SWAN Evaluation

A report on the findings

September 2021

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The team that undertook this evaluation is outlined below.

Lead author: Jesse McConnell

Contributing authors: Arpita Chakraborty, Erica Favretti, Donna Harris, Mayarani Nurul Islami, Fikralem Mezgebu

In partnership with: MERQ Consultancy PLC

Executive summary

This report presents the findings for the evaluation of SWAN—Provision of Essential Humanitarian Supplies of Health, WASH, and ES NFIs Through Timely and Cost-Effective Procurement and Response Mechanism ('the SWAN project'). SWAN is being implemented in Ethiopia by a consortium of four international non-governmental organisations (NGOs) (the 'SWAN consortium'): **S**ave the Children International (SCI), **W**orld Vision International (WVI), **A**ction Against Hunger (AAH), and the **N**orwegian Refugee Council (NRC).

Oxford Policy Management (OPM) was commissioned to undertake this evaluation of SWAN, which it undertook in partnership with Monitoring, Evaluation, Research and Quality Improvement Consultancy PLC (MERQ), an Ethiopian consultancy firm based in Addis Ababa.

The evaluation was commissioned by the UK Foreign, Commonwealth and Development Office (FCDO) on behalf of the Ethiopian Humanitarian Fund (EHF) Advisory Board. The scope of the evaluation covers the period between March 2019 and October 2020 and has two overarching intentions: to assess to what extent the SWAN consortium has been an effective humanitarian response mechanism as part of the wider humanitarian response; and to assess to what extent the approach undertaken by the SWAN consortium partners has been appropriate.

Background

SWAN's overall objective is to 'contribute towards saving lives, reducing suffering and increasing human dignity for people affected by displacement in Ethiopia'. The three main sectors of SWAN's interventions are as follows:

1) **water, sanitation, and hygiene (WASH)** and the provision of hygiene or WASH non-food item (NFI) kits, water treatment kits, sanitation, and hygiene. The project also conducted capacity building activities of government and health workers and volunteers on hygiene and sanitation and support for health offices during cholera outbreaks;

2) **shelter** through cash (conditional) and in-kind emergency shelter (ES) (tarpaulin and ropes) and NFIs (cooking sets) for improved physical protection, privacy, and safety; and

3) **health** with essential medical supplies and medications for communicable and non-communicable diseases (especially for cholera). SWAN also conducted community education and awareness activities around COVID-19, measles, cholera, water-borne diseases, malaria, etc.; supported the government with training and capacity building activities for health extension workers (especially in cholera surveillance and management); and supported the government surge capacity with logistics and financial aid.

Methodology and approach

This evaluation used a theory-based approach. Primary data collection included qualitative data. Secondary data collection and analysis was also undertaken, consulting programme documents from the SWAN consortium.

Three types of respondents were interviewed during the data collection:

1) **federal-level key informant interviews** (KIIs), including representatives from all the partner organisations in the SWAN consortium, as well as representatives from other international multilateral organisations and Ethiopia's Ministry of Health (MoH) and the EHF, all of which supported the mobilisation and coordination of SWAN's response (21 respondents);

2) **field-level KIIs**, including administrative officials at woreda/zonal levels, regional level (4 respondents), field officers for SWAN partners, disaster risk management (DRM) officers, and other local leaders where applicable, all of whom supported the distribution of SWAN's assistance at community levels (58 respondents); and

3) **field-level beneficiary focus group discussions** (FGDs): the internally displaced persons (IDPs) who received SWAN's assistance. FGDs were divided equally into male and female groups. In this group, a total of 338 beneficiaries participated in 36 FGDs.

The field-level data collection was conducted in **Oromia**, **Somali**, and the **Southern Nations, Nationalities, and People (SNNP) regions**, each of which were further disaggregated into their zones and woredas for sampling purposes.

Findings

The findings from the data analysis have been structured around the overarching evaluation questions, which include *relevance*, *delivery*, *efficiency*, *effectiveness*, and *sustainability*.

Relevance

SWAN was designed to be needs-based in its approach to providing assistance to those in need. **Beneficiaries generally affirmed the relevance of SWAN's responses to their needs**, particularly where their stated needs were around water, shelter, and health services. There were **some instances in which SWAN's response did not fully align with beneficiary needs**, particularly relating to food, which SWAN did not provide, although beneficiaries frequently mentioned it as a priority need.

Integral in SWAN's design and intended delivery are the principles of accountability to affected people (AAP), inclusion, and doing no harm. **Field-based KII respondents consistently mentioned ways in which SWAN's distribution considered and targeted vulnerable people**. Examples of this included distributing assistance first to breastfeeding and pregnant mothers, single-headed households and widows, children, elders, and HIV and AIDS patients. **Beneficiaries overwhelmingly reported feeling safe when receiving**

assistance, including some examples of authorities or security guards being present (which helped some beneficiaries feel safer).

Efficiency

Respondents confirmed regular coordination meetings among the consortium members, both at the management level (steering committee) and at technical or operational levels. Respondents also noted SWAN's positive work coordinating with local NGOs, which some of the respondents believed helped in reducing competitiveness among the NGOs. Respondents also agreed that a cluster-centred coordination approach was effective in avoiding duplication in emergency responses. Some respondents suggested coordination could be improved within the shelter/NFI cluster.

Operationally, **respondent views on SWAN's management of procurement was mixed**. Positively, SWAN was noted for being able to procure WASH products fairly rapidly. Less success was noted by the clusters regarding SWAN's procurement in the shelter and NFI sector. On the other hand, SWAN was able to procure some items locally, which at times lent itself to rapid sourcing. The biggest challenge in this area was international procurement for medical kits and essential drugs. Notwithstanding these exogenous factors, respondents remarked on how timely and quickly SWAN was able to distribute items once they had landed in the country and cleared customs.

Respondents' views on SWAN's governance were also generally positive. One of the reasons for this was that SWAN's key decision makers are in-country. One issue that emerged was a lack of dedicated staff able to work exclusively on SWAN.

Delivery

SWAN's objective is to 'contribute towards saving lives, reducing suffering and increasing human dignity for people affected by displacement in Ethiopia'. Among the federal-level KIIs, there were remarkably consistent views on the timeliness of SWAN's response. Even with its procurement challenges, **SWAN was still seen by several KIIs as an improvement on the emergency response mechanisms in Ethiopia**, being the fastest and most efficient.

The **key enabling factor for this was the pre-positioning of critical supplies** and SWAN's close collaboration with the cluster system helped ensure efficiency and mitigate duplication. **The pre-positioning of supplies was also noted as being appropriate to the types of emergency that were anticipated in specific areas**. This combination of timeliness and appropriate planning with relevant supplies resulted in the positive opinions of respondents regarding SWAN's delivery.

A significant **element that impacted SWAN's delivery was the perceptions of local government authorities**. Several respondents noted how it could be difficult to gain access into communities because of the misperceptions of local authorities regarding the repercussions that might come from offering assistance.

Beneficiary perspectives on the timing of SWAN's delivery were mixed. Many beneficiaries affirmed receiving the aid on time to address their immediate needs, but there were also cases of delayed delivery. Many beneficiaries noted support arriving after they

had experienced significant hunger already. Others mentioned they had already experienced considerable suffering by the time they received SWAN's support. Other respondents noted frequently returning from distribution centres without having received assistance because the aid had not arrived on the expected date. The inconsistency in these experiences of beneficiaries suggests how inconsistent the timing of SWAN's delivery was across the board. The result of this inconsistency is the inconsistency in what beneficiaries experienced around the timing of support.

The zonal and regional officers reported that, during beneficiary selection, **preference was given to IDPs who were single mothers, widowed women whose husbands had passed away as a result of conflict, single-women households, and women and children living with HIV and AIDS, along with pregnant and breastfeeding mothers, children, and elders**. During the FGDs with the beneficiaries, they confirmed that priority was given to large households and female-headed households. Similarly, females were given priority with gender-specific assistance in general.

Beneficiaries expressed that they did not face any major issues in receiving the assistance. They stated that they felt protected because there was a security guard at the distribution centre and there was generally good discipline.

Some beneficiaries from Oromia region did report difficulties in receiving their support. There were incidents noted of ethnic hostility or exclusivity. There were also issues regarding the frequent movement of IDPs and the availability of updated beneficiary lists from the government. In SNNP, beneficiaries reported being members of different committees that had a role in identifying the needs of IDPs and returnees, as well as helping organise the support distribution. This **involvement of community members appears to have worked well in practice, as well as being well-received by beneficiaries**, allowing them to feel ownership in the process of distributing support.

Effectiveness

Responses from beneficiaries about whether the items SWAN distributed met their needs were mixed, varying to a degree around adequate quantity, quality, and longevity. Many respondents noted the assistance they received through SWAN was of good quality and that these items were instrumental in providing shelter and assistance to meet their most dire needs. Many beneficiaries emphasised the inadequacy of the quantity of the support they received. The interim provision of shelter did meet very basic needs, but did not ultimately reach towards their longer-term recovery.

There were **apparent preferences for cash** over the in-kind support SWAN offered, as beneficiaries felt empowered to choose how to use the cash. This was, however, not the way SWAN structured its cash support, which was in fact conditional and only to be used for specific items. **Beneficiary feedback on the use of cash to meet their needs was mixed**. Across all regions, cash recipients mentioned how **it was inadequate to cover their basic needs**, often leaving key areas of need unmet (such as food) when prioritising other expense priorities, such as shelter. Other beneficiaries did find the support helpful for addressing urgent needs, but once the support ended they faced new challenges to meet those needs again. As for the *effectiveness* of the cash SWAN provided, a **common theme**

among all the beneficiaries was that the cash amount was insufficient to meet their main needs.

The donors reported **SWAN has been effective at increasing access to basic services to communities in need**. Similar feedback was also echoed by the Government of Ethiopia (GoE) respondents. They shared that SWAN responds to emergencies very quickly and saves lives, without which hardship would be harsher for the affected communities.

Beneficiaries readily commented on how SWAN's support had increased their access to safer water, protection, shelter, and particularly health services. The health and medical services beneficiaries received were particularly mentioned regarding beneficiaries' children, about whom they were worried.

Many respondents also mentioned some of the **information and awareness they received from SWAN around basic healthcare as being a key element of their increased access**. As a result of this increased knowledge, beneficiaries explained their health had improved and they had benefited from improved hygiene and practising good sanitation.

Evidence from field-based KIIs, as well as from the programme's beneficiaries, clearly showed **SWAN provided live-saving support through its assistance**. In most cases, very little evidence was provided of alternative means of support outside of SWAN, either from beneficiaries or from the field-based KIIs.

Among the *positive* unintended results of the SWAN project, the **surplus of supplies** (such as NFI and other medical supplies) was noted as being very helpful for allocation towards other needs or emergencies.

Two positive systemic results were noted by federal-level KIIs. The first was that the partnerships established or strengthened among the SWAN consortium could be used similarly for other responses by other mechanisms in the future. The second was that SWAN helped reduce competitiveness among some of the NGOs and encouraged better collaboration and partnership between them.

Another area of unexpected yet positive results for the beneficiaries was that the **communities often felt 'a sense of protection and of not being forgotten'**, and that this alone was instrumental in contributing to their healing from the trauma and hardship they have experienced. This 'intangible' element of SWAN's impact was affirmed by field-based respondents, some of whom affirmed how the tangible elements of shelter, water hygiene, and sanitation **helped improve people's dignity**.

Some of the unanticipated *negative* results respondents mentioned mainly involved concerns of potentially negative consequences, not actual negative results. There was concern regarding over-reliance on SWAN in addressing emergency needs and the risk that SWAN might become the default rapid response mechanism (RRM) in Ethiopia. This same concern was at the local level. Another concern related to SWAN's capacity building and the risk that 'SWAN might become all things to all people' and might struggle to retain its key focus.

Sustainability

Respondents from the clusters felt **SWAN's main contribution may have been to normalise the RRM approach to emergencies in Ethiopia**, such that SWAN's conclusion may not in fact have a significant impact on emergencies responses. Conversely, donors affirmed that government or UN agencies could replace SWAN's role but are not likely to be as successful. Another respondent underscored what had been learned through SWAN's experience, and stated that if these lessons were truly taken up across the humanitarian sector, they could transform the way coordinated efforts respond to crises in Ethiopia and beyond.

Within SWAN's outcome of providing increased access to safe water, shelter, and health services, **its results have shown indications of sustainability**, especially in terms of increased awareness and behaviour changes around sanitation and hygiene. However, the extent to which SWAN's relief was able to meet more than just immediate needs was also notably limited.

Another significant results area with **sustainability potential was the MoH capacity building** supported by SWAN. While this met with mixed reactions in the federal-level KIIs, this does appear to have contributed to increased organisational capability in Ethiopia. The result of this training has been, first, to enhance government staff knowledge, skill, and experience on how to manage health emergencies; and, second, it has contributed to helping minimise the spread of disease within communities by raising the awareness and knowledge of community members. However, a number of respondents also drew attention to the challenge of staff turnover within MoH, which threatens the sustainability of SWAN's capacity building support.

Conclusion

Overall, SWAN has been largely effective in achieving its overarching objective of saving lives, reducing suffering, and increasing human dignity for people affected by displacement in Ethiopia. Both its in-kind and cash-based modalities were shown to reach beneficiaries and they largely corresponded to their most urgent needs, with the exception being that of food (which was mentioned as a gap in the support provided).

However, critical shortfalls were also noted throughout SWAN's relief support. These included views from beneficiaries that the amount of support received was not adequate to meet their needs, and that the quality of the support was at times insufficient to withstand the natural elements to which they were subjected. Other challenges were noted around timeliness, which was generally improved when compared with other RRMs in Ethiopia but still not adequate relative to the need. Many beneficiaries noted they had already experienced severe hunger and suffering before SWAN's support arrived.

SWAN showed that it could deliver its support in a timely manner, overcoming some of the distribution challenges by being able to pre-empt them with planned, pre-positioned supplies. Still, procurement of some items, both locally and internationally, remained a challenge.

Awareness among local authorities represented another challenge to SWAN's distributing support in a timely manner, at times functioning as a hindrance.

SWAN's unintended consequences were largely positive, including surplus supplies being reallocated to other emergencies, and SWAN's approach to partnerships and coordination among local NGOs was seen as helping embed this approach into Ethiopia's emergency response mechanisms. The intangible results of helping supported communities feel protected and giving them renewed dignity were also noted.

Recommendations

The recommendations that stem from the findings in this report include the following:

- SWAN should Consider food in future responses;

- Ensure quality in support products provided as part of SWAN's support;

- Phase out assistance, with an exit plan in place, rather than abruptly ending it;

- Consider cash as a greater option for empowerment and possible phasing-out options;

- Build awareness and understanding among local authorities to support community access;

- Do more to mitigate procurement challenges, particularly leveraging the wider humanitarian community in so doing;

- Enhance cross-cluster coordination and learning; and

- Improve programme monitoring accuracy and standardised PDMs.

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List of abbreviations

AAP	Accountability to Affected People
AAH	Action Against Hunger
DRM	Disaster Risk Management
EHF	Ethiopia Humanitarian Fund
ERH	Emergency Reproductive Health
ES	Emergency Shelter
ETB	Ethiopian Birr
FCDO	UK Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
GoE	Government of Ethiopia
HFM	Health Facility Manager
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IEHK	Interagency Emergency Health Kit
IRB	Independent Review Board
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MERQ	Monitoring, Evaluation, Research and Quality Improvement Consultancy PLC
MoH	Ministry of Health
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OPM	Oxford Policy ManagementPDM Post-Distribution Monitoring
RRM	Rapid Response Mechanism
SCI	Save the Children International
SOP	Standard Operating Procedure

SNNP	Southern Nations, Nationalities, and People
SWAN	Save the Children, World Vision International, Action Against Hunger, and the Norwegian Refugee Council
ToC	Theory of Change
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
VfM	Value for Money
WASH	Water, Sanitation, and Hygiene
WEO	Water and Energy Office
WVI	World Vision International

1   Introduction

This is an evaluation report for SWAN—*Provision of Essential Humanitarian Supplies of Health, Water, Sanitation, and Hygiene (WASH); and Emergency Shelter and Non-Food Items (ES NFIs) Through Timely and Cost-Effective Procurement and Response Mechanism* ('the SWAN project').

SWAN is being implemented in Ethiopia by a consortium of four international NGOs (the 'SWAN consortium'): **S**CI, **W**VI, **A**AH, and **N**RC.

The EHF,[1] managed by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), is the sole donor of the SWAN project. The project was set up in March 2019 to facilitate timely and coordinated sectoral and multisectoral emergency interventions in health, WASH, and ES and NFIs, through immediate response and pre-positioning of essential supplies delivered to affected populations using cash and in-kind modalities.

The overall objective of SWAN is to build a rapid pipeline of key humanitarian supplies in health, WASH, and shelter/NFIs to contribute ultimately towards saving lives, reducing suffering, and increasing human dignity for people affected by crises and displacement in Ethiopia.

OPM was commissioned to undertake the evaluation by the UK FCDO on behalf of the EHF Advisory Board.[2] The scope of the evaluation covers the period between March 2019 and October 2020 and has **two overarching intentions**:

a) to assess the extent to which the SWAN consortium has been an effective humanitarian response mechanism as part of the wider humanitarian response; and

b) to assess the extent to which the approach undertaken by the SWAN consortium partners has been appropriate.

This evaluation was conducted as a midterm evaluation of SWAN. As such, it is intended to be formative, rather than summative, providing lessons and recommendations for enhancing SWAN's delivery and effectiveness while the programme still has opportunity to implement changes. The main objectives of the evaluation are stated as follows:

> '*to draw lessons on what has worked well and to identify challenges to the functioning of the SWAN project and consortium, particularly how it operates, in order to provide*

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[1] Established in 2006, EHF responds to disasters triggered by natural hazards, such as droughts, floods, and outbreaks of diseases, as well as conflict-related crises. EHF aims to support the timely disbursement of funds to respond to the most critical humanitarian needs in Ethiopia. Since its inception in 2016, 17 donors have provided a total of US$ 604.9 million in unearmarked funds to EHF (OCHA [2019] 'Ethiopia Humanitarian Fund 2019 Annual Report', ICHA, retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/ethiopia_humanitarian_fund_-_annual_report_2019.pdf).

[2] In 2019, membership of the EHF Advisory Board included four EHF donors; two humanitarian international NGOs; one Ethiopian humanitarian NGO; and two humanitarian United Nations agencies (OCHA, 2019).

> *recommendations on how to strengthen SWAN project implementation and to design future humanitarian response mechanisms (based on the SWAN model if found to have worked well) that can provide timely, coordinated, and sustainable response to affected people.'*[3]

The key evaluation questions this study was designed to answer include the following.

- **Relevance and appropriateness**: To what extent has SWAN's response been appropriate to meeting the most urgent prioritised emergencies and humanitarian needs?
- **Efficiency**: To what extent has SWAN developed efficient governance, operational, and collaborative mechanisms, and to what extent does SWAN represent value for money (VfM)?[4]
- **Effectiveness**: To what extent has SWAN achieved its intended outcomes?
- **Sustainability**: To what extent are SWAN's results likely to be sustained? Does its exit strategy support continued effective responses by the humanitarian community in Ethiopia?

These intentions and objectives were confirmed during the inception phase. Subsequently, based on careful methodological considerations, the elements of the evaluations intended to compare SWAN with other RRMs in Ethiopia were separated into an additional but parallel study, allowing the primary SWAN evaluation to focus on SWAN itself.[5] This revised approach was agreed with FCDO in February 2021.

The separate comparative study was parsed out as a light-touch study to assess key elements of other RRMs in Ethiopia and compare these against the findings from the SWAN evaluation towards providing recommendations for enhancing the overall emergency response architecture in Ethiopia. Results from this comparative study will be made available in a separate report.

The evaluation to date included an inception phase carried out between September and December 2020, during which the inception report was written and approved, and applications developed and submitted for ethical approval in Addis Ababa, Ethiopia and Oxford, UK. Ethical approval was granted for the study by Ethiopia's Independent Review Board (IRB) on 20 January 2021, and by OPM's Ethical Review Committee on 06 April 2021.

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[3] SWAN Terms of Reference.
[4] The VfM assessment is being conducted in parallel, but subsequent to the main evaluation findings, in order to incorporate the findings into the VfM assessment. As such, the VfM findings will be provided in a separate report subsequently to the main evaluation report.
[5] SWAN Evaluation Design—limitations of comparison and additionality offer (01 February 2021).

2 Background

SWAN's overall objective is to 'contribute towards saving lives, reducing suffering and increasing human dignity for people affected by displacement in Ethiopia'. The SWAN outcomes and main activities for each can be summarised as follows:

- WASH: increase access to safe drinking water for displaced people and promote safe hygiene practices through the provision of basic WASH NFIs (e.g. jerry cans, 20-litre buckets, washing basins, etc.) or cash transfers, and community awareness sessions;

- shelter/NFIs: increase access to basic shelter NFIs for displaced people to improve their physical protection, privacy, and safety through the provision of life-saving kits (e.g. tarpaulins, plastic sheets) delivered through in-kind and cash modalities, and community awareness sessions; and

- health: increase access to basic preventative and curative health services to displaced people and host communities through the provision of emergency, reproductive, and other health kits;[6] and support government health surge capacity through financial, logistical, and capacity building activities (including community awareness activities on hygiene and health promotion).

Implementation of the SWAN project started in March 2019 for an initial 12-month period until March 2020, with a budget of US$ 9 million (Phase 1). A no-cost extension was granted up to the end of August 2020 to help provide relief from the COVID-19 pandemic. In addition, in March 2020, the EHF provided a US$ 3 million 'top-up' to extend the SWAN project until March 2021 (Phase 2). As clarified during consultations with the SWAN consortium, there was an overlap period of five months (March 2020 to August 2020) between Phases 1 and 2.

SWAN allocated the total budget of US$ 9 million (Phase 1) across the three sectors as follows: shelter/NFIs—39% of total budget allocation; WASH—33%; and health—28%.[7] The SWAN response focused on the following regions: Oromia, Somali, SNNP, Addis Ababa, Afar, Benishangul-Gumuz, Amhara, Gambella, Tigray, and Diredawa. From March 2019 to September 2020, SWAN delivered emergency response in most of the targeted regions except Gambella, Tigray, and Diredawa.[8] The targeted woredas were both in consortium and non-consortium members' operational areas.

SWAN's first response took place in July 2019[9] in West Hararghe zone in Oromia region to support conflict-affected IDPs with WASH kits. After this first response, SWAN emergency

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[6] Other health kits include kits for non-communicable diseases, severe acute malnutrition with medical complications, cholera, surgery supplies, and trauma.
[7] SWAN Grant Agreement.
[8] SWAN Total Direct Beneficiaries Reached, 22 September 2020.
[9] There was a delay of over two months to the start of the SWAN project (meant to start in March 2019), largely due to the unforeseen time it took to set up and organise the consortium and SWAN activities. See Proceedings of SWAN Project Progress Review and Lessons Documentation Workshop.

responses included responses to cholera outbreaks (e.g. in Zone 1 of Afar in November 2019); responses to drought (e.g. in Korahe zone of Somali region in October 2019); responses to floods (e.g. in Shabelle zone of Somali region in November 2019); responses to measles (in East Hararghe zone of Oromia region in February 2020); and responses COVID-19 (e.g. in Konso zone of SNNP region in March 2020).

Figure 1:   Administrative regions of Ethiopia
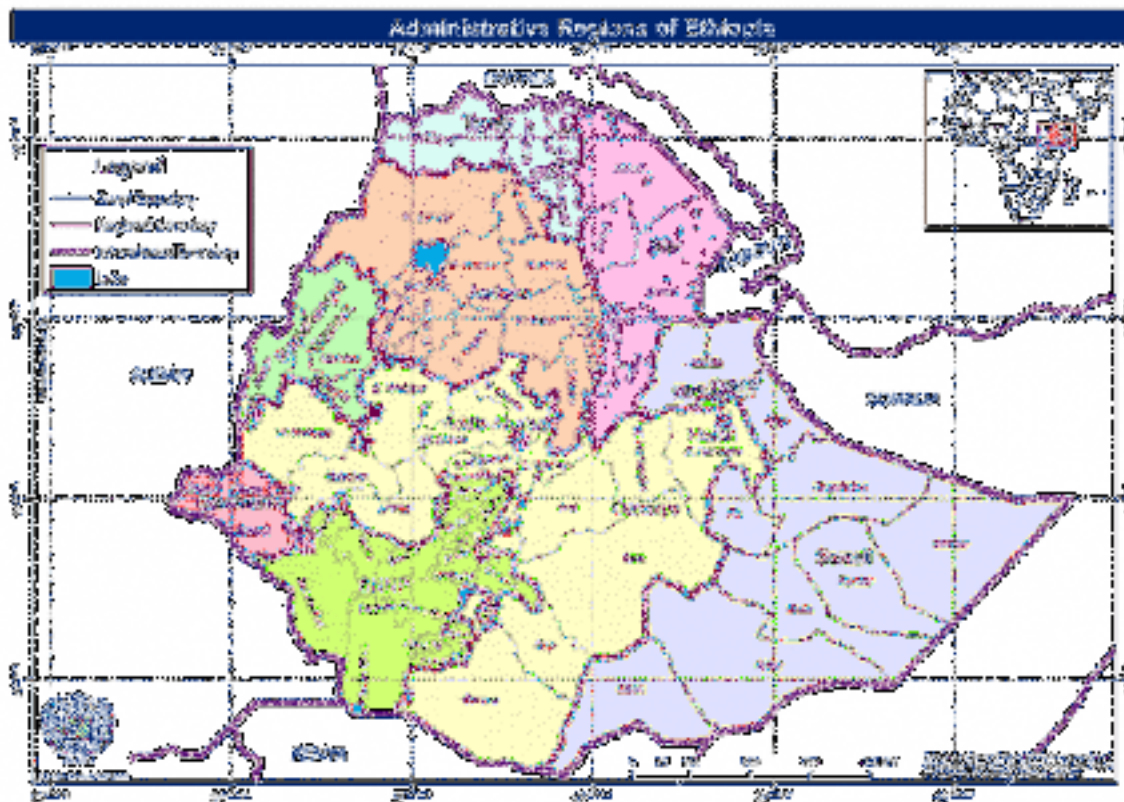
The three main sectors of intervention are described as follows.

1. **WASH**: Provision of hygiene or WASH NFI kits, water supply through trucking, treating water with chemicals and HTH chlorine, sanitation and hygiene promotion, and the installation of Roto water tanks were the major WASH activities implemented by the project. The project also conducted capacity building activities of government and health workers and volunteers; promoted hygiene and sanitation campaigns and community education; established WASH management committees; and provided logistical support for health offices during cholera outbreaks.

2. **Shelter**: The project provided cash (conditional) and in-kind ES (tarpaulin and ropes) and NFIs (cooking sets) for improved physical protection, privacy, and safety.

3. **Health**: The project provided essential medical supplies and medication for communicable and non-communicable diseases (especially for cholera), and supplied ERH kits and interagency emergency health kits (IEHKs). Likewise, SWAN conducted

community education and awareness creation activities, distributing IEC materials and awareness messages for community members on COVID-19, measles, cholera, water-borne diseases, malaria, etc. Finally, the project supported the government with training and capacity building activities for health extension workers (especially in cholera surveillance and management) and supported the government surge capacity with logistics and financial aid.

3   Methodology and approach

This evaluation uses a theory-based approach, based on the Theory of Change (ToC) developed by the evaluation team and in consultation with the SWAN consortium.[10] Primary data collection included qualitative data. Secondary data collection and analysis was also undertaken, consulting programme documents from the SWAN consortium.

Data collection for the evaluation was undertaken in partnership between OPM and MERQ Consultancy PLC, an Ethiopian consultancy firm based in Addis Ababa that specialises in monitoring, evaluation, research, and quality improvement. Data collection was undertaken between March and May 2021 using both remote and in-person methods.

Three types of respondent were interviewed during the data collection.

- **Federal-level KIIs**: Respondents in this group included representatives from all the partner organisations in the SWAN consortium, as well as representatives from other international multilateral organisations and Ethiopia's MoH and EHF, all of which had supported the mobilisation and coordination of SWAN's response. Representatives from the FCDO were also interviewed. In this group, a total of **21 respondents** were interviewed.
- **Field-level KIIs**: Respondents in this group included administrative officials at woreda/zonal levels, field officers for the SWAN partners, zonal- and woreda-level DRM officers, and other local leaders where applicable, all of whom had supported the distribution of SWAN's assistance at community levels. In this group, a total of **58 respondents** were interviewed.
- **Field-level beneficiary FGDs**: These respondents were IDPs who had received SWAN's assistance. FGDs were divided into male and female groups. In this group, a total of **338 beneficiaries** participated in **36 FGDs** (18 male and 18 female).

The field-level **data collection was conducted in Oromia, Somali, and SNNP regions**, each of which were further disaggregated into their zones and woredas for sampling purposes. Please see Annex B for more details of the field-based data collection, including details of the sampling approach.

The following limitations to the evaluation methodology are noted:

Generalisation of findings: The number of FGDs conducted for the evaluation do not adequately provide a representative sample, hence the findings should be considered as illustrative of results and issues that are for the most part specific to the woredas selected in the sampled regions. As such, there are limitations to the extent to which the findings in one emergency response can be extrapolated to validly demonstrate broader effects across all responses where SWAN has intervened in different geographical areas of the country.

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[10] See Annex A for the full ToC.

Variability in the quality of project monitoring and lack of baseline data: During the inception phase the evaluation team reviewed and conducted a preliminary assessment of the quality of available qualitative and quantitative SWAN project documents. The monitoring data available (e.g. PDM survey reports) were notably limited and the quality varied. Moreover, no baseline was conducted at the start of the project, making it difficult to evidence and explain changes at the outcome or impact levels. The evaluation team has worked to reconstruct the SWAN ToC so that it can be used as a guiding framework to identify whether, and the extent to which, SWAN emergency response activities have contributed to outputs and outcomes.

Comparison of the SWAN project with other rapid response mechanisms and VfM analysis. The initial scope of the evaluation was to include a comparison of the SWAN project with other rapid response mechanisms and VfM analysis. However, it was also acknowledged that the evaluation of other comparable rapid response mechanisms was entirely outside the scope of SWAN's evaluation, hence any comparison between both would require comparable evaluations to have been conducted. After a review of existing documentation from other response mechanisms and conversations with donors and these mechanisms, it was clear that such comparable evaluations were not available, hence restricting the potential of a rigorous comparative study. In response, the evaluation team identified these limitations and proposed an alternative offer of a limited comparison between SWAN and other mechanisms. The limited comparative study was undertaken, based on the findings from the SWAN evaluation, limited document review (based on available documents), and on key informant interview. The results of this study are provided in a separate report.[11]

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[11] See 'SWAN Evaluation – Comparative Review of Response Mechanisms in Ethiopia (July 2021)', current under review

4   Findings

The findings from the data analysis for this study have been structured around the overarching evaluation questions. These include the following.

- **Relevance** (Section 4.1) assesses the extent to which SWAN's response to the various emergencies in Ethiopia have been *appropriate* in prioritising the correct emergency to respond to; *needs-based*; *context-appropriate*; respected *gender and protection principles*; and abided by *doing no harm principles*.

- **Efficiency** (Section 4.2) divides the findings into three main areas: *collaborative*, *operational*, and *governance* efficiencies. These findings draw primarily from the federal-level KII respondents.

- **Delivery** (Section 4.14.3) looks at the actual roll-out and delivery of SWAN support around these same concerns, including the *timeliness* of SWAN's support delivery, the *relevance* and *utility* of its support, and the *protection and safeguarding mechanisms* it put in place to ensure the safety and security of vulnerable people during the process of delivering assistance.

- **Effectiveness** (Section 4.4) refers to the programme's ability to use its inputs and outputs to achieve its intended results. The specific effectiveness questions within this evaluation look at how effectively SWAN *delivered* its assistance; whether it *increased access* to safe water, protection, shelter, and health services; whether its assistance was effective in *meeting beneficiary needs*; and whether this *empowered beneficiary wellbeing*. It also looks at *alternative scenarios* to better understand the context of SWAN's support relative to alternative support beneficiaries may have had, and whether its results had any *unintended effects*, be they positive or negative.

- **Sustainability** (Section 4.5) asks questions that relate more to the *systemic* issues SWAN was created to help address, as well as exit strategies and future prospects of this type of RRM. It also looks at possible implications of its results and their sustainability for beneficiaries.

4.1   Relevance

Relevance assesses the extent to which SWAN's response to the various emergencies in Ethiopia have been **appropriate** in prioritising the correct emergency to respond to; **needs-based**; **context-appropriate**; respected **gender and protection principles**; and abided by **doing no harm principles**.

Appropriateness of SWAN emergency responses

SWAN was designed to be needs-based in its approach to providing assistance to those in need.[12] Its approach to doing so is two-fold. First, the humanitarian clusters within Ethiopia prioritise which emergencies to respond to and use SWAN as needed. SWAN then conducts needs assessments to determine exact needs within each context in which it will respond. In doing so, SWAN reports on the scale of damage, local community capacity to cope and manage the shock, and other contextual factors to the humanitarian cluster system, which then activates and supports a response.[13]

Based on the needs assessment and cluster response, SWAN consortium members devise a response plan. As much as possible, SWAN aims to conduct multisectoral responses, including capacity building for local government health workers and other community members who support the response.

SWAN has typically relied on in-kind assistance rather than on providing cash to beneficiaries. SWAN's proposal suggested a target of 30% of

> In West Omo zone in SNNP region, the rapid needs assessments for a cholera response revealed the high disease incidence rate was due to a high concentration of seasonal migrant labourers from different regions (in the gold mines and agricultural fields), along with a cultural belief regarding keeping a corpse for one week after death. Following this, awareness generation among communities on hygiene improvement and related WASH interventions were included in the response plan.

its offer to be in cash, while the remaining 70% would be pre-positioned in-kind assistance (see Sections 4.3 and 4.4 for more detail on its cash response and its limitations).[14] The clusters are then responsible for approving and prioritising which emergency should be responded to, including determining which RRMs to activate. The number of people affected is one of the criteria used to determine whether SWAN should respond (see section 4.3 and Table 1 for more details).

One of the touted elements of SWAN's relevance to responding to local crises has been the fact that it is the only RRM in Ethiopia to have pre-positioned supplies in many areas, which enables it to have items available that are locally relevant and rapidly deployable.

Beneficiaries generally affirmed the relevance of SWAN's responses to their needs, though noted certain gaps, particularly in food. This was particularly the case where their stated needs were around water, shelter, and health services.

In SNNP region, IDPs were displaced due to ethnic conflict in the area, and many cited stories of losing their homes, belongings, and livestock. However, respondents made clear references to the SWAN consortium members that reached them in their need with assistance that contributed directly to alleviating their suffering.

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[12] SWAN Grant Agreement.
[13] Annex 3–Annex 7: SWAN SOPs for cash transfer, health, MEAL, ES/NFIs, and WASH.
[14] This proportion of cash versus in-kind assistance is outlined in the agreement between SWAN and the EHF.

> *'We have passed through problems; the last flood swept away our crops. Then our farms that we planted were destroyed by locusts. When we went out [from that area], we were helped by the government and SCI. The organisation provided us [with] plastic sheets and other goods; it also provided us with cash of 3,100 ETB.'* [Beneficiary, SNNP]

In Oromia, as with SNNP, people were displaced due to conflict, recalling stories of homes being burned and losing all their property and livelihood assets. This was typically followed by being relocated and living in crowded and unsanitary conditions.

> *'We didn't take even a cup with us when we were displaced from our area. We didn't take food with us either. We left our home only with our children. We were unable to find something to eat. Rainfall also hurt us. We were unable to find a place to take rest. We were unable to find where to keep our children. We were unable to find water to drink. We didn't have anything to eat. Our house was destroyed. We were in a miserable situation. Then this shelter was constructed for us. Our lives and the lives of our children [were] saved because of this shelter.''* [Beneficiary, Oromia]

In Somali region, beneficiaries were displaced due to flooding, which resulted in destroyed farms and subsequent hunger. This was labelled as a 'black drought', meaning a 'drought within rain', because of the flooding that was associated with the loss of food. An outbreak of cholera subsequently occurred in one kebele in which more than 200 people reportedly died as a result.

However, there were **instances in which SWAN's response did not fully align with beneficiary needs**. This **related especially to food**, which SWAN did not provide, although beneficiaries frequently mentioned it as a priority need. SWAN's response included NFIs such as household products (see Section 4.3 for more detail), and there were a few instances when a marginal cash distribution (such as a minimal 100 Birr (ETB) for those awaiting medical treatment) was used to purchase basic food relief. In general, however, food was not a part of SWAN's distribution. **According to beneficiary responses, this was a gap in its assistance**.

For example, Somali region beneficiaries noted needing water, healthcare, and food due to the flooding and resultant food shortage, yet beneficiaries most commonly noted receiving various forms of equipment and tarpaulins.

In SNNP, there may have been examples of beneficiary confusion where beneficiaries cited receiving food and associated it with SWAN, although it was not provided directly by the project. In these cases, examples were given where IDPs typically ate *kocho* (a bread-like fermented food made from *ensete* pulp) and maize but were given wheat, or millet or rice, which they did not know how to prepare. In Oromia, beneficiaries similarly remarked that food was provided which they did not know how to prepare, nor did they have the capacity to do so (in the case of a grinding mill for maize seed). They did not know how to consume it, either.

Protection and doing no harm

Integral to SWAN's design and intended delivery are the principles of AAP, inclusion, and doing no harm. 'Inclusion' is meant to ensure that socially vulnerable people, including females

and youth, are including in decision making and needs assessment, as well as in the implementation of SWAN's emergency responses. A majority of the federal-level KIIs noted that the consortium members are well-established relief organisations that tend to have their own AAP and protection frameworks, which they comply with, and which align with SWAN's intentions in this regard. However, the consortium members are also contractually obliged to ensure the protection of vulnerable population groups against abuse, misconduct, and exploitation of any sort.[15]

To date, the consortium has featured AAP elements prominently within their needs assessments and response plans. For instance, SWAN identifies beneficiaries who need particular support and provide feedback mechanism that are most appropriate for them. SWAN listens and involves women, children, IDP representatives, and other vulnerable groups during the needs assessment. However, some respondents from the SWAN technical team noted challenges that sometimes arose due to the lack of active involvement of women in the responses. This is due largely to cultural contexts that restrain women from engagement in 'public' activities.

Increasingly, **SWAN has sought to include protection principles more prominently in its implementation**. Examples of this include selecting safe places for IDPs to stay and involving IDPs in distribution, registration, and verification processes. Protection has been more prominent in the WASH and NFI sector, for example providing women with flashlights to use when accessing latrines at night, educating beneficiaries about exploitation and abuse, and providing mechanisms to report such cases. Federal-level respondents also noted how SWAN has mainstreamed its cluster distribution guidelines on protection in order to standardise this across its efforts.

Field-based KII **respondents consistently mentioned ways in which SWAN's distribution considered and targeted vulnerable people**. Examples of this included distributing assistance first to breastfeeding and pregnant mothers, single-headed households and widows, children, elders, and HIV and AIDS patients. Other ways in which vulnerable people were placed at the centre of SWAN's response was by consulting with women during the needs assessment.

Beneficiaries also overwhelmingly reported feeling safe when receiving assistance, including some examples of authorities or security guards being present (which helped some beneficiaries feel safer). Others mentioned knowing of mechanisms being in place for them to report instances of insecurity or to make other complaints.

> '*There was no feeling of fear or any other negative feeling in the process of taking the support.*' [Beneficiary, SNNP]

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[15] SWAN Grant Agreement.

4.2   Efficiency

The findings around SWAN's efficiency are divided into three main areas of efficiency: *collaborative*, *operational*, and *governance* efficiencies. These findings draw primarily from the federal-level KII respondents.

Collaborative efficiency

Respondents confirmed **regular coordination meetings among the consortium members, both at the management level (steering committee) and at the technical or operational level**. One respondent praised SWAN for its strong internal partnership and specifically gave credit to the consortium lead for its coordination among the consortium members.

> *'I think the relationships between partners are pretty good. … I think they have stronger rather than weaker partnership. I have been impressed by the way that the consortium is held together as a group of people and organisations that regard themselves equal. Then it is a credit to … the lead to maintain that bond.'* [Federal-level KII]

Respondents also noted SWAN's **positive work in coordinating with local NGOs**, which some of the respondents believed helped reduce competitiveness among the NGOs that wish to partner with the RRMs. SWAN has established framework agreements with a number of local NGOs across Ethiopia, which can be activated as needed. The arrangement enhances SWAN's efficiency in two ways: first, cooperation with local NGOs covers regions where SWAN has no presence (for example, SWAN provides assistance items to the NGOs and the NGOs coordinate and distribute the item at the local level), which also avoids duplication of work; and, second, this cooperation quickens the deployment of emergency response activities as SWAN does not have to go through the partner procurement processes for assistance in their response.

Other than internal coordination and with local NGOs, SWAN has also been **coordinating with donors, suppliers, local and federal government, and clusters**. Regular coordination meetings are held with clusters via the Inter-Cluster Coordination Group (ICCG), carried out by each consortium member with their respective cluster coordinators. Coordination meetings also involve, not only clusters and ICCG, but also other RRMs when there is an emergency that needs a quick response. The respondents agreed that the **cluster-centred coordination approach is effective in avoiding duplication in emergency response**.

However, there were still areas for improvement. Some respondents suggested **coordination could be improved within the shelter/NFI cluster**. Examples were noted where there were gaps in communication around emergency response plans that did not lead to adequate consultation among the coordinators.

Operational efficiency

Respondents' views on **SWAN's management of procurement was mixed**. Positively, **SWAN was noted for being able to procure WASH products fairly rapidly**. **Less success was noted by the clusters regarding SWAN's procurement in the shelter and NFI sector**. This was seen mainly to stem from one of the consortium members having a limited presence in implementation areas, where they had no dedicated staff to hold shelter/NFI posts within SWAN.

On the other hand, **SWAN was also able to procure some items locally**, which at times lent itself to rapid sourcing. However, this was not always the case. In some instances, SWAN was able to have pre-agreement frameworks with some suppliers, which enabled rapid product procurement. There were instances, however, when even these local suppliers did not have adequate capacity to respond to SWAN's needs, sometimes having inadequate quantities or low-quality supplies, or being unable to produce items at the kind of scale SWAN needed. High inflation rates also affected SWAN's ability to procure locally.

But the **biggest challenge for SWAN's procurement was international procurement for medical kits and essential drugs**. Most respondents noted this issue was not experienced solely by SWAN, but also by other organisations, including United Nations agencies. As reported by SWAN, collaborating with the United Nations Office for Project Services (UNOPS) has not yielded the significant time gains for international procurement it had initially hoped for. UNOPS has been noted for its support in preparing and collaborating in procurement, so the issue appears related to wider systemic challenges with importing into Ethiopia.[16]

Indeed, the main **issue facing international procurement for medical equipment and essential drugs is bureaucracy connected with customs clearance and taxation**. The process is considered cumbersome and exhausting. One respondent stated the clearance of goods for humanitarian works is not often a priority for the government, and that import regulations often change without clear information about those changes being known, even among other government agencies. One consortium member country director occasionally met with the federal government to resolve the issue, but there has been no agreement or solution to address it.

Notwithstanding these exogenous factors, respondents remarked on how **timely and quickly SWAN was able to distribute items** once they landed in the country and cleared customs. **Respondents noted no significant issue in the distribution process**.[17]

Both cluster and consortium respondents felt **SWAN's stock management was done well**. SWAN's online portal for stock management allows SWAN to monitor the status and condition

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[16] The first procurement (Phase I) with UNOPS took six months to establish an agreement between SWAN and UNOPS. Then, for Phase II, the GoE said that the items were not for UNOPS but for SWAN, and that SWAN should not benefit from the duty free and customs perks of the UN and was blocked.

[17] One exception to this was SWAN's response in Tigray region, where NFIs were affected because the government had imposed curfews and limited transportation for safety reasons.

of items in its warehouse. **This online portal improves the efficiency of responses and contributes to quick reporting of stock when needed** by clusters. The consortium members also have their own warehouses to store items. SWAN needs prior approval for dispatching items from clusters, but it is reported that this has arguably been an easy process.

Governance efficiency

Respondents' views on **SWAN's governance were also generally positive**. One of the reasons for this was that **SWAN's key decision makers are in-country**. This allows for an efficient and quicker decision-making process compared to other RRMs in Ethiopia, which have significant stakeholders outside the country. **SWAN's other governance mechanisms—such as the steering committee, programme management team, and technical groups—were also reported as coordinating well**.

One issue that emerged was **a lack of dedicated staff able to work exclusively on SWAN**. There was also a reportedly high turnover rate among the consortium staff (staff of the four consortium members, who were also involved in other non-SWAN projects), which at times was seen to affect the project's delivery. Consortium members reportedly used staff from existing projects and recruited additional short-term staff as needed to help deliver NFIs, but this was seen to be an inefficient approach to SWAN's delivery, as well as raising concerns among some of the donors.

SWAN's rapid needs assessment is considered good by most respondents. This is because SWAN consortium members have the competence to conduct the assessments and have wide coverage in the country. When there was a joint assessment, SWAN managed it well and generally adhered to the assessment plan. SWAN also did well to incorporate assessment data from other partners and followed cluster guidance. Respondents noted that SWAN develops good response plans and shares them with the clusters.

SWAN also undertakes internal monitoring and evaluation (M&E), including post-distribution monitoring (PDM). This is to ensure that the procured items are of good quality and meet community needs and are appropriate to local culture. There were different views regarding SWAN's M&E, including its PDMs. The **cluster respondents agreed SWAN needs to improve the PDM quality and dissemination**. Although it is not mandatory for SWAN to submit the PDMs to cluster coordinators or to the ICCG, the clusters expected SWAN to share them or to communicate implementation progress or results to them.

Some respondents from the clusters also wondered about the extent to which learning was derived from the PDMs and taken into account in SWAN's response. On the other hand, SWAN consortium members stated that, during the PDMs, SWAN identified gaps that were used to improve subsequent responses. Thus, **the extent to which learnings are taken from PDMs and responded to in action is not entirely clear**. Respondents sitting outside of the discussions around the PDMs did not, however, have sight of specific derivative lessons. It may be **recommended that they should be included in these discussions in the spirit of transparent learnings and collaboration towards improved emergency responses**.

4.3   Delivery

This section looks at the SWAN's delivery **effectiveness**, the **timeliness** of its support delivery, the **relevance and utility** of its support, and the **protection and safeguarding mechanisms** it has put in place to ensure the safety and security of vulnerable people during the process of delivering assistance.

Delivery effectiveness

SWAN's delivery effectiveness looks at a number of aspects regarding how well it has delivered its support to beneficiaries, including its overall reach, timeliness, and security for beneficiaries when accessing the support.

As noted in Section 2, SWAN's objective is to 'contribute towards saving lives, reducing suffering and increasing human dignity for people affected by displacement in Ethiopia'. As such, SWAN targets IDPs with its relief.

> '*When we left our home, we suffered a lot. We could not get water to drink. We left our chickens and sheep there. We left everything we have there. When we came here they gave us another name, called "displaced people".*' [Beneficiary, Oromia]

Overall, SWAN exceeded its total targets for assistance to beneficiaries. When the intervention began, SWAN **targeted 1,126,815 individuals** (March 2019 – March 2020)[18] with its support. In the end, **it reached 1,354,644 individuals** (March 2019 – July 2020) – a **20% increase** over its target.

This reach beyond its targets is visible throughout the various types of support that it provided, including specific elements in the WASH sector (like receiving hygiene kits under WASH NFI, number of beneficiaries provided with sustained access to safe drinking water), emergency shelter and non-food items (like households receiving ES/NFI cash-based assistance), and the health sector (number of beneficiaries served through drugs distributed).

Moreover, its gender-based targets were further exceeded, with SWAN **reaching approximately 60% more adult females that it intended** (as compared to 11% for adult males) and similar for girls (13% more girls were reached as compared to 6% more for boys). While the higher number of female and girls as compared to male and boys can result due to the distribution of the female hygienic kits, overall this reflects positively on the effectiveness of its delivery in ensuring prioritisation is given to particularly vulnerable groups.

These results are outlined in greater detail in **Error! Reference source not found.**.

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[18] Source: SWAN MEAL Framework.

SWAN Evaluation: A report on the findings

Table 1: SWAN results – targets and achieved

Descriptions (Objectives, outcomes, outputs and activities)	Indicators		Total Target & Achievement (March 2019-July 2020)				
			Total	Men	Women	Boys	Girls
OVERALL OBJECTIVE: To contribute towards saving lives, reducing suffering and morbidity, and increasing human dignity through an increased access to safe drinking water, promotion of safe hygiene practices, basic NFIs and preventive and curative health care services for people affected by displacement and crises in Ethiopia.		Target (Individuals)	1,126,815	247,899	236,631	349,313	292,972
		Achievement (Individuals)	1,354,644	276,337	377,037	369,244	332,026
WASH OUTCOME 1: 392,815 displacement affected women, men, boys and girls with an increased accesses to safe drinking water and promotion of safe hygiene practice through provision of WASH supplies in item or cash	% of targeted population and IDPs have access to basic WASH services (hygiene kits and safe and sufficient quantity of water for drinking, cooking, personal and domestic hygiene practices)	Target (%)	30.0%				
		Achievement (%) $	69.9%				
	No. of displacement affected population with access to safe drinking water and promotion of safe hygiene practices through provision of WASH supplies in item and cash	Target (Individuals)	392,815	86,419	82,491	121,773	102,132
		Achievement (Individuals)	461,324	97,980	100,945	133,823	128,576
WASH OUTPUT 1.1: Affected IDPs have access to basic WASH NFIs	**Sub-output indicator 1.1.1:** No. of hygiene kit (WASH NFIs) distributed	Target (Kits, conv. To individuals)	73000 kits (~365,000 individuals)*	80,300	76,650	113,150	94,900
		Achievement (Kits, conv. To individuals)	77909 kits (461,324 individuals)	97,980	100,945	133,823	128,576
	Sub-output indicator 1.1.2: No. of households receiving hygiene kit through cash-based assistance	Target (Kits)	5563	6119	5841	8623	7232
		Achievement (Kits)					
	Sub-output indicator 1.1.3: No. of joint end-use PDM conducted (6)	Target (number)	6				
		Achievement (number)					
WASH OUTPUT 1.2: Affected IDPs have access to safe drinking water	**Sub-output indicator 1.2.1:** No. of targeted beneficiaries who received water treatment chemicals (392,815)	Target (Individuals)	392,815	86,419	82,491	121,773	102,132
		Achievement (Individuals)	383,487	88,177	88,050	107,957	99,303
	Sub-output indicator 1.2.2: No. of woredas received HTH water disinfectant (48)	Target (Woreda)	48				
		Achievement (Woreda)					
	Sub-output indicator 1.2.3: No. of litres of water delivered/person/day	Target (Litre)	5				
		Achievement (Litre) $	6.65				
	Sub-output indicator 1.2.4: No. of people provided with sustained access to safe water supply (95,005)	Target (Individuals)	95,005	20,901	19,951	29,452	24,701
		Achievement (Individuals)	132,789	28,123	31,344	38,482	34,840
NFI/SHELTER OUTCOME 2: 110,000 women, men, boys and girls of vulnerable displaced affected people with access to basic NFIs and improved physical protection,	No. of target beneficiaries disaggregated by sex and age accessing cash and in-kind ES/NFI kits	Target (HHs, conv. To Individuals)#	20000 HHs (110,000 individuals)	24,200	23,100	34,100	28,600
		Achievement (HHs, conv. to Individuals)	26,325 HHs (174,872 individuals)	42,368	40,404	48,939	43,161
	% of targeted population with access to life saving Emergency Shelter NFI	Target (%)	45.0%				

SWAN Evaluation: A report on the findings

Descriptions (Objectives, outcomes, outputs and activities)	Indicators		Total Target & Achievement (March 2019-July 2020)				
			Total	Men	Women	Boys	Girls
privacy and safety either in kind or cash-based assistance	assistances with an improved physical protection, privacy and safety	Achievement (%) $	56.5%				
NFI/SHELTER OUTPUT 2.1: Lifesaving ES/NFI assistance provided to 20000 displaced households representing 110,000 individuals	Sub-output indicator 2.1.1: No. of ES/NFI kits procured, distributed and prepositioned for affected population	Target (Kits, conv to individuals)#	12800 kits (~70400 individuals)	15,488	14,784	21,824	18,304
		Achievement (Kits, conv to individuals)	17393 (115,358 individuals)	28,796	27,516	31,067	27,979
	Sub-output indicator 2.1.2: No. of HHs receiving ES/NFI cash-based assistance (7000)	Target (HHs, conv. To individuals)#	7200 HHs (~39,600 individuals)	8,712	8,316	12,276	10,296
		Achievement (HHs, conv. To individuals)	8932 HHs (59,514 individuals)	13,572	12,888	17,872	15,182
	Sub-output indicator 2.1.3: No. of joint end-use/post distribution monitoring conducted (6)	Target (no.)	6				
		Achievement (no.) $	6	0	0	0	0
HEALTH OUTCOME 3: 624,000 women, men, boys and girls of vulnerable IDPs/returnees and host communities with access to basic preventive and curative health care services though the provision of essential lifesaving medicines	No. of targeted beneficiaries disaggregated by sex and age accessing an emergency health service	Target (Individuals)	624000	137280	131040	193440	162240
		Achievement (Individuals)	718448	135989	235688	186482	160289
	% of targeted population and IDPs with access to basic PHC and Reproductive Health care services, and served through basic medicines/medical supplies availed for rapid responses	Target (%)	50%				
		Achievement (%) $	72.20%	0	0	0	0
HEALTH OUTPUT 3.1: Sufficient stocks of basic and essential medicines and medical supplies availed for rapid response to IDPs	Sub-output indicator 3.1.1: Number of kits procured and distributed (1192)	Target (no.)	1192				
		Achievement (no.)	1192	0	0	0	0
	Sub-output indicator 3.1.2: Number of kits propositioned (238)	Target (no.)	238				
		Achievement (no.)	238	0	0	0	0
	Sub-output indicator 3.1.3: Number of beneficiaries served through drugs procured and distributed (624,000)	Target (Individuals)	624000	137280	131040	193440	162240
		Achievement (Individuals)	718448	135989	235688	186482	160289
	Sub-output indicator 3.1.4: No. of partner and FmoH meetings held (24)	Target (no.)	24				
		Achievement (no.) $	16	0	0	0	0

Notes: * Targets were by number of kits, which were converted to number of individuals with an assumption of 5 as the household size by SWAN MEL team

Notes: # Targets were by number of HHs, which were converted to number of individuals with an assumption of 5.5 as the household size by SWAN MEL team

Notes: $ As provided by the SWAN MEL team, based on the findings from the Endline evaluation conducted by SWAN

Assistance timeliness

The point of significance in SWAN's delivery was its timeliness and the rapidity with which it has been able to respond to emergencies, particularly compared with other RRMs and the government in Ethiopia.

Among the federal-level KIIs, there were remarkably **consistent views on the timeliness of SWAN's response**. These showed that SWAN's response was generally timely, but **severely hampered by several factors regarding procurement and local bureaucracy**.

A number of respondents mentioned **challenges in the timing of procuring supplies from international sources**. This was anticipated, and mitigation measures were planned by establishing stockpiles locally. However, these stockpiles were not successfully established as (i) there were not adequate number of suppliers to provide the quantity required for providing relief, (ii) a lot of manufacturing units closed down in due to high cost of input materials (owing to high inflation in the country) and Covid-19, among other issues.

Further **mitigation by sourcing locally was also sought, but this was met with little more success**. Evidence suggests the result of these delays was that shelter-related support was delayed in its delivery, and at times incomplete (for example, some support kits were missing items such as cooking sets or tarpaulins). Another delaying factor related to international procurement was government bureaucracy, such as customs and clearance and costs of import duties. Even for locally sourced items, the manufacturing of these items appeared vulnerable to delays.

Federal-level KII respondents noted these were **contextual issues commonly experienced by other international NGOs and multilateral organisations**, and that even SWAN's efforts to mitigate these challenges (establishing warehouses and framework agreements with suppliers, pre-positioning, etc.) were not adequate to completely overcome them. SWAN was still able to establish some decentralised warehouses and distribution points. Where these were in place, they aided in decreasing response times.

Even with these challenges, **SWAN was still seen by several key informants as an improvement to the emergency response mechanisms** in Ethiopia, being the fastest and most efficient. The **key enabling factor for this was the pre-positioning of critical supplies**. Respondents noted SWAN's pre-positioned stock of critical supplies allows its quick response, including having rapid procurement models set up with local suppliers (despite some of the associated challenges, as described in Section 4.1). In addition, their **close collaboration with the cluster system helps ensure efficiency and mitigates duplication**.

The **pre-positioned supplies are also noted for being appropriate to the types of emergencies that are anticipated in specific areas**. This combination of timeliness and appropriate planning with relevant supplies resulted in the positive evidence given by respondents regarding SWAN's delivery.

However, SWAN has not yet fully achieved its mandate in the way it was designed and set up to mitigate these many response delays. As a respondent noted regarding its relative success amid its shortcomings, there is still room to improve:

> *'[SWAN] are doing reasonably well compared with other mechanisms. But if you compare it with its own design, it lags behind. The delays are procurement-related and access-related. They could work around the procurement issues; when you set up a*

consortium for this, you should think about it. But access and security are out of their control. I cannot fully blame it on them, as procurement is a nightmare here. You can't find many of the items in the domestic market. Procuring from abroad is a nightmare. The time for some agencies to procure is up to three months. It's a nightmare for everyone, but SWAN is an RRM, so they can have a framework agreement with pre-identified suppliers. I don't know the proposal and what was the plan to expedite the procurement, but it is a challenge and SWAN has not managed to address it. The challenge is operational, and SWAN can answer it.' [KII, Addis-based]

A **significant element that impacted SWAN's delivery was the perceptions of local government authorities**. Several respondents noted how it could be difficult to gain access into communities because of misperceptions held by local authorities about the repercussions of offering assistance. These misconceptions included the idea that providing relief would attract more people, particularly IDPs, into their areas. Another misconception was that offering assistance would cause increased insecurity because of sought-after assistance within communities that have significant needs, not just for the IDPs. Still another misconception was that local authorities felt they did not have adequate capacity to manage the support, not knowing the support would be provided through alternative mechanisms that were not contingent on their own capabilities.

'There are complex dynamics in terms of displacement in Ethiopia. Sometimes you have reluctance to assist people. This can be because the [local administrators] do not want more [IDPs] coming in their areas; sometimes the woreda officials do not have [capacity] to support more [IDPs] or have a misunderstanding [from the local authority] that if we help [IDPs] there will be more people come into their areas.' [Federal-level KII]

Overall, however, **the combination of timely delivery and appropriate assistance was affirmed** by a government respondent:

> *'For example, there was flooding in [one area] and the SWAN team distributed necessary supplies in less than 72 hours, which played an important role in saving lives. They quickly delivered all required equipment, including IPC materials, mosquito bed nets, and hygiene supplies. The strength of this project was that they had everything ready to go, such as supplies, cars, and so on, and they delivered in a very short period of time. What they do is fill gaps in the government after identifying problems in regions and other government structures.'* [Federal-level KII]

Beneficiary perspectives on the timing of SWAN's delivery were mixed. Many **beneficiaries affirmed receiving the aid on time** to address their immediate needs. As one beneficiary from Oromia stated:

> *'It was given timely. After they [militias] burned our houses and we were displaced, the government was making various attempts to help the community by involving partners. They ensured shelter, various supplies such as food, oil, and provided us plastic for temporary roof/shelter for those whose house was destroyed.'* [Beneficiary, Oromia]

There were, however, cases of **delayed delivery** too. There were **incidents where beneficiaries complained of not receiving the items at the expected or scheduled time**. Many of these beneficiaries noted **support arriving after they had already experienced significant hunger**. Others mentioned **they had already experienced considerable suffering by the time they received SWAN's support**. Other respondents noted frequently **returning from distribution centres without having received assistance** because the aid had not arrived on the expected date.

The **timing delay was partly explained by field staff as being due to delays in reporting a crisis** by the regional government to the federal level and to other stakeholders (such as donors and NGOs). Field-based KIIs also noted **gaps and delays in the provision of information from local leaders to top administrators**, which affected the timing of SWAN's response at the woreda level. There were also reported discrepancies between woreda and regional data in terms of the number of people stated to be in need, as well as regarding the delineation of IDPs among them. Again, this appears to be a case of SWAN being subject to wider systemic issues within the context of its response over which it does not have significant control.

Some **challenges were also noted in identifying beneficiaries** in the early part of aid delivery. This was noted in SNNP and Oromia in particular. This related to people moving between woredas and to some being incorrectly identified as IDPs and other IDPs not being identified as such. These issues were nevertheless resolved through community committees that helped in the identification process, a process which beneficiaries viewed positively.

There were other **issues regarding the frequent movement of IDPs and the lack of updated beneficiary lists** from the government. During the early part of distribution, both IDPs and people from host communities were registered on IDP lists, which made it difficult to distinguish between them as both frequently came from the same ethnic group. Similar findings also came from SNNP, where initial beneficiary lists were not comprehensive as there was an ongoing influx of IDPs into the areas during and after distribution.

Assistance utility

Most **beneficiaries reported receiving items that matched their needs**, which had been identified during the rapid needs assessments involving local government administrators and community members. Women also specifically reported being included in consultation processes by SWAN and stated that their **needs were accurately identified**.

Some of the items that beneficiaries reported receiving included tarpaulin and corrugated sheets to build shelters, jerrycans, buckets, water treatment tablets, soap, blankets, and spades and instruments to dig and build shelters. Water tanks were arranged to provide safe drinking water where there was none.

There were, however, **regular complaints about the quality of some of these items**. Examples of this related particularly to shelter and NFI support, where beneficiaries at times complained of tarpaulins degrading rapidly due to exposure to the elements, water cleaning kits not working and failing to improve water quality, or plastic sheets tearing and being unusable.

One beneficiary noted that, despite the support they received, degradation of the tarpaulins meant they found themselves in the same place they had been before receiving it: *'The toilet was also filled up with defecation and we have no food and water. We are drinking unclean water. We are now facing this entire problem again. We have also no water and food.'* [Beneficiary, Oromia]

A further element of SWAN's delivery that was assessed was its use of cash. Described in more detail below (Section 4.4), SWAN was able to deliver up to 30% of its assistance in cash, with the remaining 70% consisting of pre-positioned in-kind support. The use of cash is based on a needs assessment and intended to meet immediate crises, but is dependent on contextual factors such as market viability, minimal inflation risk, and the availability of critical supplies for beneficiaries to purchase.

Many **beneficiaries expressed a preference for cash** because they felt it enabled them to choose how to use the assistance they received (Section 4.4). However, the **challenges involved in delivering cash were multiple**. Consortium members noted occasions when local government administrators were not amenable to cash distribution because they felt it would attract more IDPs into the area. Others feared security concerns with the proliferation of cash, particularly among vulnerable people within their communities. Others were concerned with the market dynamics the introduction of cash might present, such as inflated prices or local traders simply not being able to respond to need.

One federal-level KII noted: *'Most of the people really need the in-kind support because they have to purchase the items at their level and there is no availability in the local market. We do the market survey, but the market is not available in remote areas.'*

Regarding security, the same respondent added: '*We sent a team to do a market feasibility assessment in [location] and the result is that the government does not want us to do that. They tell us not to do it for security reasons. It was a shelter and WASH response. We also respond in cash, but it has been difficult lately.'*

Protection and safeguarding mechanisms

Gender and inclusion

The zonal and regional officers reported that, during beneficiary selection, **preference was given to IDPs who were single mothers, widowed women whose husbands had passed away as a result of conflict, single-women households, and women and children living with HIV and AIDS, as well as to pregnant and breastfeeding mothers, children, and elders**.

During the FGDs with the **beneficiaries, they confirmed that priority was given to large households and to female-headed households**. It was also shared that the assistance included gender-specific items (such as sanitary napkins for girls and women).

Similarly, females were given priority with gender-specific assistance in general. One of the field-based KII respondents affirmed this: *'There were many women and children in the list who are registered to get support. There was also a support package that comes only for women. This includes dignity kits for women.'* [Field-based KII] Another field-based KII went further, describing how gender and inclusion considerations were mainstreamed in identifying beneficiaries and delivering support:

> *'When we identify households for assistance, we selected female-headed households first. Most of the interventions on nutrition targets females. … [W]e provided dignity [support], which contains menstrual hygiene material for women. When we look at the assistance in general, [consortium member] provided for both husband and wife. When they found widowed women, they provided based on her need. [Another consortium member] is more focused on providing assistance in this area. Most of health-related interventions were good and included women and they gave priority to pregnant and lactating mothers and children. When constructing shelters, we tried to give priority for widowed women and elderlies'.* [Field-based KII]

There were some exceptions in Somali region where only the husband was counted as the only family member during screening and registration, which excluded some women who struggled to support their children. This did appear to be a fairly isolated case.

Safety and security

During the provision of assistance, beneficiaries described the process of how they received support. In doing so, **beneficiaries expressed they did not face any major issues in receiving the assistance**. They expressed **they felt protected** because there was a security guard at the distribution centre and there was generally good discipline. They also explained there was a place to go and report if they faced any difficulty.

> *'We didn't face any problem on receiving the assistance. We felt comfortable and happy. The aid workers used to inform us to collect the materials three days ahead and we did what they told us when we reached the distribution site. They waited for us with all the necessary materials. We have been receiving the assistance and return back home without being threatened or felting discomfort.'* [Beneficiary, SNNP]

Some **beneficiaries from Oromia region reported other difficulties in receiving their support**. Some mentioned that, once support delivery was handed over to the local government (kebele leaders), there were incidences of non-payment (for both cash and in-kind support), even if their names were on the list. There were also reports of mistreatment by the distributers (in Oromia) or denial of support if a beneficiary failed to respond immediately when their name was called. At the same time, 'better-off' IDPs (taxpayers or farmers with documents showing land ownership) were stated as being given **preferential treatment**. One of the beneficiaries said:

> *'[The] disaster risk mitigation officer gave assistance only to those who are taxpayers. It means farmers who have their own lands and ownership certificate. They [the officers]*

said that support is provided only for landowners. They gave instructions that children should not receive support with their father and their name should not be registered alone. Then they distributed assistance to the kebele as per the number of taxpayers. The same thing happened here in our kebele. They provided assistance only for taxpayers.' [Beneficiary, Oromia]

Other **incidents were noted of ethnic hostility or exclusivity**, such as this experience in SNNP region:

'My mother is of Oromo ethnicity. As a result, she faced a lot of problems in receiving the services. She was without the services for up to a week. Due to the effort of my father, she got the services finally. There was also a long line, and the services were provided to the host community as well. The people who distributed the services were from the host community, and they included their family members.' [Beneficiary, SNNP]

Representatives from the local administration in Oromia region added that, at the time of distribution, they had to prioritise the most vulnerable due to resource and time constraints. *It was not clear if this was mentioned in defence of preferential treatment given to certain groups of beneficiaries*.

Selection and feedback mechanisms

Beneficiaries were largely aware of the feedback or complaint mechanisms SWAN had put in place. Beneficiaries also reported their complaints were addressed by local officials and solutions were provided after some investigation. In one particular incident, a delay in response was reported by beneficiaries in SNNP region, which the local officials attributed to the delay in emergency reporting and the unavailability of an updated IDP list.

In SNNP, **beneficiaries reported being members of different committees** with a role in identifying the needs of IDPs and returnees, as well as helping organise the support distribution. There were multiple levels of community committees, such as at woreda, zonal, and kebele level, all of which comprised of community members and used to help identify beneficiaries and help arrange shelters or process requests. **This involvement of community members appears to have worked well in practice and to have been well-received by beneficiaries**, allowing them to feel ownership in the process of distributing support.

There were also committees, in which IDPs were represented, to verify the assessment results. One beneficiary from Oromia stated: *'They came and observed our problem and confirmed that we have problems. Our family was in trouble and our children were also in problem[s]. By observing these, they decided to help us by themselves.'* [Beneficiary, Oromia]

One beneficiary reflected on how the process of selecting representatives was democratic:

'The kebele gathered people together. Then they told us to elect [a] representative from displaced people through a vote. Then, people elect[ed] nominees one by one. Each nominated person was asked for approval from the people. People approved these nominees by saying all together "yes" if they believe[d] that they [were] appropriate

nominees that [would] represent people properly and clapped hands for their approval. This is how the leaders were selected from the displaced people.' [Beneficiary, Oromia]

In Somali, a **majority of the respondents noted being comfortable with the way that the assistance was delivered** and the way that household needs were identified and the assistance subsequently provided. The respondents noted that a committee was established from the IDPs for beneficiaries to report to if they had any complaints about the assistance they received or the way it was delivered.

There were some exceptions to this. In one woreda, beneficiaries noted some challenges with receiving their assistance where they had to the distribution several times before the assistance was available for them. But the **majority of the FGD participants in Somali noted receiving assistance in a timely manner during the crisis without any significant difficult in accessing it.**

Reporting mechanisms were also clearly put in place, with beneficiaries generally understanding how this was undertaken and how to engage with it. The teams that verified the assessment results also observed the emergency operation centres and checked whether there were complaints about the beneficiary selection process. After beneficiaries were selected for assistance, their lists were posted in visible places for three days and they were given the chance to report any complaints. Information was also posted in visible places about where, to whom, and how to report.

Table 2 displays some of the positive and negative aspects of **SWAN's efforts to ensure the inclusion of socially vulnerable or excluded people in its delivery**, while safeguarding them and ensuring safe environments for support to be distributed.

Table 2:   Beneficiary perspectives from PDMs

Positive feedback	Areas of concern
• Identification of beneficiaries were as per their need, including the socially excluded and vulnerable • Almost all sampled beneficiaries for the PDMs reported receiving support • There was high level of satisfaction among beneficiaries on the timeliness of the emergency response; and in most cases they received it when they needed it the most • The respondents felt the distribution site was accessible to them and that it ensured protection for all, including the vulnerable	• During a few PDMs, the beneficiaries complained about the quality and quantity of ES and NFI or WASH items they received (such as blankets that were too small, lack of consideration of household size when distributing items, and the poor quality of buckets or jerrycans) • In one cash delivery programme in Oromia region, Awash Bank deducted 100 ETB from each beneficiary without their consent to save money.

4.4   Effectiveness

In this evaluation context, *effectiveness* refers to the programme's ability to use its inputs and outputs to achieve its intended results. The specific effectiveness questions within this evaluation look at whether SWAN's assistance was **effective in meeting beneficiary needs**,

whether it **increased access for beneficiaries** to safe water, protection, shelter, and health services, and whether this **empowered beneficiary wellbeing**. It also looks at **alternative scenarios** to better understand the context of SWAN's support relative to alternative support beneficiaries may have had. It explores whether SWAN's results had any **unintended effects**, be they positive or negative. The following sections are divided into these and related subsections that frame the analysis.

Meeting beneficiary needs: in-kind assistance

Beneficiaries were asked to list their key needs. These tended to be similar across the various woredas where data was collected, with minor variations. Food and water, shelter, health services, and hygiene or sanitation materials were the predominant needs beneficiaries consistently mentioned.

SWAN programme monitoring documents identify items distributed among beneficiaries (In SNNP, the majority of the assistance was given in the form of NFIs such as housing and shelter supplies. **Many respondents noted the assistance they received through SWAN was of good quality and these items were instrumental in providing shelter and assistance for their most dire needs**. One field-based KII expressed concern about the quality of some of the products, but also noted how the IDP beneficiaries had such great needs that their concern for quality was diminished if their basic needs were being met. His point was that higher quality products would be more valued as they would hold up longer against the harsh environment. This does align with some of the feedback from beneficiaries, who at times noted degradation in the materials they received.

In Somali region, **beneficiaries affirmed the assistance they received had helped address their urgent needs**, particularly in the way shelter assistance provided them with protection and helped preserve their families' lives. The water treatment support also helped improve their health.

> *'We were in the rain until they arrived with the assistance. On the same day they provided plastic sheet and ropes then everyone built a tent. First and foremost, the issue of shelter was addressed. … The supplies such as blanket[s], pot[s], plastic sheet[s], and ropes were of good quality. Some households that received these items are still using them. Some people saved the plastic sheet to use during the rainy season.'* [Beneficiary, Somali]

At times the **amount of support was noted as being less than ideal, particularly for larger households**. Others affirmed they received an adequate quantity of utensils and house supplies, with these reaching the correct targets based on criteria that prioritised the most vulnerable in the IDP community, such as the disabled, the elderly, and the poorest.

Still, **many beneficiaries emphasised the inadequacy of the quantity of the support they received**. While the support was helpful and instrumental in providing relief for the severity of their needs, they felt it was **not enough**. Others mentioned that food was not provided within

SWAN's assistance and that this was a gap they continued to feel, even while being grateful for the shelter and comfort they had been provided with in the midst of severe weather conditions.

In Oromia, **beneficiaries similarly noted receiving life-saving assistance**, including blankets, mats, cooking materials, and other similar items, but struggled to assess the *adequacy* of the support. As one beneficiary noted: *'It is difficult to say it is adequate because practically it is not adequate. On the contrary, it is difficult to say it is not adequate because it rescued us from death. In my opinion, both of them go together.'* [Beneficiary, Oromia]

Table 3). These items largely align with the types of needs mentioned most regularly by beneficiaries, with the exception of food, which was not part of SWAN's relief support. Responses from beneficiaries about whether these items did in fact meet their needs were mixed, however, and varied to a degree around adequate quantity, quality, and longevity.

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Table 3:   Assistance delivered by region, disaster, and modality

Zone	Woredas	Type of Disaster	Condition	Type of modality	Sector	Details of Assitance Received
Oromia						
East Wollega	- Gutu-Gida - Haro-Limu - Sasiga	Conflict	*No information*	In-kind	WASH and NFIs	Jerry can, buckets, washing basin, laundry soap, PUR, aqua-tabs, bishangari, HTH-chlorine, and bathing soap
West Harerghe	- Meisso - Babile	Conflict	*No information*	In-kind	WASH and NFIs	Jerry can, bucket, washing basin, laundry soap, bathing soap, aqua-tabs, and bishangari (water treatment or purifying chemical)
West Wollega	- Gimbi - Menssabu - Latasibu	Conflict	*No information*	In-kind	WASH and NFIs	Jerry can, bucket, washing basin, laundry soap, bathing soap, aqua-tabs, bishangari (water treatment or purifying chemical), and pur (water treatment chemical)
East Hararghe	Chinaksen	Conflict	*No information*	*No information*	*No information*	*No information*
West Guji	- Kercha - Gelana	*No infor-mation*	*No information*	Cash and in-kind	WASH and ES/NFIs	- Most of PDM respondents received 3,000 ETB. Some received 2,500-2,900 ETB, and one person received only 1,650 ETB. This difference was due to the fact that Bank and Woreda-level health office staffs deducted the money from the beneficiaries to open a bank account and payment of health insurance - one tarpaulin, *but no clear of what ES/NFIs were distributed by SWAN*
Borena	Moyale	Cholera Outbreak	- Huge public health burden that already challenged public health systems due to conflict and occurrence of IDPs; - High risk of being transmitted by cholera to IDPs and host community due to inadequacy and poor water supply, sanitation, and food safety	In-kind	WASH and NFIs	- Providing basic lifesaving services, such as WASH NFIs (Basing Soap, Laundry Soap, Aqua-tabs, and bishangari), early screening and identification and referral of children with acute malnutrition to the nearest health centres, and provision of essential medical supplies and drugs - Rehabilitation and construction of water schemes; promotion of hygiene and sanitation practices

Somali						
Shabelle	- Mustahil - Ferfer	Flood	- The flood destroyed houses, villages, damages public infrastructures, and limited normal day to day activities, due to road blockage. - The damages was beyond local government's capacity to respond	Cash and in-kind	WASH, ES/NFIs	- 3,100 ETB for one round as per household - Jerry can, buckets, washing basin, laundry and bathing soaps, and PUR (water treatment chemical)
Shabelle	- Gode - Adadle - Elelle - Ber'ano	*No clear infor-mation*	*No information*	In-kind	WASH and NFIs	Jerry can, bucket, laundry soaps, pathing soap, and bishingari
SNNP						
West Omo	- Meniet Shasha - Meniet Goldiya - Gargasha	Cholera Outbreak	As of 11 th August 2020, the total case of cholera in West Omo zone reached 3198 with 105 deaths making case fatality rate of 3.4%.	In-kind	Health	Cholera case management training
Gedeo	- Yirgachefe - Gedeb - Kochere - Wenago	*No informati on*	*No information*	Cash and in-kind	WASH and ES/NFIs	- Most of PDM respondents received 3,000 ETB. Some received 2,500-2,900 ETB, and one person received only 1,650 ETB. This difference was due to the fact that Bank and Woreda-level health office staffs deducted the money from the beneficiaries to open a bank account and payment of health insurance - one tarpaulin, *but no clear of what ES/NFIs were distributed by SWAN*

Source: SWAN Post-Distribution Monitoring Reports and Field Visits

Given widespread views that the amount of relief was inadequate, one concern was the fact that data collectors noted significant amounts of assistance were not delivered to the beneficiaries in certain woredas. No explanation was given as to why this was the case.[19]

The next steps for IDPs to recover and return home presented further challenges. These included many instances where IDPs learned of their houses being burned so that their return would involve starting again completely. **The interim provision of shelter did meet very basic needs for these IDPs, but ultimately did not reach their longer-term recovery**.

There were further **apparent preferences for cash** over the otherwise in-kind support SWAN offered. These preferences were often framed around enabling beneficiaries to make their own choices on how to use the cash, with some beneficiaries believing cash would enable them to make their own decisions about how to apply the assistance towards establishing more sustainable livelihoods. This was particularly mentioned in the context of purchasing livestock, which many saw as benefiting them on a more long-term basis:

> *'The assistance that we wish would have been more helpful to meeting our needs is in cash assistance. When cash assistance is provided, we would have bought our domestic animals, if these domestics animals could be provided for us rather than other assistance. This will help us on several things. It will also improve our life. We could exchange them [domestic animals] [for] other things. If this type of assistance could be provided to us, we will improve our life by acknowledging partners that provided such types of assistance throughout our life.'* [Beneficiary, Oromia]

This was not, however, the way SWAN structured its cash support, which was in fact conditional and only able to be used for specific items in local markets, such as shelter or other NFIs. Beneficiaries may have confused SWAN's cash support with that of other agencies in the same areas with different parameters.

Even some of the field-based KIIs erroneously conflated unconditional cash support with SWAN, underscoring the need to combine relief with longer-term livelihood support, which they thought were not mutually exclusive objectives. One KII mentioned the need for food to be provided as a way of addressing people's needs with longer-term livelihoods in mind:

> *'Food is the one [thing] I recommend as the people can remain alive and sustain their life. So, to sustain food security, I recommend the community to be supported to start animal production, such as by having a cow and an ox, because the animals can reproduce and the people even can sell and buy food when they get in trouble. While the partners support the people, it is better to think of its sustainability by helping the people to be self-sustained in the future [rather than being dependent on charity].'* [Field-based KII]

Responses therefore varied to the question of whether SWAN's support addressed beneficiary needs. The overarching initial response was that it did. The more nuanced and underlying

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[19] See Annex B for the full field data collection report, which notes this observation.

answer was that it ranged in degree as to how adequate it was or to what extent it addressed beneficiary needs, given the variations noted around the quality, quantity, and the length of time for which beneficiaries received SWAN's support.

Meeting beneficiary needs: cash assistance

As touched on above, SWAN was set up to deliver up to 30% of its total emergency response through cash (based on needs assessments and to better address immediate crises). The remaining 70% was allocated for pre-positioning items. The standard cash transfer was conditional for NFIs, and the one-time payment amounts ranged from 3,500 to 4,200 ETB (depending on various market characteristics) or equivalent voucher values.[20]

The main rationale for restricting cash transfers included:[21]

  i.   fear of using the cash for unintended purpose or other priorities rather than the intended NFIs—the returnees have many priorities other than ES and NFIs, specifically for food, additives such as edible oil, clothes, etc.;

 ii.   the risk of market inflation;

iii.   the existence of limited capacity and awareness to manage and use the supported cash for the intended purposes;

 iv.   the limited capacity of local traders and merchants in supplying good quality and sufficient NFIs;

  v.   the government's fear that the cash modality will attract more displaced households;

 vi.   fear that, once the cash has been distributed, the government may not provide any further support, saying 'They have enough'; and

vii.   there not being enough supplies in local markets.

Beneficiary feedback on the use of cash for meeting their needs was both positive and negative. Across all the regions, **recipients of cash mentioned it was inadequate to cover their basic needs**, often leaving key needs unmet, such as food, while prioritising another area or being hampered by conditionality, such as shelter. Other **beneficiaries did find the support helpful for addressing urgent needs, but once the support ended they were faced with new challenges** in meeting those needs again.

Many beneficiaries reported using the cash for various types of purchase (outside of SWAN's conditionalities) such as clothes, food, shelter, other household products, repaying debts, attending school and purchasing school materials, or livestock as a livelihood investment. Still others reporting being unable to begin a livelihood with the cash they received, so they

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[20] The SWAN SOPs for cash transfers outline these guidelines.
[21] SWAN: Cash and Market Rapid Feasibility Assessment Report (01082019).

instead had to use the cash for food and water or to pay medical expenses for their children. Another field-based KII reported being aware of other beneficiaries who used their cash assistance to start new livelihoods by purchasing sheep or goats.

In Somali, some beneficiaries were sick from cholera and noted receiving minimal cash (100 ETB) per day to buy basic food while receiving medical attention. Respondents noted this was adequate to cover basic food expenses. Others noted not receiving cash, **suggesting inconsistent distribution of cash among the IDPs**.

Other respondents reported receiving much larger cash amounts (2,000 ETB–6,000 ETB), which they used to cover priority needs such as food or shelter materials. Some beneficiaries reported food was their largest need. It may also be that, while the cash was conditional for shelter materials, in these cases it might not have been taken by the beneficiaries if it had not been seen as adequate to address their most urgent needs.

In Oromia, it was common for beneficiaries not to receive cash, or for cash only to be provided to single women-headed households, while women with husbands did not receive it but were still in need of assistance. This was partially affirmed by some field-based KIIs, which noted cash was distributed only to the most vulnerable—the 'poorest of the poor'. This again suggests inconsistencies in the distribution of cash. Beneficiaries who did receive it reported receiving a one-time payment of 3,830 ETB per household (approximately US$ 90).

In SNNP, beneficiaries reported receiving a one-off payment of 3,000 ETB in cash (approximately US$ 70) per household.[22] This trend continued with beneficiaries being able (or reporting being able) to use the cash they received for multiple products or options. These included livestock, shelter materials, household items, or clothing. Others reported using the money for construction materials for temporary shelters or products for their homes. They also received advice on how to use the cash for their most important needs.

Regarding the *effectiveness* of the cash SWAN provided, a common theme among all the beneficiaries was that **the cash amount was insufficient to meet their main needs**, particularly because they found the prices of these items to be inflated. As one beneficiary in SNNP said:

> *'The cash we received was spent on food. We were told to buy the fortified and nutritious food [for] our children. However, at the time, as there was nothing in the market, whatever we got, it was very expensive. The money was not enough to feed our children, assist us in construction of our houses like a maintenance type of construction, and we had many other needs.'* [Beneficiary, SNNP]

Some of the federal-level respondents expressed concern about the lower-than-expected uptake of cash by beneficiaries. While no explicit explanations were given for non-take-up, we might infer such reasons related to conditionalities, the fact that beneficiaries at times had to

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[22] Cash transfer amounts varied by region based on the market situation assessed and compiled in the rapid assessment findings before the cash payments were distributed.

travel long distances to receive the cash when there might not be other access to markets with goods they could then purchase, or other constraints or concerns.

It is not clear if beneficiaries were confused about the source of the cash they received and whether it was in fact from SWAN. Also, it was not clear if the cash received from SWAN was in fact spent as intended by SWAN. Many beneficiaries mentioned that the received cash was used for multiple purposes. This confirms the first concern listed above for restricting cash distribution is well-founded.

This also underscores some of the deficiencies of the PDMs and their ability to pick up delivery and distribution challenges that SWAN encountered. A further example of this is the inconsistencies noted in other areas of assistance that beneficiaries noted but that were not listed in the PDMs as part of delivered support (e.g. shelter supplies in Somali or cooking materials in Oromia).

Moreover, subsequent responses around the inadequacy of the cash amount received by beneficiaries, particularly for its lowered buying power against inflated market prices, confirms the second reason listed above for restricting cash distribution due to market inflation.

Further challenges with local authorities and their willingness to distribute cash because of security concerns or fears of attracting other IDPs may also have played a factor in the actual distribution of cash to beneficiaries, confirming the fifth concern above.

Increased access

As articulated in SWAN's ToC, one of its three outcomes is that *beneficiary communities have increased access to safe water, protection, shelter, and health services* through the provision of life-saving assistance.

The donors reported that SWAN has been effective in increasing access to basic services to communities in need. Similar feedback was also echoed by GoE respondents. They shared that **SWAN responds to emergencies very quickly and saves lives, without which hardship would be harsher for affected communities**.

Beneficiaries noted how the support of some of the water cleaning assistance (chlorine specifically) and jerricans, buckets, and water basins were instrumental in providing them with better access to clean and healthy water, which in turn **contributed to their basic needs**. These were specifically seen to contribute to the health of the community by preventing water-borne diseases.

Beneficiaries readily commented on how **SWAN's support increased their access to safer water, protection, and shelter, and particularly to health services**. The health and medical services beneficiaries received were particularly mentioned in their prominence regarding beneficiaries' children, who they worried about.

Improved shelter was mentioned as a key support for beneficiaries to 'overcome the crisis' and improve their living standards, which were often also coupled with references to improved

dignity and wellbeing: *'Even if the assistance didn't enable me to have the life I had earlier, my life circumstances are improving overtime.'* [Beneficiaries, Oromia] The improved shelter and use of latrines also contributed to improved health for the IDPs, helping the IDPs stay clean and dry, and helping reduce communicable diseases within the communities.

Many respondents also mentioned some of the **information and awareness they received from SWAN around basic healthcare as being a key element of their increased access**. As this beneficiary in Somali region noted, they continued to use this increased awareness to retain—and not just access—better health:

> *'Before the awareness creation we did not practice proper hygiene. Every rainy season our children used to get sick. But after the information provided by [consortium member], we practise good hygiene for our children, which saves them from disease. After the awareness creation, we do not even put on wet clothes or go near ponds because they harbour mosquitoes. We also sleep under clean bed nets. We also started to wash our hands with soap, and even if soap was not available we wash our hands and utensils with ashes. We feed our children well-cooked food. We protect our children from malaria. We benefited from all the things I mentioned, which we didn't use previously.'* [Beneficiary, Somali]

Empowered wellbeing

A second outcome in SWAN's ToC is that *beneficiary communities utilise increased knowledge and awareness of hygiene, safety, and health practices for improved wellness through SWAN's provision of awareness-raising* sessions on WASH, health, and shelter to beneficiary communities (another of SWAN's output areas).

Regarding this point, **beneficiaries were frequently able to cite how they had been able to use the information and knowledge gained through SWAN's awareness-raising sessions to enhance their own wellbeing**.

> *'We got health education on how to treat water and make it safe for drinking. They have shown us how to treat drinking water using* wuha agar.[23] *We have learned to treat water using* wuha agar *and chlorine and they were providing us [with]* wuha agar *and chlorine. Even if they stop providing it in the future, we will buy and use it.'* [Beneficiary, SNNP]

> *'They educated us about personal hygiene—how to use water and soap after using the toilet, and the use of ashes in the absence of soap. This information was provided to us during the emergency. But we are using it everywhere we are and it is very important to us. Such information was provided during the distribution of the support—they gave great attention to personal hygiene. That was why they provided us [with] soap and water-treating chemicals.'* [Beneficiary, SNNP]

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[23] *Wuha agar* is a chlorine-based water treatment solution used in Ethiopia.

In Somali, this was noted across the board in the way beneficiaries were able to make best use of the material support they received, with the help of the accompanying instructions and information. For example, skills mentioned by beneficiaries included building a shelter or learning how to use chlorine to clean water and make it safe for drinking. Beneficiaries also explained they benefited from hygiene and sanitation awareness-raising and would continue using latrines now instead of open defecation.

> *'I had gained awareness training that could change my life. Some of what I had learned from them was the prevention of diseases including separating the patient from others, separating a sick child from others. [A consortium member] had given me body soaps and laundry soaps and also they gave me a container used for keeping drinking water in it beside foods.'* [Beneficiary, Somali]

In Oromia, beneficiaries described how SWAN's support provided them with health awareness to help them in their personal hygiene, to keep their surroundings clean, to make water safe for drinking by treating it with *wuha agar*, and to build a toilet and wash their hands after using the toilet.

As a result of this increased knowledge, beneficiaries explained their health had improved and they had benefited from improved hygiene and practising good sanitation.

Alternative scenarios

Evidence from field-based KIIs, as well as from the programme's beneficiaries themselves, clearly showed **SWAN provided live-saving support through its assistance**, despite some of the tensions regarding its adequacy and longevity. In light of this, respondents were asked to reflect on what they believed might have happened without SWAN's support specifically, for example whether they would have had alternative forms of assistance or other means of survival. In most cases, very little evidence was provided of alternative means of support, either from beneficiaries or from the field-based KIIs.

> *'If that support was not given, our family might not be alive until now, so the aid was very essential for us to survive.'* [Beneficiary, SNNP]

> *'We would have died from the famine we faced. We would have been starved and fail[ed] to feed our families.'* [Beneficiary, SNNP]

> *'If I [hadn't] received this assistance, I would not have my children today.'* [Beneficiary, Oromia]

Moreover, each of the forms of assistance provided by SWAN had significant impacts on beneficiaries' wellbeing, even if to varying degrees.

> *'We were gathered on a cemented floor in a hall. It was too cold. Using the tarpaulin on the floor was very helpful for me. If this tarpaulin was not given, big damage could have happened to the community. People would have died due to hunger and different*

diseases. We were lots of people together staying in the hall. … Many people could have died if we hadn't received this assistance.' [Beneficiary, Oromia]

'There were 2,145 family members from 335 households who were in an emergency. They were hungry and in a situation of conflict with the nearby community. The provision of this support helped them live and have another chance to work and live again. The assistance played a great role in saving their lives.' [Field-based KII, SNNP]

'We would like to thank you for giving us this opportunity. We would like to thank you for visiting us. We would like to thank you for asking us about the problems we faced. We faced many problems during that time. We were displaced from our homes and stayed outdoor, but this organisation provided assistance to us. … We passed a difficult time, but this organisation reached us with assistance and it has been supporting us starting from that time up to now. … We were robbed of everything. Thanks to God! We are now rehabilitated by the assistance provided to us by this organisation.' [Beneficiary, Oromia]

MoH capacity building

SWAN's third outcome area, articulated in its ToC, is that *MoH in Ethiopia responds more efficiently and effectively to health emergencies*. The output SWAN provided towards achieving this result is targeted capacity building, including both technical support and logistical and financial support, to MoH Addis staff and to regionally based staff such as health workers and health extension workers.[24]

Evidence **for this element of SWAN's effectiveness** was mainly gathered from the Addis-based KIIs, and **there were differing responses**. On the one hand, some respondents felt capacity building—although critical at times—should not be SWAN's focus. Other actors were better suited to offer this type of support, and SWAN had a different mandate: to offer rapid and urgent relief to communities in need. The offer of building organisational-level capacity to a government ministry was well beyond SWAN's scope.

On the other hand, **there is evidence that SWAN's capacity building support clearly contributed to reduced loss of life and increased treatment quality**. One example of this was the halted spread of cholera in South Omo. Respondents who favoured SWAN's capacity building support cited better supply distribution and technical capacity among MoH staff as a clear benefit and one that should undoubtedly be 'mainstreamed' in all of SWAN's (and other RRMs') responses.

One donor respondent captured the fine line SWAN was treading. On one hand, SWAN was adding capacity building support to its relief assistance for MoH, which were justifiable in some instances (for example, if health workers were not familiar with cholera protocols and needed to respond to cholera). This was also inevitable in Ethiopia (where health emergency responses

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[24] SWAN Grant Agreement.

are always implemented through MoH). However, on the other hand, the respondent stated that these capacity building activities should not be SWAN's primary focus.

MoH respondents themselves noted **some of their key challenges in fact involved coordination and the difficulty they faced in mobilising resources**. Respondents noted staff did not have the necessary skills to respond to emergencies and coordinate the complex response emergencies require, let alone doing so within the constraints of a response in Ethiopia.

> *'Seeing a health emergency in our country is not a big deal because there is always flooding, ethnic violence, IDPs, war, and so on. It is, however, shocking to learn that we lack skilled professionals who can monitor supplies and overall activities. As a result, we must train professionals and put in place a system that can trigger or alert us before an emergency occurs. The other support we need is that we may have the resource[s], but delivering [them] is a challenging task due to our weak system, so if possible, we still need support in delivering items.'* [Federal-level KII]

Thus, the technical skills SWAN has offered through **its capacity building support does appear to have been helpful and consequential**. Yet the **scepticism it met with seems largely to be a result of conflicting views regarding SWAN's primary mandate and priorities, and the ultimate limitations of capacity building support** when set against some of the wider systemic issues hampering efficient and effective response capabilities by MoH.

Unintended results: positive

Among the *positive* unintended results from the SWAN project, **the surplus of supplies**, such as NFI items and other medical supplies, was noted as being very helpful for allocation to other needs or emergencies. One example of this was that excess NFI items were allocated to respond to COVID-19 quarantine centres, providing valuable support for those needs. Another example was that of surplus medical supplies and kits that were retained and used later within local communities or held for later use by local health centres, which otherwise had a dearth of adequate supplies.

Two positive systemic results were noted by federal-level KIIs. The first was that of the **partnerships established or strengthened** among the SWAN consortium, particularly within the cluster system, which some respondents felt was now well-established, functional, and efficient and could be used similarly for other responses by other mechanisms in the future.

The other systemic point noted was that SWAN has helped **reduce competitiveness** among some of the NGOs and encouraged better collaboration and partnership between them.

Another area of unexpected yet positive results for the beneficiaries was that the **communities often felt 'a sense of protection and of not being forgotten'**, and that this alone was **instrumental in contributing to their healing from the trauma and hardship** they have experienced.

This more 'intangible' element of SWAN's impact was affirmed by field-based respondents. Some stated how the tangible elements of **shelter, water hygiene, and sanitation had helped improve people's dignity**. Prior to receiving the support, many affected people were living in cramped rooms with horrendous living conditions and no privacy. The addition of basic shelter provisions and clean water not only contributed to improved physical living conditions; it also buoyed their outlook and returned a sense of dignity to many people who had otherwise lost so much.

On this point, one of the woreda coordinators in SNNP said:

> *'In general, the timely and appropriate provision of assistance ensured the peoples' peace and continuity of life. We did not anticipate a sense of calm if this assistance was not provided. There is a stable environment at all kebeles [at] this time. These all are the other result[s] of the assistance.'* [Field-based KII]

Unintended results: negative

Some of the unanticipated negative results respondents mentioned were mainly **concerns about potential negative consequences, and less of actual negative results**.

Within the overall response structures to emergencies in Ethiopia, there was concern among some of the federal-level KIIs about **over-reliance on SWAN for addressing emergency needs** and the **risk that SWAN might become the default RRM mechanism** in Ethiopia. They particularly noted how the clusters responded perhaps more rapidly to SWAN requests than to similar requests from other RRMs, and that this might create an unhelpful slant towards favouring SWAN over other mechanisms.

Local levels shared this concern regarding **over-reliance and dependence on SWAN**, particularly regarding its distribution of NFIs and cash, but even more so as a general panacea for all forms of emergencies:

> *'There is the general dependence on SWAN and expectations are raised. So they [beneficiaries] expect financial and in-kind support from SWAN. So when we say "no", people get offended. And there is a dependency issue, especially in Somali region. They think that SWAN can address every problem. But SWAN is focused on emergency.'* [Federal-level KII]

Another concern relating to SWAN's **capacity building offer was the risk that 'SWAN can become all things to all people' and may struggle to retain its key focus**, which is responding to emergencies. The fear of being pulled in too many support directions was that this might detract from SWAN's ability to respond well to emergencies. While occasional and minimal capacity building support was seen as permissible and even inevitable, it should not detract from SWAN's core mandate.

Within the scope of the actual provision of support from SWAN, one respondent noted a concern about GoE being able to **use the NFI distribution to force IDPs to move from one**

area to another against their will. There was, however, no clear indication within the data itself of this happening in fact.

4.5   Sustainability

As a predominantly relief-oriented intervention, the *sustainability* questions this evaluation sought to answer related more to the systemic issues that SWAN was created to help address, rather than to the sustainability of specific beneficiary-level outcomes. However, responses were also noted about beneficiaries' views on the relief they received and its possible contribution to longer-term recovery from disaster.

This point was emphasised by many of the federal-level respondents: that **SWAN, as an RRM, is intended to provide life-saving assistance to affected communities** rather than to achieve longer-term sustainable development. In this context, respondents discussed the potential of the sustainable results SWAN may have had in Ethiopia's broader humanitarian sector.

Systemic change: RRMs

First, **respondents from the clusters felt SWAN may have contributed to normalising the RRM approach to emergencies in Ethiopia**. The reason for this, according to these respondents, is that the RRMs as a whole have become a core feature of Ethiopia's responses to emergencies, and that other RRMs will be able to achieve the same types of efficiency in their delivery as SWAN. They argue that **the cluster system has established similar mechanisms to SWAN regarding supply storage, coordination structures, and modalities for building capacity**. They also noted how SWAN has been able to coordinate successfully between other partners, which has been a positive example to others regarding how to do this better in Ethiopia:

> *'The RRMs are becoming a preferred modality and there was a deliberate decision years back to move to this, since 2017, when the conflict and major displacements started. The number of RRMs is growing, so if SWAN ends there will be another RRM or another consortium that will be there. Now RRM is a strategy in the country.'* [Federal-level KII]

Conversely, donors had different views. One donor respondent affirmed that government or United Nations agencies could replace SWAN's role, but **were not likely to be as successful**. Another underscored **what had been learned through SWAN's experience, and that truly taking up these lessons across the humanitarian sector could be transformative** in the way that coordinated efforts respond to crises in Ethiopia and beyond.

> *'What we were dreaming of was mostly achieved. But I think we can still learn a lot from SWAN. … [I]f the SWAN project is funded substantially and funded to deliver more inclusively across the sector, also with some significant funding in the development of infrastructure [technology], it could actually change the RRMs across the world*.' [Federal-level KII]

From a **funding perspective**, SWAN has shown itself capable of attracting additional resources. EHF itself has increased its funding to SWAN to allow it to respond to the crisis in Tigray in 2020. Other new donor funding was noted as having been received for SWAN, all of which reflect well on the consortium's effectiveness in its results and on the consequent trust donors put into the mechanism.

> *'One of the things the EHF manager is happy to see is that other donors are providing direct funding to SWAN. It was never intended for EHF to compete with other mechanisms. Rather, it was designed with the hope that other RRMs or everybody can buy into. I am seeing signs that this could be happening.'* [Federal-level KII]

Consortium respondents tended to agree that EHF should fund the consortium. SWAN has also actively sought out and been approached by various potential donors, such as the International Federation of the Red Cross. Such funding is needed because there have been increased humanitarian crises, and the need for emergency response is considerable. SWAN has shown itself able to increase coordinated humanitarian efforts towards responding in a timely fashion to affected communities.

If SWAN were to be funded by EHF or by other donors, the consortium believes it can deliver a more inclusive approach across the sector. One consortium member respondent noted they would utilise technology to help improve RRMs in Ethiopia. However, one donor respondent questioned the efficiency of funding five separate RRMs in Ethiopia, given the large overhead cost for each.

Results sustainability

As described in Section 4.4 on SWAN's effectiveness, **the programme has achieved most of its intended outcomes** in terms of supporting increased access to safe water, protection, shelter, and health services for IDPs; enabling IDPs to utilise increased knowledge and awareness of hygiene, safety, and health practices to improve their wellness; and building MoH's capacity to respond more effectively to health emergencies.

Within SWAN's outcome of providing increased access to safe water, shelter, and health services, its results showed indications of sustainability. For example, its water scheme rehabilitation (e.g. the provision of Whua Agar to treat drinking water), its behavioural change communication activities for hygiene promotion (e.g. community awareness about benefits of hand hygiene), and the increased capacity for health workers and health centres (e.g. skills to manage Cholera outbreak and issues to keep in mind for controlling the spread of the disease).

However, **the extent to which SWAN's support is able to exceed immediate needs has also been notably limited**. Some beneficiaries expressed their inability to manage or create livelihoods from what they received. In SNNP, for example, some respondents noted they wanted to start farming as soon as they resettled in their village but they did not have enough resources and were threatened by other challenges, such as a locust outbreak before harvesting their corps.

Many beneficiaries were unsure how they would continue coping with some of their challenges once the support ended. In Oromia, beneficiaries were aware SWAN's support was limited and ending and that they would have to return to supporting themselves. Their biggest fear in this regard seemed to be the ongoing threat of conflict, which would disrupt their efforts to regain their livelihoods. In Somali, responses were more grave, with beneficiaries often saying they did not know how they would continue to survive after the assistance ended.

Capacity building

Another significant results area with **sustainability potential was the capacity building** SWAN had supported. While receiving mixed reactions in the federal-level KIIs, this does appear to have contributed to increased organisational capability in Ethiopia.

Capacity building has been provided to relevant stakeholders according to the rapid needs assessment and response plan approved by the clusters. **SWAN conducted numerous capacity building activities for health workers, health extension workers, and volunteers**. To date, **SWAN has conducted capacity building for 183,021 people, including community leaders, health workers, and community volunteers**.[25] The topics of the capacity building have ranged from community mobilisation and campaigns for raising IDP awareness to case management.

The result of this training have been, first, to **enhance government staff knowledge, skills, and experience on how to manage health emergencies**; second, it has contributed to **minimising the spread of disease within communities** by raising the awareness and knowledge of community members.

One field-based KII commented on how **MoH staff have cascaded their new knowledge and skills to train community volunteers at the local level**, who have in turn shared their knowledge with members of their community. In this way, the MoH staff see themselves as being able to work jointly in responding to an emergency. They are sometimes assigned to work in another woreda or region to manage an outbreak. Another respondent noted that MoH staff are more likely to retain their skills from the training if they participate in actual outbreak management and emergency responses where they can apply their new skills.

This capacity building may contribute to enhanced government responses in the future if embedded within the relevant government structures.

However, a number of respondents also drew attention to the challenge of **staff turnover within MoH, which threatens the sustainability of SWAN's capacity building support**.

Increased individual-level capacity is seen as not being sufficient to enable local governments to deliver emergency responses more effectively. This is because most local governments have limited technical capacity and resources to deliver emergency response

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[25] SWAN PDM Reports.

effectively and efficiently. These limitations include a lack of other technical capacities required to respond and a lack of transportation in woredas to distribute NFIs. In addition, it is seen as challenging for government to get involved in conflict-related emergency responses where beneficiaries are concerned about security and safety.

5 Conclusion

5.1 Summary of findings

Overall, SWAN has been largely effective in achieving its overarching objective of *saving lives, reducing suffering, and increasing human dignity for people affected by displacement in Ethiopia*. Both its in-kind and cash-based modalities have been shown to reach beneficiaries and largely correspond to their most urgent needs, with the exception being that of food, which was mentioned as a gap in the support provided.

However, critical shortfalls were also noted throughout SWAN's relief support. These included the views of beneficiaries that the amount of support received was not adequate to their needs, and that the quality of support was at times insufficient to withstand the natural elements to which they were subjected. Other challenges were noted regarding timeliness, which was generally improved when compared with other RRMs in Ethiopia. Many beneficiaries, however, stated they had already experienced severe hunger and suffering before SWAN's support arrived.

SWAN also delivered its relief in a manner that took into account vulnerable and excluded people groups, ensuring these were prioritised and protected to such an extent that beneficiaries were largely satisfied with the sense of safety they felt in accessing distribution points to accept the programme's support.

Beneficiaries reported that SWAN's support has enabled increased access to basic services for communities in need, some of which has indications of sustainability in the form of increased knowledge and awareness around sanitation and hygiene. Other access was noted around safe water, protection, shelter, and health services.

Timeliness was a challenge for SWAN, with some of the distribution challenges being largely overcoming by pre-empting them with planned, pre-positioned supplies. Still, procurement of some items, both locally and internationally, remained a challenge.

The programme's efficiency was generally well-regarded: coordination was viewed positively among federal-level respondents and the inter-cluster coordination approach has been shown to work well and efficiently. SWAN's governance was also seen positively, particular due to the fact that key decision makers were locally based, although the lack of dedicated staff across the consortium partners was a notable challenge.

Overall, SWAN has far exceeded its total targets for delivering assistance to IDPs. The key enabling factor for this has been the pre-positioning of critical supplies, which were also noted as being appropriate to the types of emergency anticipated in specific areas. Awareness among local authorities remains a challenge to SWAN's distribution of support in a timely manner, at times functioning as a hindrance.

Cash remained something of a black box, with misperceptions being held about the use of cash and its intended restrictions for specific uses. Still, beneficiaries were strongly aware of the potential of cash, and many saw it as enabling more sustainable livelihood choices.

SWAN's unintended consequences were largely positive, including surplus supplies being reallocated to other emergencies, and SWAN's approach to partnerships and coordination among local NGOs was seen as helping embed this approach into Ethiopia's emergency response mechanisms. The intangible results of helping supported communities feel protected and giving them a renewed sense of dignity were also noted.

Sustainability remains controversial, and multiple key informants did not expect this to be a core question for a relief programme. However, SWAN's systemic effects in normalising the RRM approach to emergencies in Ethiopia was noted as potentially significant and long-lasting. The impact of the support to beneficiaries itself showed little indication of sustainability, apart from a sense of increased wellbeing as a result of increased knowledge and awareness of hygiene and sanitation. However, the lives that have been protected by SWAN's support should no doubt also be considered as a sustainable result of the programme's work.

5.2   Recommendations

Based on these findings, the following recommendations are made.

- Future responses should consider incorporating food directly for beneficiaries, as this was not provided but frequently mentioned as a priority needs for beneficiaries who were not able to access adequate food.

- Greater attention should be provided to the quality of products that are part of the support package, particularly for ES/NFI and WASH, taking into account challenging weather conditions and harsh environments, while prioritising longevity in the face of these obstacles for beneficiaries, particularly for WASH and shelter beneficiaries.

- The end of relief assistance should be phased rather than sudden. A more gradual process would help beneficiaries be better prepared for the end of support and would also mitigate the risk of dependency on the relief—one of the concerns regarding the project's negative, unintended effects.

- Additional cash options should be considered as part of the support offered to beneficiaries. This might be coupled with ideas around support exit strategies, for example, such as a phased exit approach rather than a sudden exit, with cash amounts offered as IDPs return to their origins and start their lives again. Such considerations would still need to weigh the viability of cash for relief where markets are limited and security threats remain present, and inflation is a possibility.

- Greater effort should be taken to build clear understanding and awareness among local authorities about the processes, risks, and benefits of distributing humanitarian relief to IDPs. Ensuring a more collaborative approach with local leaders and targeting misunderstandings may help improve local access and increase local delivery time.

- Troubleshooting efforts should be continued to mitigate procurement challenges, both locally and internationally. Many international procurement challenges have few direct mitigation options apart from longer lead times, which itself may be an option for consideration. Local procurement could also be undertaken with longer lead times to avoid overwhelming local suppliers. Ultimately, though, this may sit with the wider donor community to engage with and approach the GoE to find viable long-term solutions.

- Greater action should be taken in response to programme evaluations, learning from the key lessons and responding to the recommendations that emerge. This is ultimately the intention of programme evaluations and would allow SWAN to improve its delivery and enhance the wider humanitarian response in Ethiopia.

- Coordination across all clusters should be improved, with greater transparency in the ongoing learning and dissemination process of sharing lessons.

- Improve programme monitoring accuracy and quality, particularly in the PDM. It is also recommended that the PDM be standardised across all sectors to form a reporting benchmark and accountability tool to donors and beneficiaries.

Annex A SWAN ToC

A.1   Introduction

A ToC seeks to articulate how a programme intends to achieve a particular change. It does so by identifying the *problem* the programme aims to address, the *solutions* it proposes for addressing it, and the *objectives* it aims to achieve in doing so. A ToC also specifies the assumptions about how change will happen and the causal mechanisms needed for change to occur.

This document lays out the SWAN project ToC and explains how SWAN will achieve its humanitarian goals through a series of interventions throughout the life of the project. The SWAN ToC will be used as the basis for conducting the external evaluation. This evaluation aims to identify key learnings to improve the way SWAN delivers its emergency response activities to achieve its intended outcomes. The evaluation team will test whether the causal mechanism of the pathways and assumptions remain true, applicable, and relevant.

This version of the SWAN ToC represents a more extensive development of the initial reworked ToC developed during the inception phase (September–October 2020) of the evaluation. This version has been developed based on an extensive review of the SWAN project documents and additional discussions with the SWAN project team during January and February 2021.

A.2   Problem

For decades, Ethiopia has been affected by repeated humanitarian crises driven by droughts, floods, food insecurity, disease outbreaks, conflict, and displacement. Since the end of 2016, the humanitarian context in Ethiopia has become increasingly multi-layered and complex. Recurrent shocks (such as droughts, floods, and cholera) have taken place against a background of escalating conflict and violence along ethnic lines that have triggered large-scale conflict-related displacement. The number of people displaced by conflict in the country rose from 296,000 in 2016 to 1.7 million in 2018 (Médecins sans Frontières, 2019). In 2018 alone, Ethiopia recorded the third highest number of new displacements worldwide, with 3,191,000 occurrences (IDMC, 2019b), around 90% of which were conflict-induced. Out of a total population of nearly 110 million people, at the beginning of 2019 some 3 million people were estimated as being internally displaced (OCHA, 2020b), mostly because of conflict and violence (IDMC, 2020).

In 2019, a staggering 6 million people required access to essential life-saving emergency health services, including 2.4 million IDPs and returnees (OCHA, 2019a). Access to improved water supply and to safely managed sanitation in Ethiopia is still low, at nearly 40% and just above 7% respectively (WHO–UNICEF, 2019). More than 92% of IDPs and returnees are estimated to lack access to safe drinking water at the minimum emergency standard of 5 litres per person per day, and 61% are estimated to lack sanitation facilities (OCHA, 2019a). In 2019, nearly 3.5 million people across the country were estimated to be in need of ES and NFIs, the overwhelming majority of whom (3.17 million) were displaced (OCHA, 2019a).

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SWAN Evaluation: A report on the findings

Delays in reaching crisis-affected populations and difficulties in mounting timely emergency responses in Ethiopia have long been documented. When emergencies occur, the time associated with fundraising activities undertaken by humanitarian agencies to respond to the unfolding emergency means there is a significant lag between the onset of an emergency and the delivery of a response, with negative consequences for the lives of affected people.

Key **constraints** preventing the problem from being adequately addressed include the following.

- **Funding-related constraints**: While needs generally exceed funding availability, the international community has been slow in allocating funding for emergency responses in Ethiopia. A real-time evaluation of the drought response in 2012 noted donors were finding it difficult to commit funding in the absence of an 'official' recognition or appeal (IASC, 2012), and donor funding is generally unpredictable and heavily earmarked. Additionally, donor emergency funding cycles are usually set up to last for a six-month timeframe, which is insufficient to address the chronic needs of IDPs in Ethiopia.

- **Time-related constraints**: Delays in humanitarian response in Ethiopia are also linked to challenges and bottlenecks surrounding procurement and logistics processes. At the very minimum, a three-month procurement period is needed to bring NFIs and other emergency supplies into the country. Once supplies reach the country, there are time-consuming logistical and administrative processes (e.g. obtaining government pre-import permits and duty-free permits) associated with the customs clearance of supplies, warehousing, and distribution.[26] Finally, distribution constraints include transportation challenges (the infrastructure in Ethiopia is poor, so it is hard to reach remote rural areas) and warehousing challenges (e.g. adequate warehousing premises for essential drugs in rural areas).

- **Coordination-related constraints**: Humanitarian action in Ethiopia is coordinated through the cluster approach (OCHA, n.d.).[27] Humanitarian stakeholders (donors and implementers) voluntarily participate in the coordination system described above, which means stakeholders may not always attend cluster meetings or, if they do attend meetings, they might not coordinate accordingly, leaving clusters without the authority or means to enforce the decisions and agreements that are taken. At times, therefore, coordination is weak, humanitarian gaps are not addressed, duplication of responses can occur, and NFI standards are not followed.

- **MoH capability constraints**: MoH in Ethiopia experiences the following challenges.

[26] Grant agreement.
[27] Like in other humanitarian contexts worldwide, this approach is based on a system of sectoral or cluster coordination established at the national and sub-national levels, overseen by UN OCHA. Cluster coordinators have a convening, facilitation, and coordination role in their respective clusters, and are also in charge of developing and maintaining a strategic vision, as well as for the operation response plan for their sector. Under UN OCHA, the ICCG also operates at both national and sub-national levels (e.g. the Somali region ICCG) to ensure that multisectoral and cross-cutting issues and responses are addressed appropriately, and that duplications and gaps are reduced.

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a) Limited capacity and resources: MoH has limited resources to invest in procuring essential drugs and NFIs to pre-position in the health centres around the country. Health centres are not adequately equipped and warehousing capacity is limited in the rural areas. Additionally, there is limited capacity to hire and deploy medical professionals (such as doctors, nurses, and health extension workers) or to fund mobile health clinics (especially vehicles and fuel to allow the health teams to reach the most remote areas and communities).

b) Limited capability: Given its limited resources, MoH experiences challenges in providing its staff with technical training, on-the-job mentorship, and an adequate and responsive surveillance system. The main diseases that have affected the IDP population are measles, malaria, cholera, and COVID-19, and MoH staff have limited capability for dealing with these communicable and non-communicable diseases.

A.3   Solution

EHF envisaged the upfront funding of an emergency mechanism in close liaison with humanitarian clusters that could respond to emergencies as they arise, with rapid, multisectoral interventions using pre-positioned health, WASH, and shelter/NFIs supplies, as well as immediate response as intervention modalities.

The EHF award was granted in early 2019 to a consortium of four international NGOs[28] (the SWAN consortium)—**S**CI, **W**VI, **A**AH, and **N**RC—for the implementation of the Provision of Essential Humanitarian Supplies of Health, WASH and ES NFIs through Timely and Cost-Effective Procurement and Response Mechanisms, referred to in this document as SWAN. SCI has been appointed as the SWAN consortium lead, as well as the consortium partner responsible for health; WVI is responsible for WASH; AAH is responsible for supporting logistics and the delivery of assistance on the ground; and NRC is responsible for shelter/NFIs.

To enhance the project procurement and distribution capacity, the SWAN consortium also taps into the capacity of one main strategic partner—UNOPS—for procurement and logistical support respecting health supplies. Lastly, the SWAN consortium liaises closely with relevant ministries, the federal MoH, and the National Disaster Risk Reduction and Management Council, as well as with relevant local-level authorities (e.g. zonal, woreda, and kebele officials), to ensure coordination, access, and delivery of assistance.

A.3.1 Inputs

Four types of inputs characterise SWAN programmatically: resources, technical expertise, quick procurement and distribution, and capacity building inputs for MoH. These are described further below.

SWAN aims to ensure a robust, flexible, and proactive mechanism for the timely mobilisation of critical supplies (NFIs, essential drugs, or cash grants) for ongoing prioritised emergency

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[28] Listed here in this order so that the first letter of each NGO composes the word SWAN.

responses for IDPs across Ethiopia. To do so, this ToC categorises SWAN project inputs into two 'pathways of change'. These pathways will make it easier to draw the logical consequences of the expected inputs to contribute to the achievement of the SWAN project objectives.

The two pathways are **improving emergency response systems and mechanisms and improving MoH capability on emergency health responses**.

The first pathway inputs are as follows.

- **Funding and resources**: The funding and governance mechanism set up for SWAN allows international donors to front the funding for an emergency response that will be closely coordinated with the humanitarian clusters and GoE. The emergency response in WASH, shelter, and health will then be timely implemented through a pre-positioned stock of NFIs and essential drugs. Additionally, the EHF Phase 1 grant lasts for a period of 12 months, which will allow SWAN to respond to chronic emergencies in Ethiopia. SWAN provides the following NFIs in-kind or through cash grants if applicable (if the local market allows):
  ο WASH: jerry cans, soap, chlorination packages, buckets, laundry soap, aquatabs, washing basins;
  ο shelter/NFIs: tarpaulin and ropes, cooking sets; and
  ο health: SWAN provides life-saving essential medicines (antibiotics, oral rehydration solutions, etc.) and medical supplies such as IEHK, ERH, and cholera and malaria kits for government health facilities.
- **Providing sectoral technical expertise through the SWAN consortium**: SWAN's rapid response team—made up of experts in WASH, shelter, and health—is deployed and conducts emergency assessment needs in a timely manner. Afterwards, plans are drafted together with the local GoE authorities and reviewed by the clusters for final approval. This approach guarantees a high level of coordination with the cluster system, among implementing partners, and with the key departments in GoE. Additionally, the SWAN teams conduct community awareness sessions with every targeted beneficiary group. The topics are linked with the sectoral intervention the targeted group will receive. Topics that have been covered by SWAN include hygiene promotion, public health education, and environmental sanitation.
- **Access to quick procurement and distribution network**: First, as long as the emergency response plan has been approved by the relevant clusters and GoE authorities, SWAN can access the pre-positioned stock of NFIs and essential drugs in a timely manner. Second, SWAN has negotiated an agreement with UNOPS and MoH to import essential drugs into Ethiopia duty-free, which results in faster international procurement and customs clearance procedures. Third, SWAN has developed an online portal to manage the stock of pre-positioned NFIs. This online platform will make it easier to monitor the availability of stock and track which items have been released and when. This tool will increase the speed and efficiency of the distribution process and support the procurement pipeline planning. Fourth and finally, to ensure delivery is properly and well-undertaken, SWAN has also developed some Standard Operating Procedures (SOPs) for emergency responses that have been disseminated among the consortium partners.

The second pathway inputs are as follows.

- **Provision of capacity building to MoH:** This input can be divided into two main elements:
    a) provision of resources/capacity to responds to health emergencies (logistical and financial support): SWAN supports the MoH mobile health clinics with the provision of vehicles and fuel and *per diems* for MoH staff; additionally, SWAN supports MoH staff with vehicles and fuel to conduct assessments, surveillance, case management, and emergency health response activities; and

    b) provision of technical training for MoH staff (such as health extension workers, nurses, doctors, and medical professionals) around key areas of surveillance, case management, and community outreach and response to address the main diseases affecting IDPs such as cholera, measles, COVID-19, and malaria; additionally, training is given to the MoH rapid response teams in public health education, environmental sanitation, and hygiene promotion.

SWAN activities will be implemented following and considering **protection principles (do no harm)** and standards that promote the safety, respect, and dignity of beneficiaries and meaningful access to project services. SWAN partners will mainstream protection in WASH, ES and NFI, and health assistances through prioritising safety, dignity, respect, and avoidance of harm to ensure no negative impact occurs on the lives of the direct and indirect beneficiaries. The interventions under this project will prevent and minimise unintended negative effects that can increase people's vulnerability to both physical and psychosocial risks. The project will provide equal access to all its services (WASH, health, and ES and NFI) to boys as well as girls based on assessed needs and without discrimination. Women, children (girls and boys, including girls and boys with disabilities), youth, persons with reduced mobility (including the elderly and persons with special needs), and target communities will be able to access services without discrimination. Given the nature of SWAN's activities, attention will be given to the following elements to ensure they do not present a protection risk: location of the distribution site, travel time and waiting time at the distribution site, information on the support being free, perceptions of safety of the beneficiaries while attending the distribution, etc.

Overall, these inputs are expected to contribute to programme outputs, **assuming** that:

- the estimated price of NFIs remains stable;
- a Memorandum of Understanding to procure and enable SWAN to import from international pharmaceutical company is signed in a timely manner with relevant government authorities;
- the security situation allows for humanitarian access to the affected area;
- SWAN selects suppliers, contracts are signed, and procurement requisition and goods are imported in a timely manner per the schedule;
- SWAN develops bidding documents with all the required specifications in line with Ethiopian law and invites well-known pharmaceuticals to participate in an international and competitive bid, advertised in a timely manner;

- the required experienced SWAN staffs are secured to lead the process in each sector (health, WASH, shelters/NFIs) and in logistics;

- a proper and central warehouse (with dry, well-lit, and well-ventilated rooms without direct sunlight) is available with effective use of storage space, with a standard workable layout and storage space for receiving, inspection, and quarantine;

- SWAN successfully sets up the online portal (computers, server, etc.) for pre-positioned NFIs and essential drugs and manages the staff who maintain and run it;

- SWAN successfully manages the logistics of moving the NFIs from the main warehouse in Addis Ababa to the distribution points in the affected areas and has an adequate fleet for distribution;

- SWAN is able to collaborate closely with GoE institutions and other international non-profit organisations, United Nations agencies, and clusters in order to increase synergies and optimise coordination; and

- SWAN successfully delivers the training to MoH staff.

A.3.2 Outputs

An output can be described as the direct result generated by inputs or activities. As such, an output is within the sphere of control of the project, is delivered to beneficiaries, and forms the basis from which the desired change will occur.

For the first pathway to change, SWAN outputs are the following:

- ***Timely life-saving assistance (WASH, shelter, and health) is delivered through NFIs and/or cash grants to beneficiary communities***

    ο WASH: safe drinking water provided for displaced people and safe hygiene practices are promoted through the provision of *basic WASH NFIs* (e.g. jerry cans, 20-litre buckets, washing basins, etc.) and/or *cash transfers*;

    ο shelter/NFIs: basic shelter NFIs are provided for displaced people to improve their physical protection, privacy, and safety through *life-saving kits* (e.g. tarpaulins, plastic sheets) delivered through *in-kind and/or cash modalities*; and

    ο health: basic preventative and curative health services are provided to displaced people and host communities through *emergency, reproductive, and other health kits.*[29]

- ***Awareness-raising sessions on WASH, health, and shelter are provided to beneficiary communities***

    ο WASH: IDPs receive *information* on how to treat unsafe water or how to handle water in order make it safe to drink and on safe hygiene practices such as hand washing;

    ο shelter/NFIs: IDPs receive *information* on how to properly handle the basic shelter NFIs they receive; and

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[29] Other health kits include kits for non-communicable diseases, severe acute malnutrition with medical complications, cholera, surgery supplies, and trauma.

     ο   health: IDPs and host communities receive *information* on how to access basic preventative and curative health services and how to avoid spreading communicable diseases.

For the second pathway to change, SWAN output is the following:

- ***The capacity of MoH officials is enhanced***

  MoH staff has a greater capacity to reach the affected communities through the *logistics and financial support* received from SWAN (MoH staff are more mobile). Additionally, MoH staff are *better equipped technically* to conduct surveillance, case management, and response and community outreach regarding the main communicable and non-communicable diseases affecting IDPs, such as cholera, malaria, measles, and COVID-19.

The programme delivery and its outputs build on a strong approach to ***AAP and*** protection, which underpins the programme implementation and is key to reaching its objectives.

The AAP approach is constituted by the following key elements.

a) Provision of information before and during the project intervention

SWAN partners will organise community meetings and awareness sessions with different groups among the targeted communities, including children, adolescents, men, women and elderly persons, and groups with specific needs and reduced mobility. The following information will be provided in these sessions: relevant information about the partner organisation's background and contact details; consortium commitments to accountability; its staff code of conduct and its complaints procedure; its goals and project objectives; expected results with timeframes; and financial summaries, as well as summaries of progress reports and evaluations.

b) Participation of the community

SWAN partners will actively engage IDP communities, returnees, and other affected communities in the life-saving WASH, ES and NFI, and health activities through meaningful participation. For example, beneficiaries will be involved in needs and risk assessments, in defining the emergency services, in hygiene promotion activities, in establishing the registration and targeting committee, in setting the selection criteria, in the beneficiary selection and verification processes, in the prioritisation of interventions, in serving as volunteers and various committee members, in management and decision making processes, and in M&E activities.

c) Community feedback and response mechanism

SWAN consortium partners will establish and adopt standard context-specific feedback and response mechanisms to collect feedback from the beneficiaries and provide feedback systematically to the complainants and close the feedback loop accordingly. SWAN partners will put in place several entry points for complaints handling, such as a toll-free hotline

number, a dedicated staff phone number, community meetings, project monitoring and review sessions, the appointment of feedback committee members, PDM surveys, and house-to-house visit for disabled groups. These entry points will be informed and communicated through organising workshops, training, and community meetings. These functional mechanisms will be accessible to all stakeholders with no fear of retaliation, including complaints against potential sexual exploitation and abuse.

These programme outputs are expected to contribute to achieving the programme's objectives (intermediate outcomes and outcomes), **assuming** that:

- the security situation allows for humanitarian access to the affected area;
- the larger humanitarian community (consisting of NGOs, international NGOs, the United Nations, and GoE) coordinates effectively through the clusters (participates in meetings, recognises the value of clusters, reports accordingly, etc.);
- the clusters act according to the established process (observing specific turnaround times to approve assessments and validate responses, etc.);
- GoE is committed to respond to emergencies and willing to allocate resources to them;
- the AAP and protection approach is mainstreamed effectively throughout the project;
- there is quicker access to pre-positioned NFIs for WASH, shelter, and health responses in Ethiopia;
- there is more efficient and effective stock management through the online portal;
- a clear activation process is established for SWAN that includes details and standards of emergency response by clusters; and
- NFIs (including essential drugs) or cash grants meet the needs of beneficiaries.

A.4   Objectives

The ToC of the SWAN project is mostly a standard ToC for an emergency programme in WASH, shelter, and health. It follows a well-known causal pathway to provide life-saving services to affected beneficiaries in the abovementioned sectors. However, overcoming the challenges to this programme and the smooth implementation of the ToC will require assumptions to be met because the external context in emergency settings is highly volatile and complex.

The SWAN project ToC also has two causal pathways, and the second pathway—improving MoH capability on emergency health responses—is more complicated and involves additional steps. This component is not usually found in standard emergency response programmes and indicates the need for SWAN to engage more deeply to bridge the emergency-development gap.

A.4.1 Intermediate outcome

The logic of the intermediate outcome is that programme-supported outputs should be adopted or taken up by the stakeholders (MoH) that work most directly with the programme, which will then be responsible for using or implementing those outputs to achieve their intended purpose.

Given the nature of the SWAN programme (an emergency life-saving response focusing on short-term results), it is not relevant to articulate an intermediate outcome for the first pathway to change—improving emergency response systems and mechanisms. Therefore, for SWAN, the intermediate outcome is only relevant for the second pathway to change—improving MoH capability on emergency health responses. This is articulated as follows: ***MoH is better equipped and capable of responding to health emergencies****.* This means MoH staff are more mobile to respond to health emergencies (due to the financial and logistical support received from SWAN) and have enhanced skills and capabilities to respond to health emergencies (due to the training delivered by SWAN).

These intermediate outcomes are expected to contribute to achieving the programme's outcomes, **assuming** that:

- MoH is committed to respond to emergencies and willing to allocate resources to it;
- the capacity building is applicable and meets the needs of MoH staff; and
- wider institutional constraints do not inhibit the increased capacities of MoH staff.

A.4.2 Outcomes

Outcomes go a step further by identifying the implementation (Pathway One) or use (Pathway Two) of programme-supported outputs as its change mechanism. If the programme's adopted outputs are effectively implemented, we articulate the SWAN outcomes as follows:

- ***beneficiary communities have increased access to safe water, protection, shelter, and health services; and***
- ***beneficiary communities utilise increased knowledge and awareness of hygiene, safety, and health practices for promoting improved wellness.***

If the programme's adopted outputs are effectively used, we articulate the SWAN outcomes as follows:

- ***MoH in Ethiopia responds more efficiently and effectively to health emergencies.***

These outcomes **assume** the following:

- no additional natural hazard and/or conflict and violence occur in this area;
- an AAP or protection approach is mainstreamed effectively throughout the project; and
- no further disaster or emergency occurs that would further stretch response capabilities beyond those increased by the project.

A.4.3 Impact

With the effective implementation (programme outcome) of programme-supported outputs, SWAN's impact can be articulated as *lives saved, suffering reduced, and human dignity protected for displaced people in Ethiopia*.

This impact **assumes** the following:

- no additional natural hazard and/or conflict and violence occur in this area;
- an AAP or protection approach is mainstreamed effectively throughout the project; and
- no further disaster or emergency occurs that would further stretch response capabilities beyond those increased by the project.
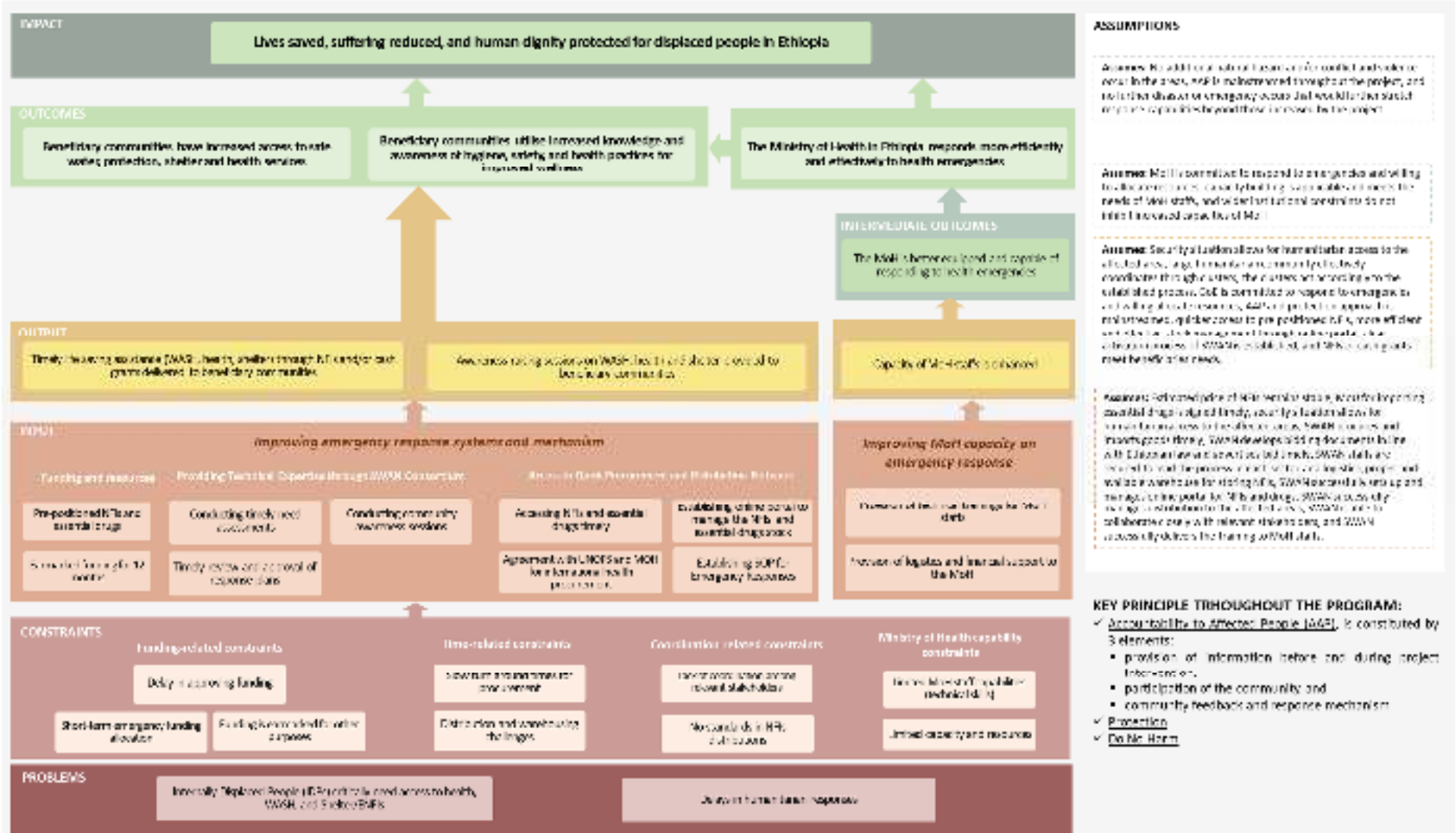
Figure 2: SWAN ToC graphic

Annex B   MERQ Field Report

B.1   Introduction

The SWAN project is a humanitarian intervention that has been carried out by a consortium of four international NGOs in Ethiopia. The SWAN consortium consists of SCI, WVI, AAH, and NRC. The project was initiated in March 2019 with the aim of facilitating timely and coordinated sectoral and multisectoral emergency interventions in health, WASH, and shelter/NFIs, through immediate response and pre-positioning of essential supplies, delivered to people affected by crises and displacement in Ethiopia using cash and in-kind modalities.

OPM and MERQ Consultancy PLC collaborated to conduct an evaluation of the SWAN project. The purpose of this evaluation was to assess the extent at which the SWAN consortium has been an effective humanitarian response mechanism as part of the wider humanitarian response and whether the approach undertaken by the SWAN consortium partners has been appropriate.

The data collection for this evaluation was completed at the end of March, and data management is being conducted. This field report is the description of the major activities conducted for the collection and management of data for this evaluation. This report aims to address actions that can help provide context for interpreting the findings of the project evaluation. The report describes the activities conducted in phases: preparatory activities, preparation for fieldwork, data collection fieldwork, and the challenges and actions taken.

B.2   Preparatory activities

The following activities were conducted as part of the preparation for the implementation of the evaluation.

Team arrangement: As per the project's expected activities and deliverables, a team of experts with diverse technical capacities and expertise was organised for this assignment. This team was composed of experts employed for this evaluation and MERQ's leadership and staff.

Revision, finalisation, and translation of the tools: the data collection tools were prepared by the evaluation team. Deliberations were held to give the tools a final shape and content. After these deliberations, several changes were made to the tools. The tools were translated into local languages for administration (Amharic, Af Somal, and Affan Oromo). During this process, the team at MERQ has been reviewing each question and incorporating the comments.

Development of an internal action plan: In accordance with MERQ's standard, every project is guided by internal action plans that describe tasks, responsibilities, schedules, deliverables, and resources for the project. An internal action plan was developed, discussed, and approved for the SWAN evaluation.

Internal Review Board (IRB) approval: The evaluation received IRB approval from the Ethiopian Public Health Association Ethical Review Board. MERQ followed up the approval process. As changes were made after approval, MERQ requested amendment of the IRB approval and received acceptance of the IRB approval amendment.

Selection of data collection team: Based on the content of the evaluation (project area and data collection competency), MERQ developed expected competency for data collection team members (collectors and supervisors/team leaders). The criteria included:

- previous experience in qualitative studies and having an excellent performance;
- gender—priority was given to female candidates;
- experience in understanding the context of data collection: data collectors were recruited from Somali, Oromia, and SNNP regions; and
- language ability—Amharic, Affan Oromo, Af Somal, and Gedeo.

In order to complete the data collection with a shorter period, MERQ selected a total of 25 data collection team members. These team members were further divided into six teams, with one supervisor for each team. The teams were comprised based on the location of the data collection sites. Four teams were sent to Somali region, one to Oromia region, and one to SNNP region. The selected team members were informed a week before the data collection.

B.3   Preparations for fieldwork

Mapping the study sites: In order to align the evaluation questions and project implementation sites, the evaluation sites were mapped. As part of this process, adequate representation of intervention types (types of support) and geographic areas were ensured. The specific respondents for the tools were also identified to ease field implementation (Appendix 2).

Development of the route plan: The field operations and data management team at MERQ developed a 'route plan', which described the movement of the data collection team aligned to the sampling and internal action plans.

B.3.1 Data collection team training

Training agenda: a training agenda was developed for the training of the data collection team, based on the expected competencies for data collection. The agenda covered project description, evaluation proposal, qualitative research techniques, tools of the evaluation, research ethics, and piloting the tools. The agenda was set in a more participatory and interactive way.

Provision of the data collection team: After the required trainers, logistics, facility, and training materials were availed, the training was provided to the data collection team. The training was provided in two rounds to reduce the number of travel days and to allow the possibility of creating a context-adapted scenario in piloting.

Table 4: Data collection training

Round of training	Data collection training	Target regions	Place of training	Training dates	Number of trainees
Round 1	Qualitative data collection	Somali	Jigjiga	18–20 March 2021	16
Round 2	Qualitative data collection	SNNP and Oromia	Addis Ababa	25–27 March 2021	9

The commonly used methods during the data collector's training were lectures, group discussions, and role play. Daily evaluations of the training (written and oral feedback) were collected for the purpose of monitoring the training quality and intervening early if something needed to be changed. Training facilitators reviewed the daily reflections and presented a summary of them the next day. Training facilitators also took the comments and reflections of the trainees and took their reflections into consideration during the other sessions.

As per our training agenda (see Appendix 1), presentations were made on the overview of the project, project evaluation objectives and approaches, ethical considerations, and field guides. The data collection tools were presented and discussions were held focusing on the clarity and understandability of the questions. Overall, the translated versions of the field guides were clear to the data collectors and they were able to understand who to ask each question in each training session.

Pre-testing the tools: A pre-testing session was included as part of the training. We planned to conduct the testing in a similar setting, with people who have been exposed to similar humanitarian support services. We tried to create the setting in collaboration with regional coordinators, but a humanitarian study setting could not be accessed. Therefore, role play among the trainees was used to make sure they understood the tools well and to estimate the timing. The role plays were intended to help the data collectors understand and internalise the questions, assess the clarity and understandability of the data collection guides, and examine the data collectors' skill in moderating FGDs and KIIs. Following the role play, the trainers gave feedback to the data collectors in areas where more practice or focus was needed. Overall, the data collectors were well-trained in the basic skills of moderating FGDs and KIIs.

Table 5: Observations and actions taken during and after pre-test

	Areas of assessment during pre-test	
	Process related	**Approach**
Observations and lessons on the process	• All data collectors have an adequate understanding of the basics of FGDs and KIIs • The data collectors have sufficient skills to moderate FGDs • We observed the data collectors have good skills	• All the data collectors got a chance to moderate a role play. We observed all the data collectors moderating an FGD understood the intention of each question • Most of the questions were clear to the data collectors

	Areas of assessment during pre-test	
	Process related	**Approach**
	regarding when to move on, when to probe when responses are superficial, and how to make all respondents participate/engage • The collectors shared their experience of moderating FGDs	• We observed the importance of internalising the questions before actual data collection • The importance of setting norms to facilitate and make the FGDs smooth was enforced • It was necessary to adapt the approach to COVID-19 related issues
Actions		• Data collectors need to make it clear who will select the respondents when screening for COVID-19 is done (in the field guide) • Add information on what to do if someone is found to have symptoms of COVID-19, including referral • The compensation is stated in US dollars: we converted the money exchange rate to ETB

Deployment of the team: The data collection teams from both training rounds finalised the training based on checklists developed to follow the progress of preparatory activities. The checklist included a list of activities, a status, and a responsible person. Based on the checklist, MERQ's logistics, human resources, finance, field operations, and data management teams acted and updated their status regularly. The activities conducted before the deployment were:

• to purchase and distribute items needed for data collection: personal protective equipment, a battery cell, a mobile card, sanitisers, and face masks;

• to prepare and collect a signed contractual agreement for the data collection team;

• to hand over all materials used for data collection;

• to check the functionality and configuration of the server;

• to arrange appropriate vehicles for fieldwork;

• to print and copy letters, interview guides, and other supporting documents;

• to facilitate support letters for regional, zonal, and field offices;

• to make sure the comments on tools/programming were addressed and checked;

• to formulate team and discuss the main roles, responsibilities, and administrative issues; and

• to strictly follow the attendance of participants.

Securing access letters: The access letters for the evaluation, at all levels, were secured before data collection. A package containing a letter from the SWAN coordination unit, the IRB approval letter, MERQ's cover letter, and a list of data collectors was provided to each data collector. In addition, each data collector had a badge (personal identifier). The team leaders

secured letters at sub-national and local levels through the facilitation of SWAN's field coordinators.

Contact with SWAN field coordinators: The MERQ team contacted all regional coordinators to get adequate information about the context. The field coordinators served as facilitators for the FGDs and in-depth interviews.

B.4   Data collection fieldwork

Accessing respondents: After the team arrived at the study site, they contacted the SWAN field coordinators and secured an access letter from the local administration. The SWAN field coordinators identified and selected the respondents (from beneficiaries, public offices, and implementers).

Conducting the interviews: The data collection was conducted as per our field implementation guide and sampling plan in the selected regions (Oromia, Somali, and SNNP). The data collection included respondents ranging from the national to the community level. The respondents included ICCGs, national cluster coordination offices (shelter and NFI, WASH, and health clusters), and regional and woreda government sector offices. Community members were categorised based on the type of support that was most commonly provided. Sample woredas and operational kebeles or IDP sites were included for FGDs and KIIs.

- FGDs: In each FGD, we planned to include eight to 12 female or male community members. The FGDs for female and male participants were facilitated by the female or male interviewers respectively.
- KIIs: The KIIs were conducted by individual interviewers as per the sampling plan. Managers, decision makers, and implementers were reached through KIIs.

Figure 3:   Conducting female and male FGDs in Somali region

Supervision: Each data collection team had a supervisor/team leader who served as a point of contact for MERQ's coordination unit and the facilitation of activities in the field on behalf of the team. The supervision was provided virtually by the technical team and the data management and field operations teams. The daily deliverables of each team were monitored through the

agreed plan (route plan, sampling plan, and implementation guide). The team leaders reported their activities on a daily basis after having a discussion with their team members. The challenges faced in the field were resolved soon they were reported.

Field-level data quality assurance and feedback mechanism: The team leaders received data (audio recordings and field notes) collected from the data collectors on a daily basis and sent it to the MERQ server. The data quality assurance team at the data management team randomly checked audio recordings and provided feedback to the team. In order to ensure data security, the audio recordings were backed up on a hard disk and sent to the central server.

Handover of data and materials: The data collection team members handed over all the data collected and materials received based on a handover and return plan. In addition, each team leader submitted a final field report to the data management team.

Coverage of the data collection: At the end of the data collection, we were able to collect 94 KIIs and FGDs out of the planned 96. Only two individuals refused to participate in the study (one in Somali and one in Oromia).

- Among the four respondents who were supposed to be interviewed from Oromia Regional Health Bureau, one refused to give an interview. The data collection team provided adequate information about the evaluation based on the consent form. After accepting the refusal from the respondent, the team tried to get a replacement, but the attempt was not successful.
- One respondent from the Dawa zone administration office (Somali region) refused to be interviewed due to the current political sensitivity of the issue under evaluation and its implication for the upcoming election.

In this evaluation, the team was able to conduct 58 KIIs and 36 FGDs (each containing six to 10 participants). Below is the overall plan and achievement in the data collection process (see Appendix 2).

Table 6: Summary of data collected, by region and data type

Region	Type of Data		Total
	KII	FGD	
Oromia	12	6	18
Somali	37	24	61
SNNP	9	6	15
Total	58	36	94

B.5   Data management

Audio recordings were sent to the central server along with the field notes on a daily basis. Audio recordings were then sent to qualified transcribers and translators who are proficient in the local language. The transcribed data were then sent to quality checkers to make sure they

were consistent with the audio recordings and had the right coherence, language flow, and grammar. After ensuring the data's quality, they were sent to coders. The coding was done using NVIVO software and it was supervised by highly qualified qualitative researchers who also had experience with humanitarian settings. MERQ's team worked together to provide continuous feedback as required during transcribing and checking, coding, and producing the output summary.

The FGDs and KIIs were recorded, transcribed verbatim, and translated into English. The coding and analysis was supported using NVivo software. We have followed the qualitative framework data analysis approach using pre-designed evaluation criteria, including relevance, effectiveness, impact, and sustainability as the major categories.

B.6   Observations and challenges of the data collection process

The observations of the data collection team and the challenges of the data collection process are summarised in the following two sections.

B.6.1 Observations of the data collection process

While conducting the data collection on the field, the data collection team documented their observations on the context and the issues they faced throughout the process. Below are the summarised observations documented by our field data collection team.

Table 7:   Summary of the observations of the data collection team members

Area of observation	Team of data collectors	Documented situation
Context and situation of the beneficiaries	Somali team	• The area seems devastated and affected strongly by drought • There is no clean safe water supply near the catchment area • They look like people who cannot even get one meal per day
	Oromia and SNNP	• Some of the returnees are still living in a temporary shelter • Basic needs have not yet been fulfilled • The returnees are still expecting aid, even when it was discontinued four months ago • The government stakeholders were very cooperative and helpful • The returnees seem somehow changed with the help of the aid • Some returnees still need a permanent shelter • Most returnees have a question about non-consumable materials that could help them with farming so they might live a sustainable life without external aid
Physical observations on the support	Oromia and SNNP	• The data collection team recognised that all the services were not distributed to the IDPs during interviews with government stakeholders and SWAN representatives; around 50% of all the aid was left undistributed for unknown reasons

Area of observation	Team of data collectors	Documented situation
Suggestions from beneficiaries on the support	Oromia and SNNP	• The respondents appreciated the aid provided to them. They requested changes to be made to subsequent projects, such as the inclusion of food and farm materials to sustain their new life and to be independent of aid
Cooperation from government offices	Oromia and SNNP	• Even though there was adequate support and cooperation from the stakeholders for this study, the data collection team faced some government officials who were not cooperative enough in directing the appropriate individuals working with the SWAN project. The responsible persons in some places were unavailable during the data collection period as they were moved to other government sector offices and other places

B.6.2 Challenges and actions taken

The implementation of the data collection process was successful, as we were able to have a clear and communicated implementation plan, a continuous follow-up and feedback mechanism, and an embedded quality assurance system. In the process, we faced challenges that were solved on time. The following challenges were observed.

Table 8:   Summary of challenges and actions taken

Phase	Challenge	Solution/action taken
Finalisation of tools	There was frequent revision of the tools so we had to translate them several times to submit to the IRB	We asked for an amendment from the IRB and acknowledged the changes made to make sure they were ethically appropriate
Data collector selection	The number of female data collectors who were available was smaller than anticipated	We made sure at least one female data collector would be present in all female FGD categories
Pre-testing of data collection tools	We did not get a similar setting to pre-test the tools	Role play among the data collection team members was conducted, with an observation component
Data collection fieldwork	The type of aid given in Kochere mentioned in the report was not consistent with what we found in the field. The SWAN report stated that WVI gave support in that area, but the field team could not prove it	The NRC office gave NFI support in that area, so we decided to continue with the data collection with the NRC team
	The Oromia region health bureau needs to review the proposal before providing the access letter to the zonal bureaus	The proposal was submitted for review and an access letter was secured
	Conflict erupted while the data collection team was interviewing SWAN field representative at Kercha woreda	The data collection was interrupted and conducted another day

Phase	Challenge	Solution/action taken
	Respondents refused audio recording	The data were collected by using two note-takers in addition to the interviewer
	Resistance to wear face masks during FGDs	We provided health education as per MERQ's data collection protocol and tried to keep as much physical distance as possible
	Even though we assigned data collectors who were believed to know the dominant local language, the diverse and multiple languages spoken in SNNP created a challenge for our data collectors	Local translators were used
	There was physical unavailability of the key informants, some of whom left the area for a long time	Interviews were conducted through phone call

Figure 4:   Female FGD in Somali region

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B.7   Appendices

Appendix 1: Training Agenda for training of data collection team for SWAN evaluation

Note: This training agenda is used for the two rounds of data collection (Round 1: 18–20 March 2021; Round 2: 25–27 March 2021).

DAY 1: 18/25 March 2021

Duration: 08:30–17:30

Time	Activities	Facilitator
08:30–09:00	Registration of participants	Daniel T.
09:00–09:20	Introduction of participants	Participants
09:20–09:40	Setting norms and admin issues Setting the norms during the training Build consensus on the admin issues of the data collection process	Daniel T.
09:40–10:00	SWAN project Introduction to the SWAN project: design, activities, and scope	Edna G.
10:00–10:20	Health break	MERQ
10:20–12:00	SWAN Evaluation: Proposal Basics of the SWAN Evaluation Proposal (objectives, evaluation questions, dimension of the evaluation, coverage and scope of the evaluation)	Edna G.
12:00–14:00	Lunch	MERQ
14:00–16:00	Basics of qualitative data collection Introduction to qualitative data collection techniques, customised to the SWAN Evaluation	Israel M.
16:00–16:20	Health break	MERQ
16:20–17:20	Basics of qualitative data collection (cont.) Introduction to qualitative data collection techniques, customised to the SWAN evaluation	Israel M.
17:20–17:30	Recap and evaluation of daily activities	Daniel T.

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DAY 2: 19/26 March 2021

Duration: 08:30–17:30

08:30–09:00	Recap of Day 1 activities	Daniel T., participants
09:00–10:00	SWAN Evaluation: tools (1) Presentation of the tools for data collection and discussion	Dr Fikralem M.
10:00–10:20	Health break	MERQ
10:20–12:00	SWAN Evaluation: tools (2) Presentation of the tools for data collection and discussion	Dr Fikralem M.
12:00–14:00	Lunch	MERQ
14:00–16:00	SWAN Evaluation: tools (3) Role play	Dr Fikralem M.
16:00–16:20	Health break	MERQ
16:20–17:20	Introduction to research ethics Introduction to the basic principles in research ethics, customised to the SWAN Evaluation	Israel M.
17:20–17:30	Recap and evaluation of daily activities	Daniel T.

DAY 3: 20/27 March 2021

Duration: 08:30–17:30

08:30–09:00	Recap of Day 2 activities	Daniel T., participants
09:00–10:00	SWAN Evaluation: field guide Presentation of the field guide for data collection	Daniel T. Edna G.
10:00–10:20	Health break	MERQ
10:20–12:00	SWAN Evaluation: piloting the tools Piloting the tools in similar settings and respondents	Dr Fikralem M. Daniel T. Edna G.

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12:00–14:00	Lunch	MERQ
14:00–16:00	SWAN Evaluation: discussions on the tools after piloting Role play	Dr Fikralem M. Daniel T. Edna G.
16:00–16:20	Health break	MERQ
16:20–17:20	Handover of field materials, supplies, and tools	Daniel T.
17:20–17:30	Finalisation of the training	Daniel T.

Appendix 2: Data collection coverage details

Sector/activity area of focus	Zone	Woreda	FGD Sex	FGD No of interviews	WEO Zonal	WEO Woreda	Admin office Zonal	Admin office Woreda	Woreda health office	DRM office Zonal	DRM office Woreda	SWAN field office	HFM	Community centre	Total KII	Total interviews
Shelter/NFIs: ES	Shabelle	Ferfer	M	1			1				1				2	4
			F	1												
		Kelafo	M	1				1		1					2	4
			F	1												
Health: health emergency kits—cholera	Shabelle	Ferfer	M	1	1				1			1 (SCI)	1		4	6
			F	1												
		Kelafo	M	1		1			1				1		3	5
			F	1												
Health: health emergency kits—food and cholera	Shebelle	Ferfer	M	1		1							1	1	3	5
			F	1												
		Kelafo	M	1		1							1	1	3	5
			F	1												
Multisectoral response	Shebelle	Ferfer	M	1											1	3
		Kelafo	F	1								1 (SCI)				
WASH: water trucking	Dawa	Moyale	M	1						1		1 (WVI)			2	4
			F	1												
		Hodet	M	1		1						1 (SCI)			3	5
			F	1							1					
Multisectoral response	Dawa	Moyale	-	0					1						4	3
		Hodet	-	0			1						1			
	Shabelle	Berlano	M	1				1			1	1 (AAH)			3	5

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Sector/activity area of focus	Zone	Woreda	Sex (FGD)	No of interviews (FGD)	WEO Zonal	WEO Woreda	Admin office Zonal	Admin office Woreda	Woreda health office	DRM office Zonal	DRM office Woreda	SWAN field office	HFM	Community centre	Total KII	Total interviews
			F	1												
		East Imi	M	1				1			1	1 (NRC)			3	5
			F	1												
		Berlano	M	1											0	2
		East Imi	F	1												
WASH: NFIs	West Guji	Kercha	Male	1			1					1 (WVI)			3	5
			Female	1								1 (NRC)				
		Gelana	Male	1	1			1							2	4
			Female	1												
WASH: community education and hygiene promotion	Gedeo	Wenango	Male	1		1	1				1	1 (WVI)			4	6
			Female	1												
		Gedebe	Male	1				1				1 (SCI)			2	4
			Female	1												
Shelter/ NFIs: ES	West Guji	Kercha	Male	1		1		1		1		1 (NRC)			4	6
			Female	1												
	Gedeo	Kochere	Male	1	1			1				1 (AAH)			3	5
			Female	1												
Government surge capacity support	Regional	Four KII = from each region (Somali and Oromia)														
		1. One KII from regional health offices														
		2. One KII from rapid response team														
		3. One KII from mobile health team														
		4. One KII from nutrition teams														

Sampling approach

Sampling of data collection sites, FGD participants, key informants[30]

The SWAN project has responded to several emergencies linked to droughts, floods, conflicts, and disease outbreaks across the country. A comprehensive sampling of all emergency responses implemented by the SWAN consortium and related activities and implementation modalities would not be feasible in the time allocated for this evaluation. The evaluation team has therefore decided to use a purposive sampling approach, with the objective of selecting as diverse a set of SWAN emergency response activities as possible, reflecting the range of emergencies, sectors, modalities of response, and activities to ensure maximum variation.

The selection of sites where FGDs and KIIs will be conducted, as outlined below, is based on the SWAN Project Total Number of Beneficiaries Reached (Mar19-Oct 2020) datasets[31].

Drawing on the available dataset (March 2019 – October 2020), and on the various discussions (via e-mails and calls) conducted with the SWAN focal point, the evaluation team has developed a three-level sampling approach, as follows:

- At the first level, regions were selected, since visiting all 10 regions (plus one city administration) of Ethiopia where SWAN activities were implemented in the evaluation period would not be feasible, given the time available for collecting data and the spread of activities across the country. At first, the regions in which the majority of SWAN emergency response activities took place over the period March 19 – October 20 were selected. These were: Oromia, Somali, and SNNP regions.

- At the second level, zones within each of the above three regions were selected, based on the highest number of response activities within that zone (similar to our approach in the first level above). Eight zones were selected accordingly across the three regions (Oromia – West Guji, West Hararghe, East Wollega; Somali – Shabelle, Sitti and Dawa; SNNP – Gedeo and Konso). These zones offer a good mix of project activities across emergencies, sectors, implementation modalities, and beneficiary types[32].

- At the third level, woredas were selected within a sub-set of the above eight zones. We selected woredas based on the existence of priority activities across the three sectors[33]. In addition, we focused on one multi-sectoral response[34]. These activity areas of focus were prioritised based on the overall volume of beneficiaries reached by SWAN

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[30] This section is taken from the inception report, 'Evaluation of the SWAN Project – Inception Report (November 2020)'

[31] This includes total beneficiaries reached during the original timeline of SWAN i.e March 2019 – July 2020, and the total beneficiaries reached during the implementation of SWAN 2 from March 2020 – October 2020. Both SWAN projects had an overlap of implementation activities from March 2020 – July 2020.

[32] Beneficiary types refers to IDPs, returnees, and host communities. These are the main categorisations of beneficiaries used by SWAN.

[33] WASH (NFI kits, emergency water trucking, community education and hygiene promotion), shelter (shelter/NFI kits in-kind, and emergency shelter NFI kits delivered through cash transfers), and health kits.

[34] Where two or more sectors responded to the same emergency in the same zone at the same time.

responses in the evaluation period, in addition to priorities identified within the ToR and during the inception phase. The number of activity areas of focus was determined by the resources available for conducting primary data collection. The selection of woredas for each activity area of focus was determined based on the following factors: magnitude of the activity (i.e. number of beneficiaries reached), the duration of support provided (i.e. support provided over extended periods), the safety of the location, logistical accessibility, and the likelihood of IDPs and returnee beneficiaries who had received SWAN assistance being present in these locations.

Error! Reference source not found. Table 9 below summarises the activity areas of focus, the zone/woreda selection, and the number of FGDs and KIIs that the SWAN focal point and the evaluation team have agreed to conduct per site. This selection offers a useful and diverse mix of:

- emergency response activities (six activities: WASH/NFI kits, emergency water trucking, community education and hygiene promotion, shelter/NFI kits in-kind, shelter NFI kits delivered through cash transfers, and Health Inter-Agency Emergency Health Kits);

- SWAN sectors (WASH, shelter/NFIs, and health);

- regions (Somali, SNNP, and Oromia);

- delivery modalities (cash and in-kind, immediate response, and pre-positioned items); and

- type of emergencies (COVID-19, conflict, flood, drought, and cholera).

Table 9: Activity area of focus, zones/woredas, proposed number of FGDs and KIIs

Sector/activity area of focus	Region	Zone/woreda[35]	Emergency type	Response type	Response modality	FGDs/KIIs (how many and with whom)
WASH: NFIs	Oromia	West Guji/ Kercha and/or Gelana	Conflict and/or Flood	Immediate	In-kind	Two FGDs with beneficiaries (one with males; one with females) Two to four KIIs (woreda/zonal water and energy office, and woreda/zonal administration office, World Vision field office manager)
WASH: Water Trucking	Somali	Dawa/Moyale and/or Hodet	Drought	Pre-positioned	In-kind	Two FGDs with beneficiaries (one with males; one with females) Two to four KIIs (woreda/zonal water and energy office, disaster risk management (DRM) office, Save the Children International field office manager)
WASH: Community education and Hygiene Promotion	SNNP	Gedeo/Wenango and Gedebe	COVID-19	Pre-positioned	In-kind	Two FGDs with beneficiaries (one with males; one with females) Two to four KIIs (woreda/zonal water and energy office, disaster risk management (DRM) office, World Vision field office manager)
Shelter/NFIs: emergency shelter	Oromia and/or SNNP	West Guji/ Kercha and/ or Gedeo/ Kochere	Conflict	Immediate	Cash	Four FGDs with beneficiaries (two with males; two with females) Two to four KIIs (woreda/zonal DRM office, woreda/zonal administration offices, Norwegian Refugee Council and

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[35] The specific woredas where FGDs with beneficiaries and non-beneficiaries will be conducted will be identified prior to data collection in close liaison with the SWAN Focal Point and taking into account issues such as rate of COVID-19 infections, the security situation, access issues, etc.

Sector/activity area of focus	Region	Zone/woreda[35]	Emergency type	Response type	Response modality	FGDs/KIIs (how many and with whom)
						World Vision International field office managers)
Shelter/NFIs: emergency shelter	Somali	Shabelle/ Ferfer, Kelao, Berlano, East Imi	COVID-19	Pre-positioned	In-kind	Four FGDs with beneficiaries (two with males; two with females) Two to four KIIs (woreda/zonal) DRM office, woreda/zonal administration office, Save the Children International field office managers)
Health: health emergency kits	Somali	Shabelle	Cholera	Pre-positioned	In-kind	Two FGDs with beneficiaries (one with males; one with females) Two to four KIIs (woreda health administration office, woreda water and energy office, field visit at health facility supported by SWAN and KII with health facility manager)
	Somali	Ferfer/Kelafo woreda	Flood and cholera	Pre-positioned	In-kind	One to two KIIs (close-to-community centre and health facility manager)
Multi-sectoral Response	Somali	Shebelle	Flood/ COVID-19/ Cholera	Pre-positioned	In-kind	Two FGDs with beneficiaries (one with male, one with female)
		Dawa	Conflict/ Drought/ Cholera	Immediate and Pre-positioned	In-kind	Two to four KIIs (health facility manager, woreda/zonal health office, woreda/zonal administration office, woreda/zonal water and energy office)
Government surge capacity support	Oromia and Somali	n/a	TBC	TBC	TBC	Two to four KIIs (regional health offices, Rapid Response Team, Mobile Health and Nutrition Teams)