

**Emergency nutrition and livelihood support
for drought affected communities of East and
West Hararghe, Ethiopia, 2017-18**

**PROJECT FINAL INTERNAL EVALUATION
REPORT**

**Project location: East and West Hararghe Zones of Oromiya
Regional State in Ethiopia**

**Donor: Department of Foreign Affairs, Trade and Development
(DFATD)**

Project Period: April 1st 2017 – March 31st 2018

Compiled by: Yohannes Eshetu, Emergency LDM Manager

**June, 2018
Addis Ababa**

Table of Contents

Contents	Page
1. Summary of key findings	- 2 -
2. Introduction.....	- 2 -
3. Purpose of the PDM	- 3 -
3.1 Specific objectives.....	- 3 -
4. Methodologies Employed.....	- 3 -
4.1 Sampling and Data Collection Methods	- 3 -
5. Result and discussion	- 3 -
5.1 Household characteristics	- 4 -
5.2 Livelihood sources.....	- 4 -
5.3 Beneficiary selection process.....	- 4 -
5.1 Community Participation in the selection of beneficiaries	- 5 -
5.3 Reason for selection by the project	- 5 -
5.4 Benefits obtained and total amount of money received	- 6 -
5.5 Beneficiary preferences on the transfers	- 6 -
5.7 Knowledge of beneficiaries on the cause and signs of malnutrition/ under nutrition	- 8 -
5.8 Key informants attitude and reflection on the Health and Nutrition services provided	- 9 -
5.9 Training provided and perception on the benefits in enhancing service quality	- 10 -
5.10 Impact of the cash transfer in meeting households nutritional requirement.....	- 10 -
5.11 Access, Control and Decision making on how to spend money received by household	- 11 -
5.12 Impact of the cash injected on the local market	- 11 -
5.14 Household money expenditure on different household items	- 12 -
5.15 Saving trends of beneficiaries.....	- 12 -
5.16 Distance travelled and number of hours waited before collecting the money/ goats	- 13 -
5.17 Beneficiaries feeling on their way to the distribution site and back home	- 13 -
5.18 Level of satisfaction and preference of cash over in-kind transfer.....	- 14 -
5.19 Beneficiary Preferences on the support.....	- 14 -
5.20 Timing of the cash transferred.....	- 15 -
5.22 Government stakeholders' participation in the implementation	- 15 -
5.24 Challenges faced during the coordination.....	- 16 -
6. Conclusive Recommendations.....	- 17 -

1. Introduction

East and West Hararghe have a history of high acute malnutrition rates, usually heightening when there is drought, conflict, or other disaster but also present during the annual hunger season (from May to September). The level of recovery from nutritional crises has remained a major problem for these areas due to weakened resilience of target communities because of inadequate seasonal rain performance and low crop production even in the normal period due to population size, size of land and limited off farm income generating opportunities. Malnutrition screenings conducted in September 2016 for East and West Haraghe indicate that the case load of children and pregnant and lactating women (PLW) are among the highest in the country. Currently, 8% of the children under five (85,394 out of 872,691) and 24.8% (52,417 out of 212,021) of PLW are affected by malnutrition. In West Hararghe, 10% of under five children and 28% of pregnant and lactating women are affected by malnutrition. In East Haraghe the figure is 10 % for children under five and 21% for PLWs.

In many parts of Ethiopia, and including East and West Hararghe, women generally have less access to food due to traditional/cultural practices, and are often disproportionately exposed to under nutrition even when food security is not an issue. During an emergency, cultural practices continue to favour feeding men and boys when resources are low. This means that women's nutritional needs are the most likely to be neglected. The consequences of this are especially acute during pregnancy and lactation, as these are also periods of increased risk during which preventive measures that include special dietary attention are needed to ensure the nutritional well-being of the mother and child. It is a well-known fact that malnutrition can be transmitted from one generation to the next, as malnourished women often give birth to malnourished children, further perpetuating the cycle. Therefore, it is critical that pregnant and lactating women receive adequate nutrition during these times.

Children under five are at an increased risk of malnutrition in emergencies due to disrupted food supplies, poor water and sanitation, and a lack of support and knowledge regarding appropriate and safe child feeding practices. Growth faltering begins in the first six months of life, with malnutrition rates generally increasing until about two years of age. Most of this early damage results in the visible stunting and then impaired cognitive development and intellectual capacity, and can result in long-term irrevocable damage. In turn, this can result in poorer performance at school, greater susceptibility to infection and disease, and a diminished capacity to work later in life. Therefore, it is very important to target children less than five years and support them with nutritional requirements so that the effects of inadequate nutrition and poor sanitation can be mitigated.

2. Purpose of the final internal evaluation

- The main purpose of the project final internal evaluation/ post distribution monitoring was to assess beneficiaries feeling on the overall project implementation and cash and/or goats utilization, impact of the cash and/or goats on their household food security and forward possible recommendations for future improvement

2.1 Specific objectives

- To assess households involvement in the selection of project beneficiaries at the start of the project
- To identify concern of the households on the amount of cash delivered and timeliness of cash distributions
- To assess households preference with other types of project interventions such as in-kind transfer
- To know beneficiaries feeling, level of satisfaction and future interest on the cash distribution

3. Methodologies Employed

3.1 Sampling and Data Collection Methods

There are different factors which affects determination of the sample size in a given survey such as time, resources (financial, material and human) and purpose. For this internal final evaluation/ assessment 247 (around 7%) beneficiaries and 8 key informants were contacted

The project final internal evaluation employed both quantitative and qualitative data collection methods and data were collected through an individual beneficiary interviews using structured questionnaires and key informant discussion in those 4 sampled woredas.

4. Result and discussion

The data was collected from 14 kebeles in 4 project implementation woredas (3 from Chiro, 3 from Goroguta, 4 from Gemechis and 4 from Kerssa). A total of 247 sampled female beneficiaries participated in the individual interview and 6 key informant discussion was held with government sect oral offices (Health and ODRMC) who were actively engaged in the course of implementation.

Table 1: Number of beneficiaries involved in the survey

S/n	Name of Kebele	Name of Woreda				Number of respondents
		Chiro	Gemechis	Kerssa	Gorogutu	
1	Maderia	0	20	0	0	20
2	Homecho Eba	0	20	0	0	20
3	Homecho Rehana	0	11	0	0	11
4	Weltane	0	11	0	0	11
5	Fugnan dimo	21	0	0	0	21
6	Nejabas	20	0	0	0	20
7	Y/ bobasa	20	0	0	0	20
8	Edo Jalela	0	0	0	20	20
9	Bika	0	0	0	20	20
10	Mekanisa	0	0	0	21	21
11	Ifa Jalela	0	0	18	0	18
12	Meta Kome	0	0	12	0	12
13	Emero	0	0	13	0	13
14	B/ Negaya	0	0	20	0	20
Total		61	62	63	61	247

4.1 Household characteristics

The survey result indicated, the average number (mean value) of people per household was closer to 6 while the min and max numbers of people in the household were 1 and 12 respectively for both project operational woredas.

4.2 Livelihood sources

As you can understand from Table 2, agro-pastoralism is the main livelihood source for beneficiaries in the project operational woredas accounting for 98%

Table 2: Main source of income/ livelihood for the households

Livelihood source		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agro pastoralist	245	99.2	99.2	99.2
	Private business	2	.8	.8	100.0
	Total	247	100.0	100.0	

4.3 Beneficiary selection process

Beneficiary selection was the first task undertaken by the project in the project operational woredas. Regarding targeting, almost all respondents clearly explained the criteria was mainly

based on MUAC measurement for mothers and children under five years of age. Those who fulfilled the minimum criteria (MUAC less than 23 cm and 11 cm for PLWs and children under five years) was included in the project and benefited from nutritional support and the cash distribution as well.

4.1 Community Participation in the selection of beneficiaries

Regarding beneficiaries' involvement in the selection process, majority (189) of the survey participants confirmed their participation in the process; while the remaining 57 participants indicated they did not involve in the selection process.

During the discussion with key informants (Health and ODRMC experts), they mentioned the project targeted the mother whose child was in severe or moderate acute malnutrition addressed in the OTP and TSFP. The targeted beneficiaries selected by targeting criteria with woreda and kebele food security task forces. The beneficiaries directly involved in the project implementation process starting from targeting to receiving in-kind and cash support. The screening was conducted in participation of the Health office and ODRMC staffs.

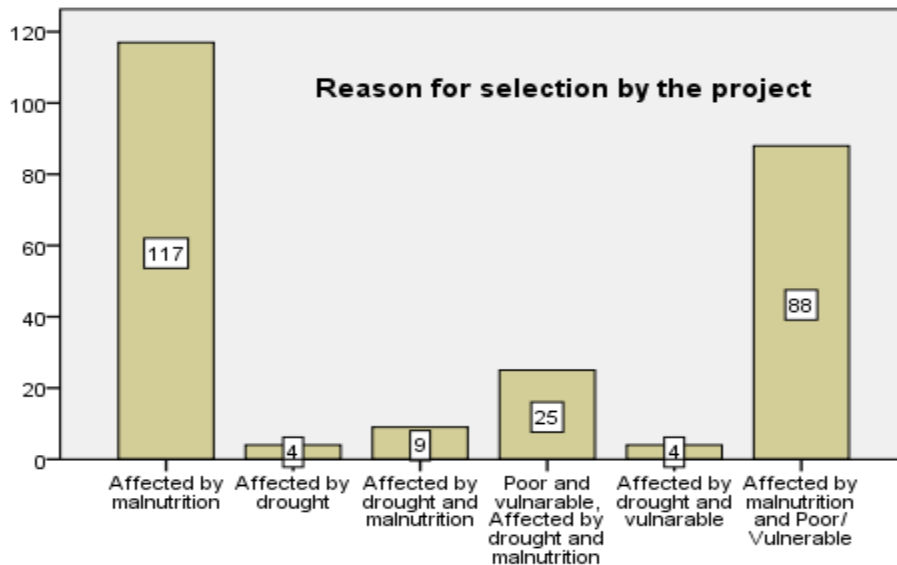
4.2 Knowledge of government stakeholders on the project and their involvement in the selection of beneficiaries

The key informant in ODRMC explained that they know the project very well, and said it was started in June. It works on the management of malnourished children and PLWs, provided goats for target beneficiaries, renders technical support for healthcare staffs, provided supplies and render logistic supports. The project was fully participatory as all relevant partners' participated from the outset in launching workshop and involved in planning, implementation and evaluation of the project at the end of the project period.

The key informant from Health offices indicated: they know the emergency nutrition and livelihood support project. The project support the drought affected under five and pregnant & lactating women with acute malnutrition. The project started in June 2017. The project provided 4 female breeding goats and 1200 ETB per HHs for 175 targeted beneficiaries in our woreda. Different capacity building training support was given for HWs and HEWs and also women and men developmental army's leaders. Logistic and technical support provided to strengthen OTP and SC sites

4.3 Reason for selection by the project

When respondents asked why they were selected, as the below chart depicts, majority (117 out of the total 247) replied because they are affected by malnutrition/ under nutrition and 88 respondents mentioned a combination of factors including malnutrition/ under nutrition, vulnerable for the minimum shock due to the lack of resources since they are poor.



4.4 Benefits obtained and total amount of money received

All of 247 survey respondents in four woredas confirmed that they received 1200 birr each and they also mentioned benefited from Nutritional support (supplementary feed, OTP/SC services and trainings aimed to improve their knowledge and skills on child feeding and preparation of balanced diet and other related issues) and Goats provisioning (4 goats per household). The respondent also believed that the money given to them was as per the entitlement promised at the beginning of the project.

4.5 Beneficiary preferences on the transfers

For the question on preference over the transfer type (cash, voucher and a combination of both cash and voucher). Majority of the respondents (132) preferred cash, about 71 of them showed their interest for both cash and voucher in combination, only 43 respondents preferred voucher instead of the other two and one person did not responded (missing)

4.6 Nutritional Support provided

CARE proposes to address nutritional needs in East and West Hararghe by strengthening the capacity of health centres to provide treatment of MAM and SAM, equipping communities with the ability to identify, prevent and respond to malnutrition, and restoring and enhancing the ability of women to generate income to prevent future malnutrition.

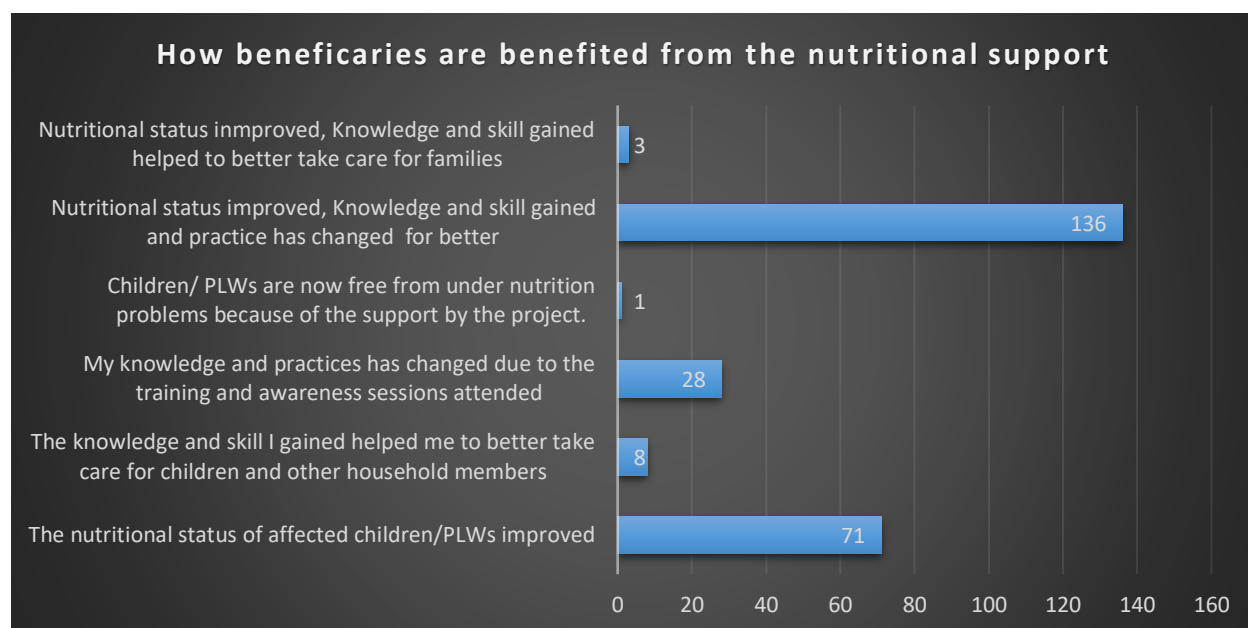
Women, girls, boys and men face different risks in relation to the deterioration of their nutritional status and livelihoods as a result of their differing nutritional requirements and the socio-cultural

factors related to gender. This project is designed to provide comprehensive assistance to these most vulnerable groups. All of the 247 survey respondents witnessed that they benefited from nutritional support. Please refer to Table 3 for detail on the type of nutrition support beneficiaries obtained from the project

Table 3: Types of nutritional support provided for project beneficiaries

Response category	Frequency	Percent	Valid Percent	Cumulative Percent
• Received supplementary food	52	21.1	21.1	21.1
• Benefited from OTP/SC services	12	4.9	4.9	25.9
• Attended training and awareness education	20	8.1	8.1	34.0
• Attended training, Received supplementary food and OTP/SC services	124	50.2	50.2	84.2
• Received supplementary food and OTP/SC services	19	7.7	7.7	91.9
• Received supplementary food and attended trainings and awareness education	20	8.1	8.1	100.0
Total	247	100.0	100.0	

As the next chart depicts, the nutritional support and training/ awareness educations benefited targeted beneficiaries in different ways. In this regard, majority of them (136 respondents) had witnessed that because of the support their nutritional status improved, Knowledge and skill gained on how to prepare and feed a balanced diet and their practice had changed for better because of the knowledge and skill gained from the training and awareness education and 71 respondents indicated that the nutritional status of affected children/PLWs improved because of the support. Please refer to the next chart for detail on this



4.7 Knowledge of beneficiaries on the cause and signs of malnutrition/ under nutrition

From the total 247 respondents, all of them (100%) able to tell at least one or more causes of malnutrition and the corresponding signs of the impact. Please refer to the next Table for detail on this:

Table 4: Causes and signs of malnutrition/ under-nutrition				
Causes of malnutrition	Frequency	Percent	Valid Percent	Cumulative Percent
Inadequate dietary intake	82	33.2	33.2	33.2
Poor health and disease	12	4.9	4.9	38.1
In adequate dietary intake and poor health	28	11.3	11.3	49.4
In adequate dietary intake, poor health and lack of knowledge	27	10.9	10.9	60.3
Poor hygiene and sanitation, in adequate dietary intake and Poor knowledge and practice	92	37.2	37.2	97.6
Poor hygiene and sanitation and in adequate dietary intake	6	2.4	2.4	100
Total	247	100	100	
Signs of malnutrition/ under-nutrition				
Bilateral edema	44	17.8	17.9	17.9
Loss of appetite and bilateral edema	44	17.8	17.9	35.8
Wasting	16	6.5	6.5	42.3
Medical complications	3	1.2	1.2	43.5
Wasting, Bilateral edema and medical complications	44	17.8	17.9	61.4
Loss of appetite, Bilateral edema, Wasting and Numbness	88	35.6	35.8	97.2
Medical complications, Loss of appetite	7	2.8	2.8	100
Total	246	99.6	100	

System	1	0.4		
Total	247	100		

Virtually all of the respondents expressed their happiness on the way how the nutritional services were provided to them. In this regard more than 75% of the respondents rated the benefit and nutritional services provided as 'Excellent', close to 22% of the respondents rated as 'Very good' and around 2% of the respondent indicated that they are no happy

4.8 Key informants attitude and reflection on the Health and Nutrition services provided

As per the key informants the major health and nutrition activities implemented by the project includes: Support to OTP, SC and TSFP services through technical and logistical aspects. The project provided different capacity building training including Basic SAM training for Health workers (HWs), Basic SAM training for Health Extension Workers (HEWs), IYCF-E training for HEWs and IYCF-E training for women and men development army leaders. The project purchased and distributed OTP and SC Medicaments, OTP&SC materials and Care takers food for the facilities in the woreda.

Regarding the health and nutrition services delivered: The project support increased the health and nutrition services in the intervention area. The social mobilization and screening support increased the coverage of under-five and PLW screening. The cure rate, death rate and defaulter rate were in the acceptable sphere standard. Due to logistical support, materials (inputs) transported and delivered to the health facilities which are very close to the community residences.

During the discussion with Key informants (KIs) on the preventive and curative aspects of the intervention, they mentioned the curative aspects of intervention went well because of the quality services provided by the trained health workers and health extension workers. So, there is no death reported and with minimal defaulter even during the public unrest/ protest time where the security issues were fragile. For future, it is also better to strengthen preventive aspects in parallel with curative services delivery strengthening.

For the question on change in attitude, behavior and practice of the people: They believed that there is not as such big change on the attitude, behavior and practices of the people since change in attitude, behavior and practices requires longer time to occur in the community. However there is a change in KAP of the community regarding health seeking behavior and improved diet diversification.

Key informants also asked to reflect on the project activities that went well. In this regard, they mentioned the following: goat provisioning, cash provisioning, and capacity building training, technical and logistic support for OTP and SC sites.

Regarding the key technical challenges in relation with the nutritional services provided they mentioned:

- ✚ Limited supply of CSB for MAM cases as per national protocol
- ✚ WDAs structure not existing and not functional

4.9 Training provided and perception on the benefits in enhancing service quality

The project also gave health professionals/ HEWs *IYCF-E* trainings once in the project period. During internal evaluation, 32 health workers who had taken CMAM/*IYCF-E* training were interviewed on; how the training helped them improve nutrition service and 27 (84%) replied they are able to appropriately treat under nourished cases.” and they mentioned the training was very important in capacitating health professionals/ workers so as to enhance their capacity to provide the required health services for the affected communities. According to the key informants in the four woredas,

Because of the training and the project support as a whole, the number of nutritionally affected under five children and PLWs admitted in the OTP/SC center decreased significantly since the service delivery was enhanced by the project. Key informants and project beneficiaries witnessed that they benefited from the project significantly. Their knowledge and practice on how to prepare and to whom to feed the supplementary food hanged totally mainly due to the training and education reached to them through the project staffs and that of the government health workers in their locality.

Both the KIs and beneficiaries explained that previously the supplementary food provided for the affected children/ PLWs was eaten together by the whole family. After the education and awareness education, their perception changed as they understood the food is only for children/ PLWs affected by malnutrition. It also helped women gain knowledge on how to prepare balanced diet for their children and themselves.

4.10 Impact of the cash transfer in meeting households nutritional requirement

From the total 247 survey participants, 100% of them believed that the cash received from the project helped them in meeting their household nutritional requirement.

The survey result showed that the cash provided to beneficiaries significantly helped them to buy food and other basic necessities from the local market (since their capacity to pay for food on the market has improved).

As Table 5 depicts, the larger majority 102 (41.3%) indicated due to the cash provided by the project food availability, access to food and food utilization by the household improved and 57 of the respondents (which is 23.1%) mentioned mainly their access to food improved due to the cash provided. Please refer to Table 5 for detail on this

Table 5: Benefits obtained from the cash transfer to beneficiaries households					
Benefits of the cash transfer		Frequen cy	Percent	Valid Percent	Cumulative Percent
Valid	Access to food improved	57	23.1	23.2	23.2
	Improved food access and availability	39	15.8	15.9	39.0
	Household food utilization improved	12	4.9	4.9	43.9
	Improved access to food and helped to pay medical bills	7	2.8	2.8	46.7
	Improved access to food and helped to restart livelihoods	3	1.2	1.2	48.0
	Improved food availability, access and utilization	102	41.3	41.5	89.4
	Food availability improved	26	10.5	10.6	100.0
	Total	246	99.6	100.0	
Missi ng	System	1	.4		
Total		247	100.0		

4.11 Access, Control and Decision making on how to spend money received by household

Household members usually decide on how to spend the money received from the project either individually, husband and wife together and collectively including other household members. As per findings of the final assessment survey, 22.3% of the respondent indicated that the decision was made together by husband and wife, almost 76.1% said the wife alone made the decision and 1.6 % of them said husband alone made the decision on how to utilize the money provided by the project.

From the total 247 respondents, the larger majority 178 (72.1%) of them indicated that they have both control and access on the money given to them, 65 (26.3%) of them believed that they have only use access on the money given and 4 respondents(1.6%) did not respond for this question (missing).

Regarding conflict happened within households in controlling the money given, 187 (75.7%) of the respondent agreed that conflict occurred, 59 (23.9%) of them disagreed that conflict had occurred and 1(0.4%) respondent did not respond for this question (missing).

4.12 Impact of the cash injected on the local market

With regards to market price inflation in the local market, majority of the respondents 161 (65.2%) believed that they did not see any price inflation on the goods and services in the local market in connection with the cash injected through the project; while 85 (34.4%) respondents

believed that the cash injected through the project caused inflation on price of goods and services and 1(0.4%) respondent did not respond for this question (missing)

4.13 Suitability of the cash distribution frequency

Respondents were asked whether the cash distribution frequency was suitable to them or not. In this regard, majority (240) of them replied that the cash distribution frequency was suitable and they are happy, however 6 of the respondents indicated that the distribution frequency was not suitable to them and 1 of the survey participants did not responded for this question (missing).

4.14 Household money expenditure on different household items

Households usually spend their money on different household needs that are basic to sustain their life and livelihoods. In this regard, respondents were asked to explain amount of money they expended on different items. The result of the survey indicated that households spent more money on food purchase than the other household needs. The amount each household spent on food also varied significantly. Majority of respondents (115 of them) used 100 to 500 birr to purchase food and 32 respondents indicated that they did not spend money on food purchase. Please refer to Table 6 for detail on this.

Table 6: Household money expenditure on different items

Amount of money spent	less than 100 birr	100 to 500 birr	501 to 1000 birr	> 1000 birr	Did not spend on this item	Total
How much did you spent on Food purchase		115	62	38	32	247
How much did you spent on Medicines/health payment	3	77		7	160	247
How much did you spent on Debt repayment	5	30			212	247
How much did you spent on Livestock purchase	11	52	20	1	163	247
How much did you spent on Gift to relative/ neighbors	7	8			232	247
How much did you spent on Purchase of shoes and clothes	2	103	1		141	247
How much did you spent on School fees	11	44	1		191	247
How much did you spent on transport	61	15			171	247
How much did you spent on Other HH goods	8	50	13	16	160	247

4.15 Saving trends of beneficiaries

Though the primary purpose of the cash payment was to help emergency affected beneficiaries increase their food access and meet other household basic needs; beneficiaries do not always consume all the money given and may save some amount of money given to them. Different

factors, such as, severity of the situation, amount of money given, and knowledge and past experiences determine how much, if any money is saved. The result of the assessment showed variation in this regard.

From the total 247 participants of the assessment, only 81 respondents indicated that they temporally saved some amount of money; while 166 of them confirmed that they did not saved their money. Please refer to Table 5 for detail on amount of money saved by households

Table 7: Amount of money saved by households

Amount of money		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 100 birr	9	3.6	11.1	11.1
	100 to 500	65	26.3	80.2	91.4
	501 to 1000 birr	7	2.8	8.6	100.0
	Total	81	32.8	100.0	
Missing	System	166	67.2		
Total		247	100.0		

4.16 Distance travelled and number of hours waited before collecting the money/ goats

Regarding distance traveled to collect the cash and/ goats, majority (97) of the respondents indicated that they traveled 5 to 10 km from their residential areas, 66 of them traveled less than 5 km from their residential areas, 59 of the respondents traveled 11 to 15km and 8 respondents traveled 16 to 20 km and the remaining 17 respondents traveled more than 21km to collect their money from the cash distribution site.

Concerning queuing time at the cash/ goat distribution site before collecting the money/goats, 60 respondents indicated that it was less than 30 minutes, 96 of them said it was between 30 minutes to one hour, and the remaining 91 respondents mentioned it was more than one hour.

4.17 Beneficiaries feeling on their way to the distribution site and back home after collecting their money/goats

Concerning the safety and security issue on their way to and back from the cash/ goat distribution point, 177 of the respondent indicated that they felt safe on their way to back home after collecting their cash and/ or goats; while 65 respondents confirmed that they did not felt safe on their way to and back after collecting their cash and/or goats and this is mainly because of the long distance traveled from their residential areas. 5 respondents did not responded for this question (missing).

4.18 Level of satisfaction and preference of cash over in-kind transfer

Respondents were also asked about the level of satisfaction regarding the cash and/or goats distributed. In this regard, 122 of the respondents rated as 'Excellent', 80 of them rated as 'Very good' 21 of them rated 'Good', 22 respondents preferred in-kind transfer than cash and 2 respondent did not replayed for this question 'missing'.

4.19 Beneficiary Preferences on the support

Concerning their preference with other in-kind transfer, 177 of them responded cash as their first preference, 70 of them replayed that they do not prefer cash over in-kind transfer. Those 177 respondents who preferred cash as their first priority mentioned different factors for choosing cash over other in-kind transfers. Please look at Table 8 for detail on this.

Table 8: Reasons for preferring cash transfer over an in-kind transfer

Response categories		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cash can be used flexibly	99	40.1	55.9	55.9
	Cash is easy for saving and can often be delivered more quickly	3	1.2	1.7	57.6
	Cash is easy for saving and can be used flexibly	13	5.3	7.3	65.0
	Cash stimulates the market and flexible to use	1	.4	.6	65.5
	It is flexible to use, more quick to deliver and it stimulate the market	9	3.6	5.1	70.6
	It is flexible to use, more quick to deliver and easy for saving	52	21.1	29.4	100.0
	Total	177	71.7	100.0	
Missing	System	70	28.3		
Total		247	100.0		

As per some of the key informants in West Hararghe, in-kind support is better than cash support since most of the community members specially men have higher tendencies spending money for recreational purposes than for the intended purposes. However, majority of the key informants appreciated both in kind and cash support complement each other. Until the in kindly supported goats replicated through breeding, the cash support helped them to get immediate

food needs for their children. In kind provision preferred for male targeted beneficiaries because males spend cash at hands whereas female beneficiaries save money and engaged in local income generating activities and will be benefited from the profit.

4.20 Timing of the cash transferred

For the question on timing of the cash/ goats transferred, majority (89.5%) of them responded that the cash/ goats were transferred on time; while the smaller proportion (9.7%) of the respondents indicated the transfer were not on time and 2 respondents did not responded for this question (missing).

According to the KII, The project started the implementation at the critical time that community needs humanitarian response. The project delivered all the support to the community timely as planned in the project implementation period.

4.21 Future interest and preferences

Regarding their future interest for cash, majority 48.2% of the participants showed their interest for cash to continue in the future, 46.6% of the survey participants showed their interest for a combinations of cash and in-kind together and 4.5% of the participant mentioned in-kind transfer as their first preference and 2 respondents did not responded (missing).

4.22 Government stakeholders' participation in the implementation, Monitoring and Evaluation of the project

During the discussion with key informants (Health and ODRM offices), they explained that the project was fully participatory from the beginning up to the end of its period. All concerned partners participated starting from the launching workshop to planning, implementing, monitoring and evaluation of the project activities. Zonal and woreda sectoral office heads and focal persons were actively involved in the project implementation process

The woreda Health office, ODRMC office, Livestock office, Women and children affairs office and the Community as well as Local leaders and HEWs actively participated in undertaking different activities of the project. Staffs from their offices actively participated in targeting of beneficiaries as well selection of good breeding goats during distribution of goats for target beneficiaries. The community members and local leaders also participated in targeting and during distribution along with HEWs.

All the KIs participated in the discussion, mentioned that they were actively participated in the implementation of the project activities from the start-up in the launching and including project planning, implementation, monitoring and evaluation of the project activities. They were working together with project staffs in their respective woredas in undertaking all daily project activities.

4.23 Coordination with relevant government sectorial offices

During the discussion with key informants, the coordination with woreda DRMC and Health Offices and institutions was very good. Regular Monthly meetings were held to share information among sector bureaus and project staffs. The key informants mentioned that, the project addressed the needs of the community affected by the drought through availing different resources timely and resources were used properly. The project activities implemented by involving all the concerned partner's sectorial offices. They met on weekly, monthly and quarterly bases and share information when necessary and as required.

4.24 Challenges faced during the coordination

There was problem of getting all partners involved together as everybody was busy on their own tasks and responsibilities.

The KI in ORDMC office in Chiro woreda mentioned that there was not regular review meeting and monitoring and evaluation of the project activities. At least there should be a regular review meetings and monitoring of activities on monthly basis but this did not happen regularly in this project, so it needs improvement in this aspect for the future. If there was a regular monthly meeting, it would be easier to identify weaknesses and strengths. There is no any kind of review meetings conducted before.

The security problem was one of the major challenge that affected the frequency of coordination meeting and information sharing to identify the strength and weakness during the implementation for improvement and to take timely corrective action.

4.1 Recommendations of government key stakeholders

- After the provision of goats there was not follow up and monitoring conducted by livestock office to evaluate the status of the goats provided and the changes brought to the target beneficiaries and this need to be improved and even after training provided there should be a follow up monitoring otherwise it is difficult to talk about the change brought about the project
- For the future distribution of goats should consist as a package like deworming, vaccination of livestock and follow up the status of distributed goats
- The project should be inclusive of all CMAM components and livelihood components including hygiene and sanitation part should be included in the a project
- The project activities that needs improvement is that provision supplementary food for moderately acute malnutrition children and PLW as per protocol

5. Conclusive Recommendations

All the cash and/or goats support beneficiaries were female and majority of them explained that they are happy with the cash and /or goats distribution and indicated that they are great full to CARE in this regard.

In most of the case the decision on how to utilize the cash provided made by the wife alone (almost 76.1% said the wife alone made the decision) and sometimes the decision will be made together by husband and wife, and 1.6 % of them said husband alone made the decision on how to utilize the money provided by the project. The larger majority 178 (72.1%) of them indicated that they have both control and access on the money given to them, 65 (26.3%) of them believed that they have only use access on the money given

Regarding distance traveled to collect the cash and/ goats, majority (97) of the respondents indicated that they traveled 5 to 10 km from their residential areas, 66 of them traveled less than 5 km from their residential areas, 59 of the respondents traveled 11 to 15km and 8 respondents traveled 16 to 20 km and the remaining 17 respondents traveled more than 21km to collect their money from the cash distribution site.

For the question on preference over the transfer type (cash, voucher and a combination of both cash and voucher). Majority of the respondents (132) preferred cash, about 71 of them showed their interest for both cash and voucher in combination, only 43 respondent preferred voucher instead of the other two

Majority of the respondents indicated that the cash given helped them increasing access and availability of food and other basic necessities of the households. Majority of the respondent reported that they managed to improve their food access through the cash provided and able to purchase food from the local market.

The coordination among different government sectoral offices and CARE staffs was very good. All relevant government sector offices experts were actively involved in the project implementation process from the outset of the project. The government people highly appreciated the commitment of project staffs and CARE as an organization for their hard working and endurance to help the drought affected communities in both woredas