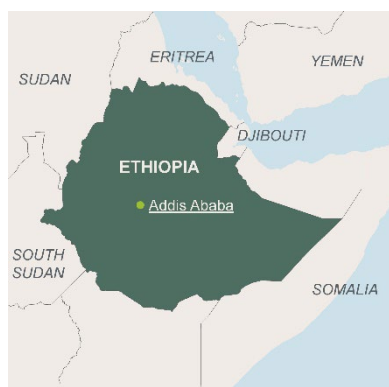


# Ex post evaluation

## Developmental food aid, Ethiopia



<b>Title</b>	Support for mal- and undernourished children and population groups affected by drought in Ethiopia		
<b>Sector and CRS code</b>	Developmental food aid/food security; 52010		
<b>Project number</b>	BMZ-No. 2015 69 144		
<b>Commissioned by</b>	German Federal Ministry for Economic Cooperation and Development (BMZ)		
<b>Recipient/Project-executing agency</b>	United Nations Children's Fund (UNICEF)		
<b>Project volume/financing instrument</b>	EUR 10 million/BMZ budget funds		
<b>Project duration</b>	February 2016 – December 2017, 22 months		
<b>Year of report</b>	2021	<b>Year of random sample</b>	2020

### Objectives and project outline

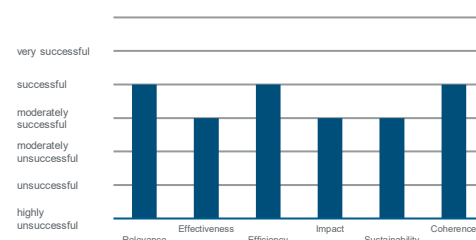
The objective at outcome level was to stabilise the nutritional status of children over the short term and improve health care for pastoral and rural population groups, as well as to improve the drinking water supply over the longer term. The project aimed to achieve these goals with a wide range of activities in the three intervention areas of food, healthcare, and water and sanitation supply. At impact level, the objective was to relieve the worst effects of the drought. A further goal for the project was to contribute to preventing conflicts in Ethiopia.

### Key findings

The degree of target achievement partially falls short of expectations and sustainability is at risk in some areas, but the positive results still dominate. The project is rated as moderately successful.

- The relevance was rated as good because the project's design addressed the multi-dimensional core problem with a multi-sectoral approach and ensured a needs-oriented identification of measures in a highly volatile intervention context by using funds without earmarking.
- Effectiveness was only rated as satisfactory because it was not possible to determine clearly which goals had been achieved at the time of the evaluation, partly due to inadequate monitoring by UNICEF.
- Around 1.3 million people benefited from EUR 10 million in FC funds, which led to allocation efficiency being rated as good.
- The overarching developmental impacts cannot be monocausally attributed to the FC project since the project was embedded in UNICEF's overall involvement in Ethiopia (attribution problem).
- A lack of maintenance concepts for infrastructure and financial and political instability caused by violent ethno-nationalistic tensions present a risk to the project's sustainability.
- UNICEF was not required to present detailed cost and performance accounts for the FC funds, which made it difficult to evaluate the use of funds.
- The impact level dual objective for the fragile context (helping to prevent conflicts) could neither be verified nor falsified on the basis of evidence.

**Overall rating:**  
moderately successful



### Conclusions

- In the given security circumstances, KfW could not have implemented this FC project on its own.
- As a specially skilled project-executing agency, UNICEF had good links to regional structures, though KfW had only limited influence on its actions.
- For complex projects in a fragile environment, it is important that the project-executing agency is able to adjust the planned measures flexibly and in a manner appropriate to the context.
- Project terms should be planned realistically to take the dynamic situation in fragile intervention areas into sufficient account.
- Short-term food security measures cannot be expected to be sustainable.

## Rating according to DAC criteria

### Overall rating: 3

#### Ratings:

Relevance	2
Coherence	2
Effectiveness	3
Efficiency	2
Impact	3
Sustainability	3

The project's relevance, coherence and efficiency are rated as good, while its effectiveness, impact and sustainability are deemed to be satisfactory. The degree of target achievement partially falls short of expectations but the positive results dominate. For this reason, the overall development policy assessment of the project is "moderately successful".

#### Relevance

At the time of the FC project's appraisal in December 2015, large parts of Ethiopia had been struck by a severe drought.<sup>1</sup> The regions particularly affected by the drought were the lowland region of Afar and northern sections of the Somali region, whose populations primarily subsist on agricultural and semi-nomadic cattle farming. Crop failures and shrinking cattle populations led to acute hunger and malnutrition in these areas. According to the Integrated Food Security Phase Classification<sup>2</sup>, levels 3 and 4 were forecasted for parts of these regions for the first quarter of 2016, a clear indication of crisis and urgency in the food situation.<sup>3</sup> One aspect that made the situation more difficult was that the water supply was significantly compromised across the country. In addition to wells drying up, this could also be traced back to floods following the El Niño weather phenomenon, which contaminated drinking water and damaged water infrastructure.

In view of this situation, with its project "Support for mal- and undernourished children and population groups affected by drought" German FC participated financially in UNICEF measures in 2016–2017 to improve the nutritional (component 1) and healthcare situation (component 2) as well as the water supply and sanitation services (component 3). With these measures, the aim was to reduce the effects of the drought in Ethiopia primarily for the pastoral population (particularly women and children) in the regions of Afar and Somali. However, children, pregnant women, and breastfeeding women at risk from malnutrition across the country (target group) were also intended to benefit from the measures. While the "nutrition" and "healthcare" components were designed to make a short-term contribution to tackling mal- and undernutrition among children and also to improve health care for pastoral and rural population groups, the "water supply and sanitation services" component aimed to secure access to drinking water over the long term.<sup>4</sup> The aim was mainly to implement measures that generated swift impacts in areas particularly

<sup>1</sup> FEWS Net (2015a): Illustrating the extent and severity of the 2015 drought; [https://reliefweb.int/sites/reliefweb.int/files/re-sources/FEWS%20NET\\_Ethiopia%202015%20Drought%20Map%20Book\\_20151217.pdf](https://reliefweb.int/sites/reliefweb.int/files/re-sources/FEWS%20NET_Ethiopia%202015%20Drought%20Map%20Book_20151217.pdf) (accessed: 15 September 2021).

<sup>2</sup> The Integrated Food Security Phase Classification (IPC), which was developed by experts from the World Food Programme (WFP), the Food and Agriculture Organization (FAO) and various governmental and non-governmental organisations, defines five stages of a hunger crisis; <http://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/en/> (accessed: 15 September 2015).

<sup>3</sup> FEWS Net (2015b): ETHIOPIA Food Security Outlook Update December 2015, [COUNTRY Food Security Update \(reliefweb.int\)](https://reliefweb.int/sites/reliefweb.int/files/re-sources/ETHIOPIA%20Food%20Security%20Update%20December%202015.pdf) (accessed: 15 September 2021).

<sup>4</sup> The FC project's goal, as formulated in the programme proposal and the final inspection, was to help mitigate the effects of the drought in Ethiopia and, in doing so, to contribute to tackling mal- and undernutrition among children, improving health care for pastoral and rural population groups, and also securing long-term access to drinking water. Neither the programme proposal nor the final inspection differentiated between the goal at outcome level and the goal at impact level. In the EPE, the target system was adjusted and

affected by the drought or that were strategically important for the population. Due to the short planning time frame, the exact selection of measures was supposed to take place quickly using a needs-based approach. From today's perspective, the decision to use funds in an approach without earmarking is deemed appropriate, as this was the right instrument – given the volatile and dynamic situation in Ethiopia – for enabling the FC measures to be adjusted to urgent needs.

The three-part package of measures at input and output level – which corresponded to the three components – was suitable for reaching the aforementioned objectives in a needs-based approach, so the project's underlying results chain is regarded as appropriate. Furthermore, the three-part package of measures allows for the fact that inadequate water supply and sanitation services have a causal link to the nutrition/healthcare situation.<sup>5</sup> The integrative, multi-sectoral approach made up of short-term measures for nutrition and healthcare and longer-term development-oriented measures in the water and sanitation sector is thus regarded as sensible. No signs of competition between the components (trade-offs) were identified in the project's design. Additionally, risks identified at the time of the programme proposal were taken fully into consideration, e.g. the weak state structures for operating and maintaining infrastructure, or inadequate application of location-adjusted technical designs for infrastructure.<sup>6</sup> However, a conflict-sensitive approach in line with the Do No Harm principles was not explicitly applied in the programme proposal. This – in addition to a lack of empirical evidence – made it difficult to establish a stringent link between the project measures and a contribution to the prevention of conflicts.<sup>7</sup>

Since the FC project was incorporated into UNICEF's entire programme for Ethiopia, KfW's scope for influencing the design and steering elements of the project was very limited. Nevertheless, KfW was able to make a few design-related suggestions, such as the use of mobile healthcare stations (see Effectiveness). As such, a certain level of conceptual added value could be achieved when compared to direct financing via the BMZ's multilateral titles. Even from today's perspective, the choice of UNICEF as the project-executing agency appears appropriate because the organisation has a broad base of knowledge in the intervention context due to its many decades of involvement in Ethiopia and is able to target the interface between emergency aid and structural development cooperation through a wide range of implementation instruments. The additionality of the KfW-financed measures with interventions by other donors was ensured in that UNICEF measures could be flexibly adjusted in line with the context during the project implementation phase (see Effectiveness).

In short, we rate the project's relevance – despite the lack of an explicit conflict-sensitive design – as good because the design was suitable for addressing the core problems (all of which remain relevant from today's perspective) of a food crisis, restrictions in the drinking water supply and severe impacts on people's health in an appropriate and development-oriented manner.

**Relevance rating: 2**

### Coherence

In terms of internal coherence, the project fitted in logically with other development-policy measures taken by Germany in the context of Agenda 2030 (particularly SDG 2) and in the focus area of agriculture and food security.<sup>8</sup> It was found to particularly complement projects that aim to develop capacity within the population and at the responsible institutions, such as the TC project "Improving food security and disaster risk management to strengthen resilience in Afar" (BMZ-No. 2016 01 236), which ran from 2016 to

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reformulated in line with the impact levels and according to the current state of the art for development-oriented emergency food aid projects, and distinctions were drawn between the outcome level and the impact level (see Effectiveness and Impact).

<sup>5</sup> For empirical evidence, see, for example, the WASH ePaper by the Sustainable Sanitation Alliance; <http://www.susana.org/re-sources/documents/default/3-2536-7-1461912405.pdf> (accessed: 18 September 2021).

<sup>6</sup> For this reason, the project-executing agency UNICEF was to pay attention to the application of location-appropriate designs and, in particular, to the development of operating and maintenance concepts while implementing the measures.

<sup>7</sup> Since the project was marked with the DAC label Peace and Security (FS1), dual objectives are reviewed as part of the EPE (see Impact).

<sup>8</sup> An overview of German DC projects in Ethiopia is available here: <https://dserver.bundestag.de/btd/19/072/1907224.pdf> (accessed: 1 September 2021).

2021. The project's objectives are to secure food and a productive livelihood over the long term and to improve resilience to climate-related extreme weather.

In terms of external coherence, the project supported Ethiopia's own efforts. At the time of the programme proposal in December 2015, the Ethiopian government had already provided USD 200 million to relieve the worst consequences of the drought.<sup>9</sup> Furthermore, working in conjunction with the Humanitarian Country Team, the Ethiopian government regularly publishes needs and intervention plans, which formed the basis for coordinating humanitarian aid and for UNICEF's interventions.<sup>10</sup> As the FC project's executing agency, UNICEF managed and coordinated the interventions in the individual components with other UN organisations, other international and local partners, and with regional ministries and Ethiopian government authorities. However, there was no structured dialogue with donors who, like Germany, participated in the UNICEF measures implemented as part of the FC project evaluated here.<sup>11</sup> Nevertheless, because no other limitations to internal or external coherence were identified apart from this point, the coherence is rated as good overall.

### Coherence rating: 2

#### Effectiveness

The objective at outcome-level applied as a basis for this ex post evaluation (EPE) was to stabilise the food status of children in the short term, improve health care for pastoral and rural population groups as well as improve the drinking water supply in the longer term.<sup>12</sup>

To stabilise the food status of children (component 1), supplementary therapeutic food was procured for acutely under- and malnourished children who were receiving both in- and out-patient treatment.<sup>13</sup> The fact that fewer children received the procured food supplements than had been planned with the FC funds (see table) was due, among other reasons, to lower demand and increased costs for the supplementary therapeutic food needed as a result of using local procurement channels.<sup>14</sup> Thanks to commitments from other donors, UNICEF was able to close the financial gaps in this component. The measures in component 1 also had to be adjusted because rising cases of diarrhoea meant that more undernourished children had to be supplied with rehydration treatments. Furthermore, the plans for component 1 included using FC funds to screen 770,000 children and 19,400 pregnant and breastfeeding women for mal- and undernutrition in two rounds, and to transfer them for treatment where necessary (see table). The fact only one screening round took place and just under half of the target number of children were examined can be attributed to resistance from the regional health office when it came to performing these screenings at regular intervals. At the same time, the financing needs from FC funds turned out to be lower than planned because additional funds were provided by other donors. However, more than five times as many pregnant and breastfeeding women were reached than the original 19,400 planned, so the target was exceeded.<sup>15</sup> In general though, there is no unequivocal response as to what extent it was actually possible to stabilise the food status of children, particularly because no relevant data was provided by UNICEF,

<sup>9</sup> Ethiopia's own financial contribution to the project was not quantifiable according to the final inspection. Furthermore, the recipient of the FC contribution was UNICEF and not the Ethiopian government.

<sup>10</sup> An overview of these plans is available at: <https://www.humanitarianresponse.info/en/operations/ethiopia/documents> (accessed: 1 September 2021)

<sup>11</sup> In addition to Germany, the United Kingdom, Italy and the USA participated in the UNICEF measures between 2016 and 2017 to quickly mitigate the effects of the catastrophic drought in the most severely affected regions.

<sup>12</sup> The target system was adjusted as part of the EPE and reformulated in line with the impact levels and according to the current state of the art for emergency food aid.

<sup>13</sup> According to information from UNICEF in the final report, the Community-based Management of Acute Malnutrition (CMAM) Programme was significantly expanded and decentralised both for out-patient and in-patient care during the project implementation period.

<sup>14</sup> The food situation in the intervention areas changed very quickly due to a wide range of factors, so this could not be sufficiently factored into the preparations for the project and called for an approach without earmarking to using funds. However, delivery periods and bottlenecks for supplementary therapeutic food were significantly reduced as a result.

<sup>15</sup> UNICEF did not provide any further details on why far more pregnant and breastfeeding women benefited from the screenings than originally planned. Furthermore, when looking at these figures, it must be considered that FC funds were only used to finance an unspecified proportion of the operating costs.

e.g. data regarding treatment success measured by the mortality, cancellation and recovery rate during treatment.<sup>16</sup>

The outcome of component 2 for improving health care for pastoral and rural population groups is significantly more encouraging. Thanks to stationary and mobile health stations – whose equipment and operations were financed by FC funds – almost half a million people were reached during the implementation period, also in remote areas (see table). As such, the target for the number of people treated at short notice was exceeded; in particular, children under five and women benefited from this measure. With the outbreak of the COVID-19 pandemic, the mobile health and nutrition teams have contributed to raising awareness about COVID-19 and still do so today.

The measures in component 3 aimed to supply 300,000 people with drinking water over the long term. To achieve this, taps were provided, water sterilisers were distributed, wells were refurbished, and new ones built, and water supply systems were constructed and expanded; once the FC project was complete, more people had access to an adapted water supply than planned (see table). At the time of the EPE, five of the five planned water supply systems were completed and, according to information from UNICEF, are also used by the target group. However, UNICEF has yet to collect any data on water consumption. UNICEF has expressed criticism with regard to water infrastructure maintenance and accountability by the regional authorities and municipal water suppliers, who were supposed to be operating the water supply systems.

Indicator	Target value at project appraisal 2015 <sup>a</sup>	Status at end of implementation period 2017; Status EPE 2021
<b>Component 1</b>		
Treatment of acutely under- and malnourished children under the age of 5	36,000 children <sup>1</sup>	27,467 children <sup>1</sup> → Not achieved; N/A
Screening and treatment of children, pregnant and breast-feeding women	770,000 children <sup>1</sup> (in 2 rounds) 19,400 pregnant and breast-feeding women <sup>1</sup>	380,805 children <sup>1</sup> (1 round) → Not achieved 102,796 women <sup>1</sup> → Achieved; N/A
<b>Component 2</b>		
Consultations by mobile health and nutrition stations and stationary health stations	412,800 consultations/treatments <sup>1</sup>	488,701 people were treated by a doctor <sup>1</sup> → Achieved; N/A

<sup>16</sup> Nevertheless, systematic reviews and meta-analyses indicate that the treatment results for undernourished children in out-patient therapeutic food programmes in Ethiopia were below the generally recognised SPHERE standard, the WHO's guidelines and national recommendations, see Bitew (2020): Treatment outcomes of severe acute malnutrition and predictors of recovery in under-five children treated within outpatient therapeutic programs in Ethiopia: a systematic review and meta-analysis; <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-020-02188-5> (accessed: 24 September 2018).

Component 3		
Access to an adapted water supply	300,000 people <sup>1</sup>	324,140 people <sup>1</sup> → Achieved; N/A
Construction of sustainable water supply systems	5 <sup>1</sup>	3 (100 % completion rate), 6 (completion rate between 10-90 %) <sup>1</sup> → Only partially achieved; 5 (100% completion rate), 4 (in progress) <sup>2</sup>
Adapted water infrastructure is in good condition and is also used after commissioning	N/A	N/A According to UNICEF, the water infrastructure is used by the target group, but maintenance is inadequate <sup>2</sup> → Only partially achieved

<sup>a</sup> No status figures available.

<sup>b</sup> No more recent data was available at the time of the EPE.

<sup>1</sup> Final inspection 2018.

<sup>2</sup> The project-executing agency's written responses to evaluation queries.

It is highly likely that the measures in the three components had complementary effects, for example thanks to complementary hygiene and awareness-raising campaigns for almost 460,000 people. However, there were also some target conflicts between the components during the implementation phase. For example, since several outbreaks of diseases such as measles, malaria or severe diarrhoea were recorded in 2016 and 2017, medical staff were increasingly deployed to tackle these illnesses in component 2 “health care”. According to UNICEF’s final report, this was slightly to the detriment of the early detection and treatment of acutely under- and malnourished children in component 1 “nutrition” and, as such, under certain circumstances also to the detriment of reaching those in particular need.

On the whole, the picture regarding the project’s effectiveness is mixed. The measurable effectiveness of the measures is also hindered by the lack of detailed information on the structure of the households that benefited. Equally, inadequate ongoing impact monitoring by the project-executing agency makes it difficult to identify the targets achieved at the time of the evaluation. Another point of criticism related to the project’s implementation concerns the longer-term, development-oriented measures in the water and sanitation sector, which should have been accompanied more by the actual development of adjusted operating and maintenance concepts. However, one positive element worth noting is that the infrastructure in component 3 and the mobile health and nutrition stations in component 2 are still in use at the time of the EPE and appear to be in mostly good condition despite inadequate maintenance.<sup>17</sup> Additionally, the objectives were largely achieved during the project’s implementation.

In short, we rate the project’s target achievement at outcome level as partially below expectations, although the positive results dominate without any serious side effects.

**Effectiveness rating: 3**

<sup>17</sup> The information from the time of the EPE is taken from written correspondence from UNICEF in response to evaluation enquiries from the experts. However, it could not be verified due to the remote evaluation approach.

## Efficiency

UNICEF, as the project-executing agency, was not obligated to present a detailed cost breakdown or performance account for the activities completed, as is conventional for cooperation with specialised UN organisations. The following cost structure can be derived from the evidence available: component 1 “food” accounts for 5.9 % of the direct project costs, component 2 “health care” for 27.1 %, and component 3 “water and sanitation (WASH)” for 39.4 %. In addition to the direct project costs, FC funds were used to finance USD 25,000 in indirect project costs (0.2 %) and USD 812,000 for the UNICEF management fee (7.4 % of the FC funds or 8 % of the project costs). UNICEF’s administrative costs corresponded to the overhead for comparable UNICEF projects and are considered to be appropriate.

During the project’s implementation phase, UNICEF made needs-based adjustments to the use of the FC funds across the three components when compared to the programme proposal. Since UNICEF had access to updated information concerning needs for support, these adjustments were appropriate and comprehensible for the situation at the time.

Out of the USD 2.8 million of FC funds used directly for component 1 “food”, a smaller proportion than planned was used for the distribution of food supplements because the number of seriously undernourished children in the intervention areas was lower than the figure assumed during planning; on the other hand, more undernourished children had to be given rehydration treatment due to rising cases of diarrhoea. The FC funds intended for screenings to detect undernutrition in children early were also only used partially because the health office in the Somali region only participated in one round of screenings. The measures in this component reached 35,000 people.<sup>18</sup>

In component 2 “healthcare”, UNICEF used some of the FC funds differently than planned following the reprioritisation of tasks and/or due to the availability of other donor funds. Savings made in the daily allowances for healthcare staff were used for the equipment and operating costs for 36 mobile health and nutrition teams in Afar and Somali. The healthcare measures implemented by UNICEF benefited around 489,000 people.

In component 3 “water and sanitation services”, the USD 4.3 million of FC funds used directly were reached 380,000 people, which is more than the total of 300,000 people set out in the programme proposal to benefit from improved water supply and sanitation services.<sup>19</sup> The measures’ higher coverage in component 3 was achieved by making reductions in infrastructure measures in liaison with the local authorities, which in turn enabled additional funds to be used for hygiene and awareness-raising campaigns.<sup>20</sup> This change was sensible because the planned infrastructure measures to improve the water supply and sanitation services could not be fully completed within the extended implementation phase of 22 months.<sup>21</sup> Delays to construction measures were caused in part by inadequate building materials, limited skill levels of local construction companies, and a lack of building work supervision. Nevertheless, the quality of the building measures completed was broadly in line with the minimum standards expected in Ethiopia.

In total, around 1.3 million people benefited from UNICEF measures financed using FC funds;<sup>22</sup> with this coverage rate, the allocation efficiency is rated as good given the short term of just 22 months.<sup>23</sup> Considering the partly very difficult conditions in the intervention areas, this assessment also applies to the

<sup>18</sup> This figure takes into account children supplied with food supplements and rehydration treatments; it does not factor in the acute undernourishment screening of 380,805 children aged between 5 and 59 months, and 102,796 pregnant or breastfeeding women, or the qualification measures for 37,000 women and childcare professionals in Amhara, Somali and Tigray because FC funds were only used to finance an unspecified portion of the operating costs (see Effectiveness).

<sup>19</sup> 300,000 people with improved access to safe water, 80,000 people with improved access to safe and appropriate sanitary facilities; the figure does not cover the number reported by UNICEF of 1,002,835 people who were reached by TV and radio ads as part of the hygiene campaign because the FC financing share in this campaign was not specified; see also the explanations in part 2, background information, annex 5, explanations on table f..

<sup>20</sup> UNICEF had other donor funds at its disposal for some of the planned infrastructure measures.

<sup>21</sup> The project was originally planned to last twelve months.

<sup>22</sup> However, duplicated data cannot be ruled out in the total number of beneficiaries reached; for example, in component 3, one person could possibly benefit from improved latrines and also from hygiene awareness-raising measures.

<sup>23</sup> The project was originally planned to last 12 months but was then extended to 22 months without any effects on costs due to delays to improvements to water and sanitation supply systems.

project’s time efficiency. The flexible, unearmarked use of funds proved to be expedient for the allocation efficiency, which enabled measures to be selected that were geared towards the target group’s acute needs.

It is more difficult to assess the project’s production efficiency because UNICEF has not presented any certified cost type and cost centre accounts for the activities completed in the three components. Taking into account all considerations concerning plausibility, the following “unit costs” can be derived from the financial and expenditure reports available: in component 1, the costs per beneficiary during the entire intervention period amounted to USD 87<sup>24</sup>, USD 6.50 in component 2, and almost USD 6 in component 3. It is not possible to verify the extent to which these calculated “unit costs” were the result of achieving goals with a cost-minimum approach given the restricted review of the use of funds. However, UNICEF is regarded by the international donor community as a competent executing agency that – with its many years of experience in fragile settings – plans and implements programmes on a needs basis and focusing on results. As such, it can be assumed that the results of the FC project were achieved in a resource-conserving manner.

Despite the limited evidence, we regard the project’s efficiency as good – the positive allocation efficiency, which UNICEF managed to achieve through flexible, context-appropriate adjustments to the measures for implementation, is particularly significant for this assessment.

**Efficiency rating: 2**

**Impact**

The objective at impact-level applied as a basis for this EPE was to relieve the worst effects of the drought in Ethiopia. In the scope of the dual objective in a fragile context, a further objective was to help prevent conflicts in Ethiopia.<sup>25</sup>

To determine the level of target achievement at impact level, data such as the percentage of the population with an insecure food supply can be used; this figure fell in Ethiopia during the implementation period – measured against the IPC phases crisis/emergency or famine (see table). In addition, a rise in child mortality was prevented at national level (see table). However, looking at the project areas of Afar and Somali reveals a more mixed picture: in both areas, the proportion of acutely undernourished children (wasting prevalence) fell between 2016 and 2019, but the proportion of chronically undernourished children (stunting prevalence) rose, as did the proportion of underweight children (underweight prevalence) in Somali (see table). While wasting describes a person whose weight is too low in relation to their size and – as a sign of acute undernutrition – can be reversed in a short period of time, children who are too small for their age (stunting) suffer from the irreversible consequences of chronic undernutrition. Furthermore, it was not possible to prevent the outbreak of water-borne diseases in the project areas (see table). However, the consequences were tackled by adjusting the measures, which is why it can be assumed that the worst effects were alleviated (see Effectiveness).

Indicator	Status at project appraisal 2015; Target value at project appraisal 2015	Status at end of implementation period 2017; Status EPE 2021
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<sup>24</sup> According to a model calculation by the Copenhagen Consensus Center, a better supply to undernourished children can generate a yield of around USD 45 over their lives per USD spent (additional income, savings in other costs, etc.); in the case of the evaluated project, this would be USD 348 per supplied child or a total of USD 1.9 million, see <https://www.kinder-und-jugendrechte.de/handlungsfelder/ernaehrungssicherung>. (2021-09-17).

<sup>25</sup> Given the competition between users for the scarce resources of soil and water, and given the conflicts between various communities in Ethiopia, the dual objectives used as a basis for this EPE are rated as appropriate. However, a verifiable interdependent link between the project’s measures and helping to prevent conflicts cannot be established (see Relevance). Furthermore, all indicators were added retrospectively as proxy indicators during the EPE as no indicators had been defined at impact level either at the time of the project appraisal or at the time of the final inspection. The indicators on child mortality and on the outbreak of water-borne diseases correspond to UNICEF’s programme objectives, which were embedded in the FC project.



National population who are in a crisis, emergency or famine in accordance with IPC phases 3–5 (estimates)	roughly 3.5 % (2015), roughly 12 % (2016) <sup>1</sup> ; N/A	roughly 7 % <sup>1</sup> ; roughly 9 % <sup>1</sup> → Improvement in comparison to 2016
Child mortality under the age of 5	Afar: 125/1,000 live births (2016), Somali: 94/1,000 live births (2016), National: 67/1,000 live births (2016) <sup>2</sup> ; Mortality emergency threshold for children (2015): < 2/10,000/day <sup>8</sup>	Afar: N/A (2019), Somali: N/A (2019), National: 55/1,000 live births <sup>3</sup> (2019) → Improvement in comparison to 2016 Mortality emergency threshold for children: N/A (2021)
Nutritional status of children under the age of 5 (a) stunting prevalence (b) wasting prevalence (c) underweight prevalence	Afar: (a) 41.1 % (national: 38.4 %), (b) 17.7 % (national: 9.9 %), (c) 36.2 % (national: 23.6 %) (2016), Somali: (a) 27.4 %, (b) 22.7, (c) 28.7 % (2016) <sup>2</sup> ; N/A	Afar: (a) 43 % (national: 37 %), (b) 14 % (national: 7 %), (c) 32 % (21 %) (2019), Somali: (a) 30.5 %, (b) 21.1 %, (c) 31.7 % (2019) <sup>3</sup> → Only partial improvement compared to 2016
Outbreak of water-borne diseases	0; 0 <sup>4</sup>	According to UNICEF, there were multiple outbreaks between 2016 and 2017 <sup>5</sup> → Deterioration
Fatalities from conflict (per year)	Afar: 0 <sup>6</sup> Somali: 0 <sup>7</sup> ; N/A	Afar: 0 <sup>6</sup> Somali: 276 <sup>7</sup> → Deterioration; Afar: 64 <sup>6</sup> , Somali: 35 (2020) <sup>7</sup> → Deterioration

<sup>1</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/Ethiopia-alert-20210517.pdf>.

<sup>2</sup> <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>.

<sup>3</sup> <https://www.dhsprogram.com/pubs/pdf/FR363/FR363.pdf>.

<sup>4</sup> Programme proposal 2015.

<sup>5</sup> The project-executing agency's written responses to evaluation queries.

<sup>6</sup> <https://ucdp.uu.se/actor/572>

<sup>7</sup> <https://ucdp.uu.se/actor/685>

<sup>8</sup> Mortality emergency threshold: If there are no national reference figures available for mortality rates, this benchmark figure is used to determine the degree of severity of a country's health crisis.

The extent to which the outlined developments can be attributed to the FC project's impacts cannot be plausibly identified. On the one hand, the FC project was embedded in UNICEF's overall involvement in Ethiopia, which is why overarching developmental impacts cannot be traced back to individual donor contributions. On the other hand, the food crisis in Ethiopia is extremely complex and is accompanied by increasing conflicts with fatalities, including in the project areas (see table), meaning that it becomes increasingly difficult to directly assign development policy impacts to individual humanitarian aid interventions or development cooperation (attribution problems). Establishing a link between these interventions and the prevention of conflicts is even more challenging. However, because short-term relief to the worst effects of the drought can be identified, we still rate the impact as satisfactory.

### Overarching developmental impact rating: 3

## Sustainability

From today's perspective, the positive outcomes achieved by the project can only be regarded as partially permanent. During the implementation phase, several of the risks named in the programme proposal did indeed materialise (see Relevance).<sup>26</sup> Inadequate capacities of regional government institutions and a lack of performance capacity of the regional private-sector enterprises involved in the procurement and construction measures proved to have a negative impact on the project's effectiveness.

The resilience of large population groups to recurring periods of drought and other natural disasters remains weak. No sustainability is expected from the measures under component 1 "food" because food supplements were distributed selectively and on a short-term basis. The risk of limited sustainability following the end of external support is rated as high, also for the operation and maintenance of investments in components 2 and 3 financed using FC funds. For example, while the maintenance of off-road vehicles for the mobile health and nutrition stations is due to be financed with funds from the Ethiopian government, the costs for wages, equipment and other operating costs are still borne by UNICEF. Training courses financed using FC funds to train the mobile health and nutrition teams on how to use their new vehicles and IT equipment properly did not take place. The Ethiopian government at least adopted the operating approach<sup>27</sup> proposed by the FC project in component 3 for small, municipal water supply systems into its strategy for areas affected by drought. The crisis-initiated FC project was designed to run for a short period but the approaches implemented were suitable for integration into further projects. To date, the project approach has been implemented within the scope of transitional aid, which now has an increased structural focus in drought projects in Ethiopia<sup>28</sup>. This has a positive effect on the sustainability assessment. The project, which was carried out due to the crisis, did not include an exit strategy, but this element is becoming increasingly relevant with regard to the current follow-up transitional aid projects.

The sustainable continuation of the project's individual measures is increasingly questionable depending on the extent to which the (overall) underlying economic and political conditions in Ethiopia continue to deteriorate. The decline in the dynamic development of the overall economy as a result of the coronavirus pandemic has significantly limited the financial scope of both the central government and the regions, which has also adversely affected the healthcare system. Furthermore, the country suffered an infestation of locusts in 2020, which impaired the health and nutritional status of children who were already at risk and also posed a risk to the security of the food supply for other members of the population. Extended durations of mal- and undernutrition in children have long-term negative consequences on their physical and cognitive development.

After 2017, ethno-nationalistic tensions and rivalries over political power and scarce resources further heightened the security risks and narrowed channels for accessing large parts of the intervention areas. This affected, for example, the use of mobile health teams and screenings for the nutritional status of children and pregnant women and therefore impacted on the sustainability of key elements in the FC project's intended overarching development impacts.<sup>29</sup>

It is difficult to assess the current sustainability risk arising from the ongoing political instability in Ethiopia. Several parts of the country are striving to become autonomous and the central government's attempts to use military force to solve the conflict in the Tigray region have triggered a sharp rise in internal migration

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<sup>26</sup> The programme proposal named sustainability risks in particular based on weak structures for operating and maintaining infrastructure, and implementation risks resulting from inadequate capacity; the security risk had not yet been identified at the time of the programme proposal.

<sup>27</sup> The contracted construction companies should operate infrastructure for one year following handover to the local authorities and provide support during this period by building capacity. After this, operation should be ensured by small municipal water suppliers.

<sup>28</sup> Relevant follow-up projects that are also implemented by UNICEF are: "Support in tackling drought and El Niño effects in Ethiopia over the longer term" (BMZ-No. 2016 18 602), "Support in tackling the effects of drought over the longer term and strengthening resilience in Ethiopia" (BMZ-No. 2017 18 535) – this project was part of a regional approach that is still being implemented by UNICEF and WFP in various countries of East Africa, "Sustainable water and sanitation supply solutions to strengthen resilience in southern Ethiopia" (BMZ-No. 2018 185 58), "Sustainable water and sanitation supply solutions to strengthen resilience in southern Ethiopia" (BMZ-No. 2020 182 32).

<sup>29</sup> For example, at the time of the EPE, the mobile health and nutrition teams could not move completely freely through the Afar region. At the same time, individual health and nutrition teams had to be re-assigned to supply displaced population groups.

and a stream of refugees to neighbouring countries.<sup>30</sup> With the intervention by troops from Eritrea as an ally of the Ethiopian central government, the conflict has taken on a new dimension, now affecting neighbouring countries such as Somalia.

Taking into account the considerations regarding plausibility when looking at the sustainability risks identifiable at the time of the evaluation and the partially short-term nature of the financed measures from component 1, we rate the evaluated project's sustainability as significantly below expectations but still satisfactory. In our opinion, the positive outcomes achieved are likely to decline but will remain positive in part.

**Sustainability rating:**

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<sup>30</sup> See [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha-eth\\_210921\\_access\\_snapshot\\_tigray\\_august\\_2021\\_final.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha-eth_210921_access_snapshot_tigray_august_2021_final.pdf) (accessed: 30 September 2021).

### Notes on the methods used to evaluate project success (project rating)

Projects are evaluated on a six-point scale, the criteria being **relevance, coherence, effectiveness, efficiency, overarching developmental impact** and **sustainability**. The ratings are also used to arrive at a **final assessment** of a project's overall developmental efficacy. The scale is as follows:

<b>Level 1</b>	Very good result that clearly exceeds expectations
<b>Level 2</b>	Good result, fully in line with expectations and without any significant shortcomings
<b>Level 3</b>	Satisfactory result – project falls short of expectations but the positive results dominate
<b>Level 4</b>	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
<b>Level 5</b>	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
<b>Level 6</b>	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).