue to build consensus around a strategic plan and revise this for future phases to maintain and strengthen a sense of ownership.

Programmatic

Sustaining community-based projects on disaster and risk management is a big challenge in the ASALs for a number of reasons, including competition between actors, migratory nature of livelihoods, limited resources and the high level of expectation and dependency of key players. Managing retreat in such a context is particularly challenging and it is important to have a clear exit strategy if this is the end goal. Given the long term impact sought by the Consortium, the absence of a common and clear exit strategy can be understood. However, it is recommended that this be addressed by partners during Phase V.

There are multiple players in Kenya's ASALs and in particular many international development agencies are trying to build community resilience using a variety of approaches. It is important that these build strong links with the county and national governments and this is very much the approach of the Consortium. Links are being made with other organisations in the region to try to ensure engagement with county structures are complementary and integrated. The County Steering Group meetings are a valuable opportunity for actors to coordinate on policy and programming and Consortium partners have reported active participation in these fora. A next step to achieving capacity building goals could be to explore ways to improve cross-county coordination and learning for government structures.

The CDMC approach can facilitate resilience building at the grassroots and we have seen some good examples of success stories. But the assumption should not be made that community-based institutions such as the CDMCs will bring about change within their respective communities. Members are simply volunteers, are not remunerated and may not have the motivation to carry out communal activities in the long term, especially if transaction and opportunity costs are high. Structures should be set up whereby less active or able CDMCs can be supported by those that are stronger. Membership of CDMCs should also include individuals with the capacity to build on the CDMPs and move forward independently of the Consortium. It is important to have the right leadership with a genuine commitment to foster change and even more important CDMCs require reliable sources of technical and financial support to operate.

Designing a project that assumes a spillover effect needs to have a more explicit theory of change. Spillover depends on the density of social networks, interaction between communities and cohesion (rather than conflict). Evaluations of projects with such assumptions should take into account direct and indirect beneficiaries to assess impact on the overall targeted population.

Operational

We encourage the Secretariat to draw clear lines of communication and to broadcast more widely the results of the technical meetings to keep all the teams up to date when they are making decisions (e.g. newsletter and regular updates products could be designed regarding different members: local partners, governmental institution, internal project managers etc.).

At the project level, collaboration has been appropriate where members of the PMU / TSU who are drawn from each partner meet to share technical and strategic insights into the project. At the field level, collaboration could be much more efficient through regular field visit exchange between all partners and geographical areas (e.g. every 3 months) and frequent communication between field officers to share lessons learnt. In some sites, there appeared to be disconnect in discussions of resilience building at national level and an emergency response focus on the ground.

6 Conclusions

6.1 Relevance, appropriateness and quality of design

The relevance of the Consortium activities is reflected in its attempt to address pertinent risks prioritised by communities in the ASALs of Northern Kenya, such as prolonged drought, water shortages and conflicts. In addition, the project has recognised that ASAL communities are much more vulnerable to risks and crises compared to other regions. Hence the emergency envelope has been an important aspect of the project. We can confidently say that the project has been responsive to the needs of community needs making it relevant and appropriate to target beneficiaries. Extensive consultation with multiple stakeholders at different levels helped in targeting the various activities. The project has aligned its activities with those of key stakeholders such as the NDMA (e.g. in emergency response) and relevant departments such as veterinary offices with the different counties. Subsequently, the project is seen as a relevant partner in helping these institutions to achieve their mandates.

The institutional design of the project as a consortium appears to address the priorities of the donor and partners. Consortium design allows the donor to achieve returns to scale, regional coverage and a range of technical expertise in line with resilience building approach in the aftermath of the 2011 drought.

Sharing technical competencies of partners has been a key relevant strategy for the project and in principle and practice this is a positive aspect of the Consortium design. Evidently, the Consortium partners have found each other to be responsive and each has added value in their respective areas of expertise making it a programme of work with multiple dimensions. One partner reported that it only received technical input from one other, which was helpful. However, part of the difficulty this partner has in this consortium of agencies with very differing approaches is how trying to reach 'standard' approaches is undermining their other work and ethos. An example provided is the memorandum of understanding signed with the NDMA

However, it is important to recognise that the approaches of the respective partner organisations differ, especially with respect to resilience building and policy advocacy. For example, the Consortium strategy to strengthen governance systems is closely aligned with Oxfam and Concern's organisational strategy, whereas others may not have articulated this so well. Similarly, advocacy is a core principle for Oxfam and not for others. Therefore some partners have had to change their focus and diverged from normal practice more than others and subsequently, there lacks a common approach towards building resilience among partners. This was also part of the Consortium lead role of improving programme strategy and implementation. For example, CMDRR is the shared activity across partners, but implementation differs. For such a large Consortium, it is necessary to have common operating principles in order to produce scales of economy that take advantage of the Consortium model. The Consortium Secretariat explained that CMDRR training, led by Cordaid, was

organised for all Consortium partners in all counties covered at beginning of implementation, in order to have an harmonised approach.

On average the project has provided a direct monetary investment on its target population of approximately 2.79 euros per person per year. This result highlights the importance of considering the opportunity costs for people to participate in project activities that may be heavy time investments compared to the direct and immediate benefits received.

6.2 Efficiency and adaptation to changing needs

Most of the activities, inputs and deadlines mentioned in the project documents provided have been implemented as planned. During site visits, delays in the activities and funding have been mentioned but these have not had a significant impact on the overall efficiency of the project

Cleary, there is a significant difference in budget allocation between money spent directly on the beneficiaries and other costs (e.g. staff costs and running costs). This is not unusual in mainstream development projects but should be noted. For example, many of the community-based projects received less than USD 10,000 and yet these projects targeted hundreds of households.

The implementation of the emergency envelope reflects the project's capacity to respond to emergencies and the changing needs of the beneficiaries. In some areas, regular monitoring of the CDMCs by the field officers enabled the project components to identify committees that were not active. This allowed them to focus on more active ones, which to a certain extent enabled them to use resources efficiently.

The donor, ECHO, reported that the Consortium has been responsive to their priorities and needs, as did several county government officials interviewed for this evaluation. The methodology implemented is the right one under the circumstances and at the Consortium level the combination of technical competencies has been highly recommended as a way of transferring skills and economies of scale.

6.3 Project effectiveness

Working collaboratively as a consortium of partners with different strengths and specialisms has helped to build synergies in disaster risk management and there are indications from this analysis that communities in Northern Kenya will evolve to become more resilient in the longer term. For example, working closely with the NDMA, county and sub-county government, the technical offices is a good indication that some of the activities will be sustained in the longer term. The Consortium has managed a relatively harmonised set of activities across a wide geographical area, delivered through organisations with different specialisations and voices. Partners have shown a high level of goodwill to exchange expertise, but there have been some trust issues, especially where there is disagreement about the direction of the Consortium.

Findings suggest that the Consortium activities have contributed to resilience outcomes (e.g. awareness of risks and disasters and prevention) in its areas of direct operation. However, we note that there are multiple development agencies that have worked in the project areas and continue to implement similar activities. Hence it is difficult, as ever, to attribute resilience to the activities of the Consortium.

At the household and community levels, the project has managed to help people diversity their livelihoods to a certain extent adopting agricultural practices, small

businesses and service provision. This was articulated during KII and FGD with beneficiaries

Simultaneously, the Consortium has created platforms for sharing and learning for partners and other key stakeholders. Outputs from the project (e.g. reports) are an important part of the evidence base for learning and there is evidence that such information has been used to inform various purposes such as contingency planning, advocacy and policy-making processes. However, there are differing reports with how effective and holistic these are for respective partners and beneficiaries.

La Nina Consortium assumes the basis of building resilience is strong capacities of stakeholders at all levels and scales. Capacity building has therefore been one of the main focus for the Consortium and there is evidence that communities have become increasingly aware of risks and disasters. The positive effect of enhanced capacities is often difficult to ascertain. This is especially true for CDMCs where from personal testimonials, training has not been regular and systematic. Capacity building should be systematic in order to sustain resilience in the longer term. Unfortunately, there are seldom enough resources in reality to reach out to target communities (with hundreds of households) even with large-scale projects such as La Nina Consortium.

6.4 Sustainability and impact

If the activities of the project were to be discontinued, there is evidence that the project has contributed to building a foundation on which to foster resilience in the ASALs. Insights and lessons learnt from the project can be used by the other stakeholders to initiate disaster and risk reduction. But again sustainability of the project's activities will depend on important issues such as availability of resources.

The exit strategy is not well defined and according to the donor, is based on the Consortium seeking other sources of funding to prolong their activities. Given the long term impact sought by the Consortium, the absence of a common and clear exit strategy can be understood.

The CDMCs can be effective platforms to foster resilience building at the community level if they have sufficient technical and financial support. Based on insights gathered during this evaluation, we can conclude that extent of CDMC's effectiveness in building community resilience is largely determined by the local context of areas of operation, capacities and the nature of the support that they received from La Nina Consortium. For example, the County structures have reported that Consortium partners supported them in their mandate for service delivery and drought risk management.

Clearly the emergency envelope was an important aspect of the Consortium and that assessing impact of emergency response is relatively straightforward when compared to resilience outcomes.

The Consortium has raised the profile of ASAL communities in Northern Kenya at national level through advocacy actions. For example, outputs from the projects have been used for lobbying and advocating for improved strategies and policies for resilience in ASALs.

6.5 Monitoring and reporting

Monitoring activities have been taking place throughout Phases III and IV, but it should be appreciated that resilience is a notoriously difficult concept to define and measure in general. As such, it is well recognised that the targets and indicators for assessing resilience impact are almost impossible to isolate. Given these challenges,

the objectives, targets and indicators that have guided the Consortium are reasonable and have been adapted over time. Monitoring data gathered over large geographical and temporal scales has value beyond the Consortium for informing resilience measurement debates. For the Consortium, M&E has been carried out at Consortium level by verification of outputs through site visits by Secretariat and against key indicators. It is not clear from this evaluation how M&E is carried out at partner level, how effectively this is implemented or how it feeds into Consortium-level M&E processes.

There are significant resources dedicated to Monitoring, Evaluation, Accountability and Learning (MEAL) throughout the Consortium. While there have been inception workshops, midterm reviews and field visits, the extent to which this investment is translating into information sharing and lesson learning is not convincing. At several levels of operation, partner staff reported challenges with reporting, communication lines and opportunities for exchange.

6.6 Consortium coordination

The general perception is that the La Nina Consortium is recognised as a key player in resilience building in Northern Kenya. It has been useful to put in place an organised structure for managing the activities of the Consortium, as well as defining the roles and responsibilities of the various elements including the Board, the Project Management Unit (PMU) and the Technical Support Unit (TSU).

It has been important to have a Consortium Secretariat to coordinate the project although there have been questions on leadership (e.g. communication lines, independence of the Secretariat). Each member of the Consortium has been able to showcase their technical competencies and experience in resilience building and this has been well coordinated in terms of areas of operations.

We conclude that managing a Consortium is a complex endeavour and an ambitious task because in reality each member organisation has its own vision and ways of working.

7 Lessons learnt and recommendations

Value of partnerships in resilience building: Working as a Consortium of NGO partners with different technical competencies, geographical coverage and local partnerships has the potential to implement resilience building programming in ASALs at scale. Clearly, each Consortium partner has brought their particular expertise and extensive experience gained from working directly with vulnerable communities in the ASALs. To a certain extent, the Consortium approach has helped partners to avoid replication of activities, overlaps and reduced operational costs which would have been incurred if all were working at the same site. Membership of the Consortium should remain open to ensure it can continue to be responsive and add value. Importantly, and as acknowledged by ECHO, this particular Consortium model enabled quick mobilisation of funds and emergency response after a severe shock, the 2011 drought.

A common vision: Successful collaborative efforts to resilience building require a clear vision which should be shared by all partners, otherwise, this can affect effectiveness implementation of activities. Implementation of the Consortium is guided by a 5-year strategic plan and this is important in terms of fostering a shared understanding of project aims and objectives and in monitoring progress. Some partners did not feel that the strategy is strong enough and therefore it is important to continue to build consensus around a strategic plan and revise this for future phases to maintain and strengthen a sense of ownership.

Sustainability: Sustaining community-based projects on disaster and risk management is a big challenge in the ASALs for a number of reasons, including competition between actors, migratory nature of livelihoods, limited resources and the high level of expectation and dependency of key players. Managing retreat in such a context is particularly challenging and it is important to have a clear exit strategy if this is the end goal. Given the long term impact sought by the Consortium, the absence of a common and clear exit strategy can be understood. However, it is recommended that this be addressed by partners during Phase V.

Governance structures: There are multiple players in Kenya's ASALs and in particular many international development agencies are trying to build community resilience using a variety of approaches. It is important that these build strong links with the county and national governments and this is very much the approach of the Consortium. Links are being made with other organisations in the region to try to ensure engagement with county structures are complementary and integrated. The County Steering Group meetings are a valuable opportunity for actors to coordinate on policy and programming and Consortium partners have reported active participation in these fora. A next step to achieving capacity building goals could be

to explore ways to improve cross-county coordination and learning for government structures.

Agents of change: The CDMC approach can facilitate resilience building at the grassroots and we have seen some good examples of success stories. But the assumption should not be made that community-based institutions such as the CDMCs will bring about change within their respective communities. Members are simply volunteers, are not remunerated and may not have the motivation to carry out communal activities in the long term, especially if transaction and opportunity costs are high. Structures should be set up whereby less active or able CDMCs can be supported by those that are stronger. Membership of CDMCs should also include individuals with the capacity to build on the CDMPs and move forward independently of the Consortium. It is important to have the right leadership with a genuine commitment to foster change and even more important CDMCs require reliable sources of technical and financial support to operate.

Design: Designing a project that assumes a spillover effect needs to have a more explicit theory of change. Spillover depends on the density of social networks, interaction between communities and cohesion (rather than conflict). Evaluations of projects with such assumptions should take into account direct and indirect beneficiaries to assess impact on the overall targeted population.

Communication: We encourage the Secretariat to draw clear lines of communication and to broadcast more widely the results of the technical meetings to keep all the teams up to date when they are making decisions (e.g. newsletter and regular updates products could be designed regarding different members: local partners, governmental institution, internal project managers etc.).

Shared learning: At the project level, collaboration has been appropriate where members of the PMU / TSU who are drawn from each partner meet to share technical and strategic insights into the project. At the field level, collaboration could be much more efficient through regular field visit exchange between all partners and geographical areas (e.g. every 3 months) and frequent communication between field officers to share lessons learnt. In some sites, there appeared to be disconnect in discussions of resilience building at national level and an emergency response focus on the ground.

Annex 1 – Survey Questionnaire

This Annex presents the 7 sections of the survey. The presentation paragraph written for introducing the survey as well as the survey information questions are not included here.

HOUSEHOLD CHARACTERISTICS

A. BASIC HOUSEHOLD INFORMATION

Please complete this table for all household members (defined as the people who share from the same pot and have lived there for more than 6 months). Respond to the question by reporting the relevant cod/number in the middle column.

A1. Are you the head of this household?			*1 = Yes* *2 = No* *0 = Don't know*
A2. How many people are in your household?			*Enter number*
A3. How many female are living in this household?			*Enter number*
	Male	**Female**	
A4.1 How many children below 15 years are living in the household?			*Enter number*
A4.2 How many adult between 15 years (include) below 45 years are living in the household?			*Enter number*
A4.3 How many elders above 45 years are living in the household?			*Enter number*
A5. What is the highest level of education in this household?			*1 = Primary* *4 = No formal education* *2 = Secondary* *5 = Too young* *3 = College / University* *0 = Don't know*
What is the main(s) occupation(s) in this household? *(please choose up to 2 options)*	**A6.1**		*1 = Agropastoralist* *6 = Salaried employment* *2= Pastoralist* *7 = Business and trade* *3 = Agrarian farmer* *8 = Petty trade* *4 = Fisherman/woman* *9 = Does not work* *5 = Casual labour* *0= Don't know*
	A6.2		
A7. Have you lived in this area since 2011?			*1 = Yes* *2 = No* *0 = Don't know*

B. HOUSE TYPE, UTILITIES AND ITEMS

B1. What house type does the household occupy? *(one response possible)* *1= Temporary house / manyatta* *2= Permanent house / manyatta* *3 =Other (specify)*	**Code**

B2. What is the household's main source of drinking and cooking water? *(one response possible)* *1 = Borehole* *2 = Piped water* *3 = Water kiosk* *4 = Natural water source (e.g. river, stream, spring)* *5 = Rainwater collection* *6 = Dam* *7 = Other (please specify)*	**Code**
B3.What kind of sanitation facilities does this household have access to? *(one response possible)* *1= Pit latrine* *2= VIP Latrine* *3= Bush*	

Does this household own any means of transport to access markets? *(1 = Yes, 2 = No, 0 = Don't know)*	**Code** *(1, 2 or 0)*
B4.1 Car/truck	
B4.2 Motorbike	
B4.3 Bicycle	
B4.4 Donkey/oxen	

Does your household own any of the following household items? *(Yes 1, No 2, Don't Know 0)*	**Code** *(1, 2 or 0)*
B5.1 Radio	
B5.2 Mobile phone (for calls)	
B5.3 Smartphone (internet access)	
B5.4 Solar panels	
B5.5 Generator	
B5.6 Plots of land	
B5.7 Hand tools	

C. LIVELIHOODS

<table>
<tr><td colspan="4">What is the most important livelihood income in your household?

(Please list up to 2 answers in order of importance)</td><td colspan="4">What was the most important livelihood income in your household before the 2011 drought?
(Please list up to 2 answers in order of importance)</td><td rowspan="2">C3. Have you received assistance from your access to markets with your crops / livestock?</td></tr>
<tr><td>C1.1</td><td></td><td>C1.2</td><td></td><td>C2.1</td><td></td><td>C2.2</td><td></td></tr>
<tr><td colspan="8">Current and past livelihoods
1 = Agriculture (crops)
2 = Pastoralism
3 = Salaried Employment
4 = Business/trade
5 = Remittances
6= Petty trade
7= Other assistance (gifts, cash transfers etc.)
8= Fishing
0= Don’t know</td><td>Market access
1 = Yes
2 = No
0 = Don’t know</td></tr>
</table>

	C4. What type of crops do you plant? (*Please list up to 2 main crops)*	**C5.** What do you do with these crops?	**C6.** Have you changed the way you manage your agriculture since the 2011 drought?	If Yes, what have you done?		Where did you learn about these improvements?	
a.				**C7.1**		**C8.1**	
b.				**C7.2**		**C8.2**	
				C7.3		**C8.3**	
Types of crops *1= Maize* *2 = Sorghum* *3= Vegetables (onions, tomatoes etc.)* *4 = Beans* *5 = Other* *6 = None (go to C9)*		***Use of crops*** *1 = Own consumption* *2 = Own consumption and for sale* *3 = For sale only* *4 = Other (specify)*	***Change in Management*** *1 = Yes* *2 = No (go to C9)* *0 = Don't know*	***New activities*** *1 = Irrigation System* *2 = New species adoption* *3 = Others* *0 = Don't know*		***Skills/knowledge*** *1 = A family member/friend* *2 = A community leader* *3 = An official source (e.g. local government)* *4 = ECHO La Nina partner (Oxfam, ACTED, VSF-Germany, Concern)* *5 = Other NGOs* *6 = Other (please specify)* *0 = Don't know*	

	How many of these livestock does your household own?		What do you do with these livestock?		**C11.** Have you changed the way you manage your livestock since the 2011 drought?	If Yes what have you done?		Where did you learn about these improvements?	
Camels	**C9.1**		**C10.1**			**C12.1**		**C13.1**	
Cows	**C9.2**		**C10.2**						
Goats, sheep	**C9.3**		**C10.3**			**C12.2**		**C13.2**	
Donkeys	**C9.4**		**C10.4**						
Poultry	**C9.5**		**C10.5**			**C12.3**		**C13.3**	
Others	**C9.6**		**C10.6**						
	Enter number *If none of them go to D1*		*1 = Own subsistence only* *2 = For sale (livestock products only* *3 = Cultural reasons/Social status* *4 = Traction/transport* *5 = Other* *0 = Do not know* *Tick this column if known of the case ticked*		*1 = Yes* *2 = No (go to D1)* *0 = Don't know*	***New activities*** *1 = Vaccination* *2= Water management* *3= New species/breeds adoption* *4= Early selling/destocking* *5= Disease surveillance* *6= Others* *0 = Don't know*		***Skills/knowledge*** *1 = A family member/friend* *2 = A community leader* *3 = An official source (e.g. local government)* *4 = ECHO La Nina partner (Oxfam, ACTED, VSF-Germany, Concern)* *5 = NGO (other)* *6 = Other (please specify)* *0= Don't know*	

D. RESPONSES TO DROUGHT

D1. Was your household affected by the drought in 2011?	**D2.** Did you get an early warning before the event struck your area?	Who gave you this information? *(Please choose up to 2 responses)*		Did you get an early warning via…? *(Please choose up to 2 responses)*		How did your household cope with this drought? *(Please choose up to 3 most important answers)*		
		D3.1	**D3.2**	**D4.1**	**D4.2**	**D5.1**	**D5.2**	**D5.3**
1 = Severely *2 = A lot* *2 = A little* *3 = Not at all* *0 = Don't know*	*1 = Yes* *2 = No (go to D5)* *0 = Don't know (go to D5)*	*1 = A family member/friend* *2 = A community leader* *3 = An official source (e.g. local government, NDMA)* *4 = ECHO La Nina partner (Oxfam, ACTED, VSF-Germany, Concern)* *5 = NGO (other)* *6 = Other (please specify)* *0= Don't know*		***Warning*** *1 = Committees (e.g. CDMC)* *2 = Public baraza* *3 = Radio* *4 = SMS* *5 = Social media* *6 = NGO* *8 = No warning* *9 =Other (e.g. television)*		***Household coping*** *1 = Relied on assistance (e.g. from government, NGO, community member)* *2 = Sold assets (e.g. livestock)* *3 = Used savings* *4 = Borrowed money/loan* *5 = Looked for other income* *6 = Ate less / less preferred food* *7 = Did nothing* *8 = Relocated permanently* *9 = Migrated* *10 = Other* *0 = Don't know*		

D6. Did you receive any support after the drought of 2011?	What type of support did you receive? *(Please choose up to 3 answers)*			From whom? (*Please choose up to 3 answers)*			**D9.** Were you satisfied with this support?	**D10.** Did this support enable you to recover from the event?
	D7.1	**D7.2**	**D7.3**	**D8.1**	**D8.2**	**D8.3**		
1 = Yes *2 = No (go to E1)* *0 = Don't know (go to E1)*	***Type of support*** *1 = Cash transfer / cash for work / loan* *2 = Food (rations or vouchers)* *3 = WASH (water supply, quality) / shelter* *4 = Animal health* *5 = Destocking* *6 = Remittances from elsewhere* *7 = Training (please specify)* *8 = Other* *0 = Don't know (go to E1)*			***Provider of support*** *1 = ECHO La Nina partner (county specific)* *2 = Other NGO* *3 = Government* *4 = Faith-based organisations* *5 = Other (please specify)* *0 = Don't know (go to E1)*			***Quality of support*** *1 = Yes* *2 = No* *3 = Somehow* *0 = Don't know*	***Recovery*** *1 = Completely* *2 = Partially* *3 = Not at all* *0 = Don't know*

E. DROUGHT RISK MANAGEMENT

E1. If such a drought was to happen again would now be better able to cope?	What improvements have there been in your area since the 2011 drought that makes you better able to cope with drought? *(Please choose up to 3 answers)*			What more needs to be done to help you to reduce the impact of drought? *(Please choose up to 3 answers)*			**E4.** Are you satisfied with work of the ECHO La Nina project in helping you manage drought risk?
	E2.1.	**E2.2**	**E2.3**	**E3.1**	**E3.2**	**E3.3**	
1 = Yes *2 = No (go to E3)* *3 = Somehow* *0 = Don't know*	*1 = Better early warnings* *2 = Help with preparedness* *3 = Better strategies to cope* *4 = Higher incomes* *5 = Greater tenure security* *6 = Other* *7 = None* *0 = Don't know*			*1 = Better early warnings* *2 = Help with preparedness* *3 = Better strategies to cope* *4 = Higher incomes* *5 = Greater tenure security* *6 = Other* *7 = None* *0 = Don't know*			*1 = Yes* *2 = No* *3 = Somehow* *0 = Don't know*

F. OTHER SHOCKS

F1. Has your household been affected by any of the following shocks since 2011? *(Go through the list and tick each that applies before moving to next question)* *1 = Yes (go to F2)* *2 = No (If "no" in all go to section G)*		**F2**. Please rank the three most significant shocks your household experienced. *1 = Most severe* *2 = Second most severe* *3 = Third most severe*	How did your household deal with this? *(Please choose up to 3 answers)* *1 = Relied on assistance (e.g. from government, NGO, community member)* *2 = Sold assets (e.g. livestock)* *3 = Used savings* *4 = Borrowed money/loan* *5 = Looked for other income* *6 = Ate less / less preferred food* *7 = Did nothing* *8 = Relocated permanently* *9 = Migrated* *10 = Other* *0 = Don't know*			To whom did you turn? *(Please choose up to 3 answers)* *1 = ECHO La Nina partner (county specific)* *2 = Other NGO* *3 = Government* *4 = Faith-based organisations* *5= Family/friend* *6 = Other (please specify)* *0 = Don't know*		
			F3.1	**F3.2**	**F3.3**	**F4.1**	**F4.2**	**F4.3**
1. Insecurity / conflict / cattle rustling								
2. Flooding								
3. Sharp rise in food prices								
4. Livestock disease outbreak								
5. Livestock death								
6. Large fall in price of livestock & inputs								
7. Household business failure								
8. Illness / death of household member								
9. Human disease outbreak								
10. Reduction of regular assistance (e.g. aid, remittances)								

G. PARTICIPATION IN DECISION-MAKING

These questions are about how you participate in decision-making and planning activities.

	Have you heard about this meeting?		Has a member of your household ever participated in this meeting?		If yes, how often do they participate?		If no, why not? What prevented them from participating?		Does this meeting offer opportunities to raise concerns?	
Public consultation about county planning issues (with county government)	**G1.1**		**G2.1**		**G3.1**		**G4.1**		**G5.1**	
Participation in CDMC planning	**G1.2**		**G2.2**		**G3.2**		**G4.2**		**G5.2**	
	Heard about meeting or group activity *1 = Yes (G2)* *2 = No (go to G6)* *0 = Don't know (go to G6)*		**Participation in meeting or group activity** *1 = Yes (go to G3)* *2 = No (go to G4)* *0 = Don't know (go to G5)*		**Regularity of participation** *1 = Always* *2 = Sometimes* *3 = Never* *0 = Don't know*		**Reasons for not participating** *1 = This event has not taken place* *2 = Did not know about it* *3 = Not invited* *4 = Not interested* *5 = Was not able to get to the venue* *6 = Working/busy* *7 = Other* *0 = Don't know*		**Feedback mechanisms** *1 = Yes* *2 = No* *3 = Somehow* *0 = Don't know*	

G6. Are you, or a member of your household, a member of a Community Disaster Management Committee?		*1 = Yes* *2 = No* *0 = Don't know*
G7. Do you know who your CDMC representative is?		
G8. Do you think that CDMC addresses the community's priorities?		*1 = Yes* *3= Somehow* *2 = No* *0 = Don't know*

Annex 2 – Quantitative Evaluation Design

Quantitative Analysis Description

The quantitative strategy follows 7 steps:

1. The sampling strategy: The reference populations considered for the sampling strategy is the total of the population in sites where Consortium partners implemented an activity. The quantitative survey focused only where Consortium activities had a direct impact. We consider 97,890 households as the reference population whereas the Consortium considers the increase of capacity of 123,579 households, totalling 865,056 beneficiaries (direct and indirect beneficiaries of Consortium activities).

   Tests on the co-benefits and spill overs of activities cannot be performed by our quantitative survey as our sampling strategy is restricted to the direct beneficiaries only. The minimum sample size needed for the interview has been calculated at 720 households to provide statistically significant findings. This number corresponds to the size of sample required for a representative survey (659 households) plus 10% to account for non-response rate.

   The theoretical sample size has been estimated under the following assumptions: Population size of 97,890[35] households, 99% level of confidence desired, margin of error of 5% and an additional 10% non-response rate, following the formula

$$SS = \frac{Z^2 * p * (1-p)}{c^2}$$

   With

   Z= z-score value for 99% confidence level (2.275)
   p= percentage of picking a choice (50%)
   c= confidence interval ±5 expressed as a decimal 0.05

   Then $SSadj = \frac{SS}{1} + \frac{SS-1}{Pop}$

   We find SSadj= 659, we then add 10% of potential error : 725.

   After balancing this number with the number of enumerators and questionnaires, the total number of households to be involved in the survey has been fixed at 720 households.

   A first stratification has been done at the county level. This stratification allows for a sample representative of the reference population at the county level. For each county the number of sites to visit has been defined. Then the sites have been selected.

[35] Documentation sent to the evaluation team by Oxfam GB originally stated a population of 105,549. Later documentation states 97,890

The Primary Sampling Units (PSU) are the communities sites extract from the programme population. The community sites to be visited for the evaluation were sampled using the probability proportional to size (PPS) method. This method was used to randomly select communities from the community-level sampling frame. Larger communities had a higher probability of being sampled.

Based on the PSU list we define the sites where the survey will be implemented (this work has been performed by the Oxfam GB MEAL Coordinator). All the PSU have been listed in order of their population size (see Table 11). The final cumulated corresponds to the reference population. The total population was divided by the total number of PSUs to be selected in order to define the Sampling interval. A random start (RS) was selected, which was a randomly determined number between 1 and the sampling interval SI. The series for selecting the sample PSUs was calculated as: RS; RS+SI; RS+2SI; …. RS+(d-1)*SI. The sites selected were those for which the cumulative population contained each of the numbers calculated in this series. This selection has been done for each county. In total 24 sites are selected.

Table 11: Reference population for the survey.

Name of target site	site #	Number of Households	Cumulative
Ashabito	1	5000	5000
Elele	2	942	5942
Gadudia	3	450	6392
Gari	4	1417	7808
Hareri	5	2000	9808
Iresuki	6	700	10508
Khalicha	7	1627	12135
Marothiley	8	4650	16785
Ogorwein	9	1319	18104
Wargadud	10	1223	19327
Wajir Bor	11	3056	22383
Dambas	12	1672	24055
Abdi waqo	13	2088	26143
Arbajahan	14	1518	27661
Kutulo	15	2704	30365
Gurar	16	3406	33771
Korondille	17	3570	37341
Malkagufu	18	1859	39200
Ajawa	19	2700	41899
Ibrahim Ure	20	995	42894
Kapua	21	711	43605
Kokiselei	22	667	44272
Kaalem	23	919	45191
Losajait	24	277	45468
Kobuin	25	528	45996
Kokuro	26	548	46544
Loruth	27	847	47391
Kataboi	28	683	48074
Karebur	29	266	48340
Lopusiki	30	649	48989
Loritit	31	1185	50174
Lokamarinyang	32	456	50630
Letea	33	2833	53463
Loteteleit	34	867	54330
Lotikipi	35	2065	56395
Namon	36	355	56750

Songot	37	188	56938
Lokore	38	859	57797
North Horr	39	1667	59464
Galasa	40	1450	60914
Malabot	41	283	61197
Loiyangalani	42	2275	63472
Gas	43	267	63739
Elmolo	44	145	63884
Nairibii (Laisamis town)	45	126	64010
Lontolio	46	410	64420
Ndikir	47	180	64600
Lekuchula (Namarei centre)	48	144	64744
Lependera (Ngurnit)	49	75	64819
Soito (Illaut)	50	150	64969
Farakoren	51	653	65623
Ballah (Korr)	52	3500	69123
Loglogo	53	1115	70238
Kamboe	54	300	70538
Forolle	55	300	70838
Hurri Hills	56	534	71372
Shankera	57	120	71492
Bori	58	150	71642
Elgade	59	600	72242
Rage	60	150	72392
Kutur	61	140	72532
Kalacha	62	1320	73852
Ollom	63	600	74452
Maikona	64	1250	75702
Madho Adhi	65	300	76002
Lataka	66	220	76222
Uran	67	292	76514
Dadach Elele	68	500	77014
Anona	69	250	77264
Amballo	70	400	77664
Dambala Fachana	71	350	78014
Sololo Makutano	72	230	78244
Rawana	73	200	78444
Kate	74	300	78744
Dadach Lakole	75	500	79244
Nana	76	584	79828
Yaballo	77	424	80252
Gola	78	390	80642
Dirdima	79	372	81014
Kinisa	80	470	81484
Godoma Dhiqo	81	500	81984
Watiti	82	200	82184
Funan Nyata	83	241	82425
Dabel	84	800	83225
Lolmolog	85	1167	84391
Lorok Lolmong'o	86	600	84991
Barsaloi	87	783	85775
Loosuk	88	1733	87508
Kirimon	89	1150	88658
Latakweny	90	1033	89691
Tuum	91	333	90025
Lesirikan	92	833	90858
Nachola	93	543	91401
Masikita	94	814	92215

Golgoltim	95	267	92482
Nolotoro	96	300	92782
Ngilai	97	883	93665
Lkisin	98	1667	95332
Swari	99	667	95999
Ombolion	100	266	96264
Nauyapong	101	637	96901
Nasolot	102	241	97142
Akirimet	103	491	97632
Sarmach	104	258	97890
		97890	
Total sites	104		
No of sampled sites	24		
HHs to be interviewed per site	30		
Total Questionnnaires	720		

Due to security reasons some of the randomly selected sites have had to be changed. The rationale for these changes was provided by Oxfam MEAL Coordinator and approved at PMU level. Unfortunately the methodology of randomisation has not been used to select the replacement sites. The final survey sample received is 663, exceeding the 659 needed.

Table 12: Final sample selected

County	Site name	Rationale for Site changes (as provided by the PMU)
Wajir	Abdiwaqo	
	Gurar	
	Korondile	
	Arbajahan	Replaced instead of Ibrahim Ure due to security reason
Mandera	Ashabito	
	Hareri	
	Marothiley	
	Warigadud	
Turkana	Kobuin	
	Loruth	
	Lopusiki	Replaced Loritit
	Letea	
	Namon	
	Lokore	
Marsabit	Malabot	Sampled 6 sites in Marsabit but only considered 4 of these due to the time required for data collection compared to the number of days allocated for the exercise. Marsabit county is vast in area with sites hundreds of kms from each other
	Elmolo	Replaced Lontolio to cover two sites for VSF-G
	Ballah	
	Nairibi	Replaced Kamboe
Samburu	Loosuk	
	Kirimon	
	Nolotoro	
	Swari	
West Pokot	Nasolot	
	Sarmach	

In each site the households interviewed have been randomly selected following the rules defined below.

- For small communities, up to approximately 100 households; households not very scattered: no segmentation. All households to be marked and numbered on a sketch map in consultation with villagers. Then a random selection is performed on the list.
- In communities of more than 100 households where households are not very scattered: sketch map created in consultation with villagers, followed by segmentation into equal sized units of <100 households. Number of segments selected randomly from a hat according to PSUs to be sampled in that community. Then a random selection is performed on the list.
- Communities of more than 100 housholds, segmentation not possible difficult to discern individual households on sketchmap or security/ community relations issues: use random walk method, can use systematic random walk where the group of enumerators walk straight

into the centre of the village and throw up a pen and move in the direction of the point of the pen. They will be required to conduct interviews with every other household. This method is subject to more limitations we highlight the conditions to performed a precise random walk survey during the supervisors training.

2. Survey design: The questionnaire has been designed by ODI in collaboration with consortium partners to respond to the evaluation objectives and questions. The questionnaire first draft has been reviewed twice: (i) first draft has been shared with project partners in a meeting in Nairobi, (ii) then the survey has also been refined during the supervisor meeting. The questions present in questionnaire aim to assess the overall impact of the La Nina Consortium Programme. In order to assess for a change in resilience we refer to a major past natural disasters that occurred before La Nina programme implementation: the Drought in 2011. The quantitative survey questions should support the analysis on the programme impact, effectiveness, sustainability and visibility. Other indicators derived from the survey will complete the analysis by helping to control for households characteristics (income, activities, education…) or regions characteristics. The questionnaire is available in Annex 1. The survey contains 67 questions presented in seven sections and took around 45 minutes to implement.

3. Supervisor and enumerator selection: Selection of supervisors and enumerators has been the responsibility of the Consortium partners. In total 8 supervisors supervised and trained 34 enumerators on the field. Each supervisor was responsible of 3 to 5 enumerators. List of supervisors and enumerators by site and partner is presented in the Table 13 below. Supervisors were also responsible of the logistical implementation of the survey (hiring, training and contract of enumerators, cars and travel organisation, survey implementation and supervision). Supervisors trained the enumerator during 1 to 2 days after their own training. They were responsible to introduce the survey team to the community chief the day of the survey. They were also responsible of the random selection of the households. At the end of each day, supervisors were responsible for supervision and validation of the filling in of questionnaires in the field.

Table 13: Supervisors and enumerators for the survey

County	Partner	Supervisor Code	Enumerator number	Enumerator code
Mandera	ACTED	MNAH	01	MNAH01
			02	MNAH02
			03	MNAH03
			04	MNAH04
			05	MNAH05
West Pokot	ACTED	WEOA	01	WEOA01
			02	WEOA02
			03	WEOA03

			04	WEOA04
			05	WEOA05
Marsabit	Concern	MATN	01	MATN01
			02	MATN02
			03	MATN03
	VSF-G	MADM	02	MADM02
			03	MADM03
			01	MADM01
Turkana	Oxfam	TUGE	01	TUGE01
			02	TUGE02
			03	TUGE03
			04	TUGE04
			05	TUGE05
	VSF-G	TUBM	01	TUBM01
			02	TUBM02
			03	TUBM03
Samburu	ACTED	SAAL	01	SAAL01
			02	SAAL02
			03	SAAL03
			04	SAAL04
			05	SAAL05
Wajir	Oxfam	WAMA	01	WAMA01
			02	WAMA02
			03	WAMA03
			04	WAMA04
			05	WAMA05

4. Training of Trainers: The training of supervisors (or Training of Trainers) was implemented by the ODI team during three days before the survey implementation commenced. The training audience were only the supervisors who had the responsibility to train the enumerators after the trainings. Almost all supervisors had experience as enumerators. During these two days, the challenges of the survey and the aims of objectivity and independence were emphasised. During the training we

explained the randomisation selection of the households and survey implementation methodology.
Supervisors have also been trained to supervise and check the survey validity (control for missing data/sections and cross-referencing of linked questions). The aim for 1-2% of errors has been recommended to insure the validation of the survey results. The Training of Trainers also gave the opportunity to refine the survey questions as the timeline of the evaluation did not permit to implement a pilot survey. During the training days we have tested the questions and refined the questionnaire with supervisors in order to insure the relevance of the survey questions and the survey implementation.

At the end of the training we implemented a short questionnaire to test the survey design and responsibilities of trainers were well understood by the audience. Overall almost all trainers (on average 9/10) reported that the training achieved its aims, that they felt confident to train enumerators, that they well understood the project activities they were going to evaluate, that they understood their role and responsibilities as supervisors and that they well understood the sampling strategy (see Table 14 for detailed training feedback).

Table 14: Training of Trainers feedback

Questions asked at the end on the training. Responses were anonymous.

Questions	Yes	Partly	A little bit	Not at all	Total
Do you think the training has achieved its overall aims?	10	0	0	0	10
Do you feel confident to explain the enumerator role and responsibilities?	9	1	0	0	10
Do you feel that you have a good understanding of the project activities that we are going to evaluate?	9	1	0	0	10
Do you feel confident in the questionnaire content and formulation of the questions?	8	2	0	0	10
Do you think that you have a good understanding of your role and responsibilities as supervisor?	10	0	0	0	10
Do you have a good understanding of the sampling and randomization strategy chosen?	7	3	0	0	10

5. Survey implementation: The survey has been implemented in 24 sites in 6 counties during 8 days 15-22 of September. On average each enumerator implemented 6 questionnaires per day during 2 to 4 days.

   The survey implementation has been performed under the primary responsibility of the supervisors. In some cases, the ODI team were able to accompany the supervisors for field visits during survey implementation. The list of sites where the ODI team directly supervised the survey implementation are listed in the calendar below. During

all the period of the survey ODI's team provided continuous support to supervisors by regular phone call and emails exchange (at this occasion, remaining coding issues, responses options problem have been fixed). ODI team also attended one training session in the field for 8 enumerators (in Turkana).

All surveys have been validated by the supervisors before they were forwarded to the Consortium Secretariat in Nairobi.

Table 15: Evaluation fieldwork calendar

Supervisor		ID-sup	Partner	County	M 14	T 15	W 16	TH 17	F 18	S 19	SU 20	M 21	T 22	W 23	TH 24
Alison	Lesooti	SAAL	ACTED	Samburu					*Swari*	*Nolotoro*		*Kirimon*	*Loosuk*		
												KII - ACTED, Maralal	*KII - VET, NDMA, WATER, Maralal*	*KII & FGD - Kirimon and Loosuk*	*KII- With NDMA, East Pokot*
Gabriel	Ekuwam	TUGE	Oxfam	Turkana		*KII- Turkana*		*Lopusiki*	*Loritit*	*Kobuin*					
						*	*Lokore*	*Namon*	*Letea*						
Bonaya	Mzungu		VSF-G				*Lokore **								
Tabitha	Njeri		Concern	Marsabit		*Ballah*			*Nairibi **						
									NDMA, MOH,DVO	*Nairibi*	*Ballah*	*PISP Marsabit*			
Dickens	Mjumba	MADM	VSF-G				*El-Molo Malabot*					*VSFG Staff*	*Fisheries, NDMA, BMU, El-Molo*	*DO Malabot*	
Opira	Alex	WEOA	ACTED	West Pokot			*Sarmach**	*Nasolot*							
						KII – Sarmach	*FGD - Nauyapong, Alale*	*KII - ACTED, field officer*							
Abdiwahab	Haji Abdinoor	MNAH	ACTED	Mandera					*Hareri*	*Wargadud*	*Ashabito*	*Marothile*			
Mohammed	Abdi	WAMA	Oxfam	Wajir											

	Enumerator training		Quantitative survey implemented		Qualitative interviews implemented	*	ODI survey supervision

6. Data entry tool: A data entry tool was designed by ODI to limit data entry errors and to control survey results as far as possible. Data was entered in the tool by data clerks once.

7. Analysis: After data entry was completed in Nairobi, we received a file with 663 household surveys (see Table 16 for response rate by county). The database contained 211 variables and information corresponding to the responses of the questionnaires for each household.

Table 16: Number of questionnaires received

County	Number of sites	Number of Questionnaires planned	Number of enumerators	Number of questionnaires received
Wajir	4	120	5	120
Mandera	4	120	5	120
Turkana	6	180	8	120
Marsabit	4	120	6	123
Samburu	4	120	5	120
West Pokot	2	60	5	60
TOTAL	24	720	34	663

Missing data analysis. Each observation encompassed also the enumerators' and supervisors' comments and the location of the survey. On average each questionnaire presents 9 missing value. Some questionnaires have more than 30 missing values as some sections are missing. This number does not reflect the discrepancies across sites and supervisors (see Table 17).

Table 17: Missing data and error in data survey (based on the database received)

	Obs	Mean	Std. Dev.	Min	Max
By supervisor					
supervisor1	63	10.10%	0.03	1.12%	19.21%
supervisor2	60	10.07%	0.03	1.12%	17.65%
supervisor3	120	0.16%	0.01	0.00%	5.23%
supervisor4	120	9.83%	0.07	5.88%	60.71%
supervisor5	60	0.12%	0.00	0.00%	1.69%
supervisor6	60	0.31%	0.01	0.00%	4.65%
supervisor7	120	6.63%	0.02	0.00%	16.88%
supervisor8	60	8.27%	0.07	0.00%	37.40%

TOTAL	663	5.6%		0.00%	60.71%

Legend: In red missing data rate up to 7%, in yellow missing data rate between 2 and 7%, in green below 2%.

In order to understand the origin of the problem, we scanned the database for errors and missing data. Two kinds of issue emerged[36]:

(i) section F of the questionnaire has been filled in differently by enumerators. This is likely due to the complexity of the sections and the numerous options possible;

(ii) when 2 or 3 options were possible, some data are reported as missing values instead of "NA" (non-appropriate value). So, we have performed the missing value analysis without options 2 and 3 of these questions and the details of section F. The missing value rate and errors are now below 1% for most of the questionnaires: 0.6%.

Table 18: Missing data and error in data survey (by county and partners)

	Obs	Mean	Std. Dev.	Min	Max
By supervisor					
supervisor1	63	0.46%	0.01	0.00%	2.44%
supervisor2	60	0.02%	0.00	0.00%	1.20%
supervisor3	120	0.06%	0.00	0.00%	2.44%
supervisor4	120	2.42%	0.07	0.00%	35.48%
supervisor5	60	0.10%	0.00	0.00%	1.20%
supervisor6	60	0.56%	0.01	0.00%	5.00%
supervisor7	120	0.33%	0.02	0.00%	20.00%
supervisor8	60	0.49%	0.02	0.00%	18.31%
By county					
Mandera	120	0.06%	0.00	0.00%	2.44%
Marsabit	123	0.25%	0.01	0.00%	2.44%
Samburu	120	2.42%	0.07	0.00%	35.48%
Turkana	120	0.33%	0.01	0.00%	5.00%
Wajir	120	0.33%	0.02	0.00%	20.00%
West Pokot	60	0.49%	0.02	0.00%	18.31%
By partner					
ACTED	300	1.09%	0.05	0.00%	35.48%
Concern	60	0.02%	0.00	0.00%	1.20%
Oxfam	180	0.41%	0.02	0.00%	20.00%
VSF-G	123	0.29%	0.01	0.00%	2.44%
TOTAL	663	0.61%		0.00%	35.48%

With respect to these results, caution should be taken with analysis of Samburu County questionnaires. For these reason, the results for section F as well as Samburu areas

[36] Due to time and financial constraints, it was not possible to pilot the questionnaire before implementation

will be interpreted with caution in the rest of the analysis. In general if the missing data rate is too important for drawing results we specify it in the following section.

Statistical analysis: We performed descriptive statistical analysis and appropriate statistical tests of differences (chi^2 and t-test) depending on the indicators analysed (whether they were binary variables or not) and questions that we aim to answer. All analyses have been performed using *Stata 12.0* software. All statistics have been systematically performed by site, county and partners but only relevant results are presented in the report. Analyses are based on mean and distributional differences that do not take into account the environment, household characteristics or the differences in policy implementation. For this reason some of the statistical differences should be considered with caution and could be analysed through other socio-economic dimensions for more robustness. Differences between implementing partners or county aimed to questions the reasons of these differences more than being considered as a result.

Limitations on Quantitative Analysis

Implementation of the quantitative survey has involved limitations as follows:

1. The sampling strategy: The sampling strategy was carried out by the Oxfam GB MEAL Coordinator and details and strategy have been provided to the evaluation team. The sample size and selection of the sites to be surveyed have been defined following a stratification and random selection described in the previous section. For security reasons some of the sites have been removed from the final sample selection. The rationale for the selection of replacement sites is provided in the previous section of the Annex. 1. Supervisor and enumerator selection: Selection of supervisors and enumerators has been the responsibility of the Consortium partners. It is important to note that supervisors selected were members of the Consortium (field project officers) and responsible for implementation of project activities in their respective areas (not necessarily the La Nina project). The enumerators contracted by supervisors were in many cases familiar with the project and had taken part in previous survey work. This selection of people who were not fully independent but potential bias has been diminished through the Training of Trainers by several repetitions and demonstrations of the importance of neutrality in asking questions and randomised selection.

1. Supervisors and enumerators trainings: The training of the enumerators was at the second level. ODI's team has only trained the supervisors and not the enumerators. The impossibility to train all the enumerator team may have led to variability in the way that the information was delivered to the enumerators. We used the Training of Trainers to ensure consistency in the approach at the Trainers level. Nonetheless, the enumerator trainings have been performed by nine different individuals[37].
2. Survey implementation: The survey implementation has been performed under the primary responsibility of the supervisors. In some cases, the ODI team were able to accompany the supervisors for field visits during survey implementation. It was not possible for the ODI team to be present at all field sites for supervision because of time and logistical constraints.
   The surveys have been implemented following the same steps and methodology across the various sites. In general, all enumerators had the same time constraints (6 questionnaires per day on average) and number of surveys to implement. This condition supports homogeneity in the implementation. The only sites where enumerators had more time to implement the survey was in Turkana and Marsabit

[37] Training was delivered simultaneously in Turkana county for both VSF-Germany and Oxfam GB by Oxfam's trainer in presence of ODI team member and VSF-Germany's supervisor)

regions where subsequently, data recorded were more detailed and incidences of missing values were few.

All surveys were validated by the supervisors. Nonetheless, some missing data and errors have occurred. In some case, if errors and/or missing data are too numerous we mention it throughout the analysis. As mistakes and errors are not homogenously distributed across the survey this could affect the generalisation of some results. The extent to which the survey results are representative may be affected for some counties.

Annex 3 – Qualitative data collection tool

7.1 Guiding questions for qualitative evaluation

Questions to field officers:

1. Has the project specifically supported the formulation and implementation of early warning, for example through technical (training) and financial (fundraising) support?
2. Apart from the CDMC and WRUAs are there other governance structures through which ECHO and other projects of Consortium gain entry into the community
3. What is the relationship between the CDMCs and sub county and county governments
4. What are the most common animal diseases in these areas and are there specific periods of serious outbreaks in the area?
5. Has there been any specific improvement in these areas since support was granted? What are the key challenges with such support? Please provide relevant documentation on epidemiology surveillance and herd dynamics.
6. Who were/are the key players in water resources (and other critical resources) mapping and monitoring? For example, are there Water Resources Users Associations (WRUAs) involved? Are disaster management committees involved? County water officers etc.
7. How were the targeting of beneficiaries done? Is there a criteria for choosing them
8. In context of addressing the project theory of change, is the project on track to sustainability after it ends? Is there an exit strategy?

Questions to members of CDMCs and beneficiaries:

1. Livelihoods and household production

Please tell me your main sources of livelihood (e.g. livestock, farming, charcoal burning, business etc.)

Which of these sources are the most important to you and why?

Tell me have you always been engaged in these livelihoods activities? If no, how long ago did you start engaging in them?

How did you start engaging in these activities, that is, did someone introduce you to them?

Before 2011, was everyone in this area (e.g. village) farming / keeping livestock / burning charcoal etc.? Were a few people carrying out this activity?

2. Knowledge and attitude towards events (e.g. prolonged drought)

Please tell me if there have been any major changes in this area (less or more rain, short or prolonged drought etc.) in the last 4 years?

If there have been changes, what are they and why do you think they have occurred?

How have these changes affected your livelihood activities/sources above, positively? Negatively? If yes, in what ways?

Can you remember of any minor or major events which have occurred over the last 4 years?

Was the event a shock to you, your household or the whole community?

Did you know about this event before it occurred? If so, how did you know (who told you or where did you get the information?)

How did the event affect your household, negatively? Positively?

3. Coping strategies and support

What did you or your household do about this event? How did you/your household cope?

Did you get any kind of support during and after the event and from whom?

Thinking of livelihood strategies, are there any new skills you have acquired in the last 2 years……. (e.g. soil and water conservation techniques)?

What about production techniques (e.g. zai pits)?

What about crops/livestock management?

If yes, to the above, what are they and how did you acquire the techniques/skills(e.g. training)

What key challenges do you face with these techniques/skills and how do you address then or do you get any kind of support?

4. Participation and consultation

Are you a member of any group or committee (e.g. disaster risk management committee, water resources users association, forest conservancy, self- help group etc.)

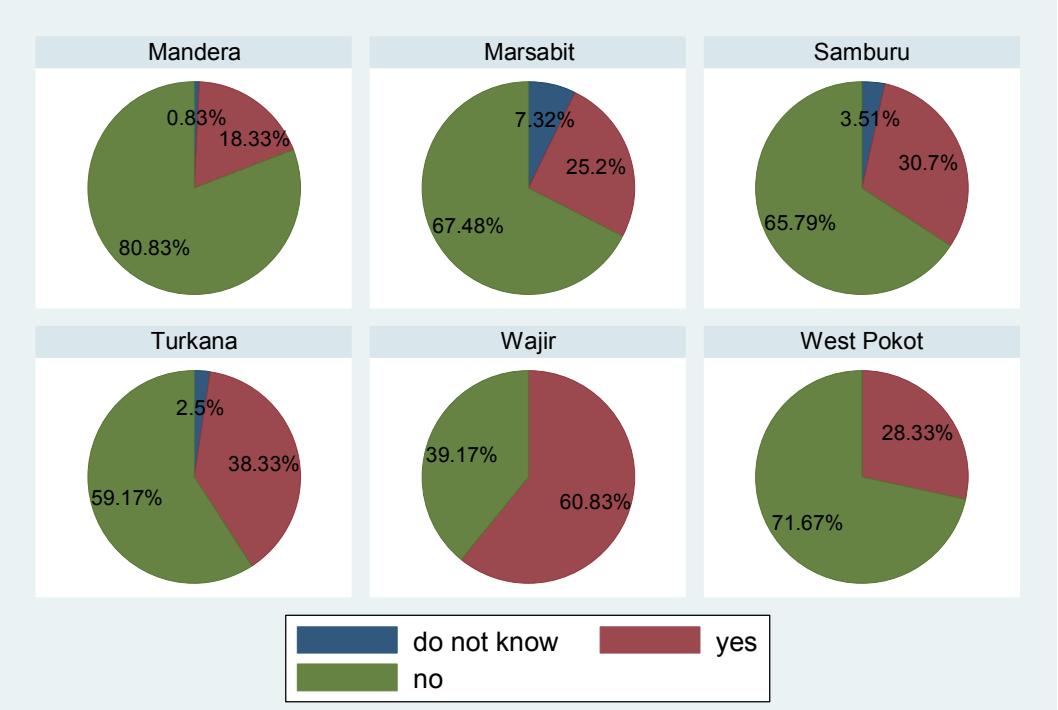
If yes, what is your role and responsibility as a member and how did you join (e.g. elected)?

How often/regularly do you participate in the group's/committee's activities? How often do you get consulted about decision that affect the community (e.g. building a bridge)?

Annex 4 – La Nina Consortium activities analysis

Early Warning System activity is implemented in all counties of Consortium operation. The majority of respondents reported that they did not receive any early warning during the 2011 drought. This suggests that EWS was lacking and therefore a relevant activity for all counties. Wajir is the county where the number of people reporting no early warning is the lowest. Even in 2011, partners of the Consortium are mentioned as providers of this information, where provided. Mandera and West Pokot show the highest share of the population who did not receive early warning in 2011. The recognition by one third of the population of better early warning systems as an improvement made in the region can be partly attributed to the work of the Consortium. Devolution and overall improvement via the NDMA can also partly explain this response rate. These results indicate that the activity should be maintained as a similar proportion of the population mentioned the need for further EWS improvement in the future. In Samburu, West Pokot and Marsabit, EWS is not mentioned as an area for improvement for the future. This may illustrate either that a sufficient EWS is in place to meet the future needs of the population or non-satisfaction in this activity based on past experience (e.g. activity is not appropriate to the need).

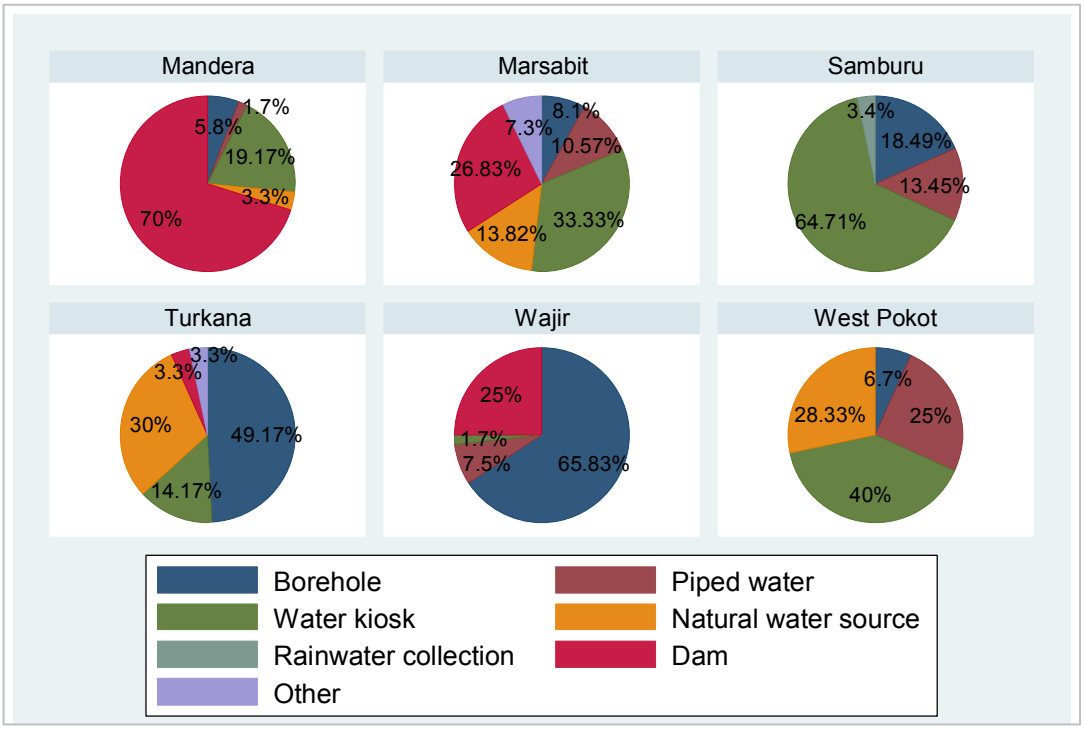
Figure 13: Share of the population that received early warning before the 2011 drought



PDS Livestock outbreaks and deaths are mentioned by a major proportion of the respondents (more than 50% of the total survey population) as an important problem. PDS has been implemented in all counties, including those where this problem was most mentioned. Based on this observation, we can consider this intervention as relevant targeting and it could be extended. However, the activity visibility (recognised as a new activity by population) is variable across county. Whereas half of those respondents mentioning livestock death and disease as a major problem did recognise the benefits of the activity i.e. in West Pokot, Marsabit and Turkana. Other counties presented low level of visibility of this activity (especially Samburu).

Water infrastructure Turkana, West Pokot and Marsabit are the three counties where access to water infrastructure is the lowest. This gives an idea where efforts can be targeted in the future. Water access is important to respondents (cf. Figure below).

Figure 14: Sources of water by county



In all counties the improvement of water management is recognised as a change that has enhanced livestock management since 2011. This result is lower in Marsabit. In Wajir, the water management improvement is reported in one third of cases attributed by respondents to the Consortium partner's actions.

Sanitation A clear correlation between access to latrines and Consortium WASH activity coverage can be noted.

Food vouchers There is no correlation between Consortium food voucher distribution activities and places where people mentioned that they have received food voucher since 2011. We consider that this kind of emergency response is implemented by multiple projects so the impact and the contribution of the Consortium is difficult to assess. Support from Consortium partners is explicitly mentioned in 28% of the cases of food voucher support in Marsabit and 43% in Turkana.

Animal health training & treatment The improvement of animal health and vaccination is mentioned in approximately the same proportion across counties. Marsabit, Wajir and Turkana are the areas where the Consortium implemented animal health training activity, according to key informants. In these counties the contribution of Consortium partners to the improvement is clearly noted by respondents. There are significant differences among those respondents in counties that have received vaccination support from Consortium partners compared to those who have not.

Establishment of livestock market We do not find any correlation between our indicators on market access and the Consortium activity on livestock markets.

Conflict resolution The share of the population affected by conflict is high in the overall sample since 2011. As we do not find significant differences between counties we suggest that this result indicates for an extension of the activity coverage on conflict resolution to the other counties where the activity is not yet implemented.

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