PROCESS EVALUATION OF ETHIOPIA INTERCLUSTER SECTORAL COLLABORATION APPROACH- REPORT

May 2024

Abstract

Ethiopia embraced a groundbreaking Inter-Cluster/Sector Collaboration (ICSC) in 2022, uniting diverse humanitarian sectors to combat the severe famine and food crisis exacerbated by recurrent droughts. This innovative ICSC project marshaled the collective expertise of the Food Security, Health, Nutrition, and WASH clusters to forge a synergistic alliance.

Incorporating Research into Practice: WASH in Humanitarian Response
Tufts University, with the Global WASH Cluster

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1   Introduction

In line with the 2016 Agenda for Humanity call on humanitarian agencies to move towards a collaborative approach across sectors, the call for action by the global clusters to address the famine and food crisis under the inter-cluster/sector collaboration (ICSC) framework and given the specific context Ethiopia had with recurrent drought in 2022, an ICSC project was developed in Ethiopia in 2022. In this project, the Food Security (Agriculture, Food Clusters),[1] Health, Nutrition, and WASH clusters in Ethiopia agreed to leverage knowledge, expertise, reach, and resources to combine their strengths through an effective evidence-based ICSC. The goal of the ICSC was to reduce risk of malnutrition and death in most drought affected areas. The five clusters agreed on the joint concept, on the priority locations where the concept applied and identified the most vulnerable population groups, and the key interventions each cluster would provide to deliver cost efficient assistance and together reach the collective outcome of reduced burden of malnutrition. The joint package of interventions that the five clusters would deliver at the community and health facility levels included ensuring availability of potable water, sanitation, vector control, food response, access to agricultural products, preventive and curative nutrition services, and access to essential health services.

ICSC brings relevant clusters/sectors together to actively plan and work on joint actions at the same time, in the same place and for the same people. This approach generates an opportunity for the five clusters in Ethiopia to strengthen their collaboration in provision of humanitarian response on the ground, improve community engagement, and promote effective and evidence-based cross-sectoral convergence using innovative and sustainable approaches. The overall objective of the approach is to reduce mortality rates and malnutrition burden among the target population groups. The individual objectives were to:

- Improve the availability and accessibility to food assistance.
- Improve food production.
- Improve the availability and accessibility of safe water, sanitation, and hygiene services.
- Improve the prevention and treatment of malnutrition.
- Improve full access to health care services.

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[1] Food Cluster and Agriculture Cluster in Ethiopia

Funding was provided to partners to implement this ICSC approach through the Ethiopia Humanitarian Fund (EHF)[2], a country-based pooled fund managed by OCHA. The Ethiopia Humanitarian Fund (EHF) Unit is working with the five clusters and Tufts University to document the ICSC implementation experience, in the Somali and Oromia regions. The aim is to identify the best practices, challenges, and lessons learned, and to propose recommendations for improving ICSC in the future.

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[2] EHF first 2022 Standard Allocation : 14 million USD covering 8 woredas in 2 regions affected by droughts

2   ICSC Project Background

In 2022, Ethiopia faced one of its most severe droughts in recent history with several consecutive failed rainy seasons. In response to this crisis, five key clusters - Agriculture, Food, Health, Nutrition, and WASH (Water, Sanitation, and Hygiene) - came together to undertake an ICSC response to reduce the burden of malnutrition and risk of death. This project was implemented in a context with a high caseload of wasting, burden on the health system, lack of access to food, and limited access to water.
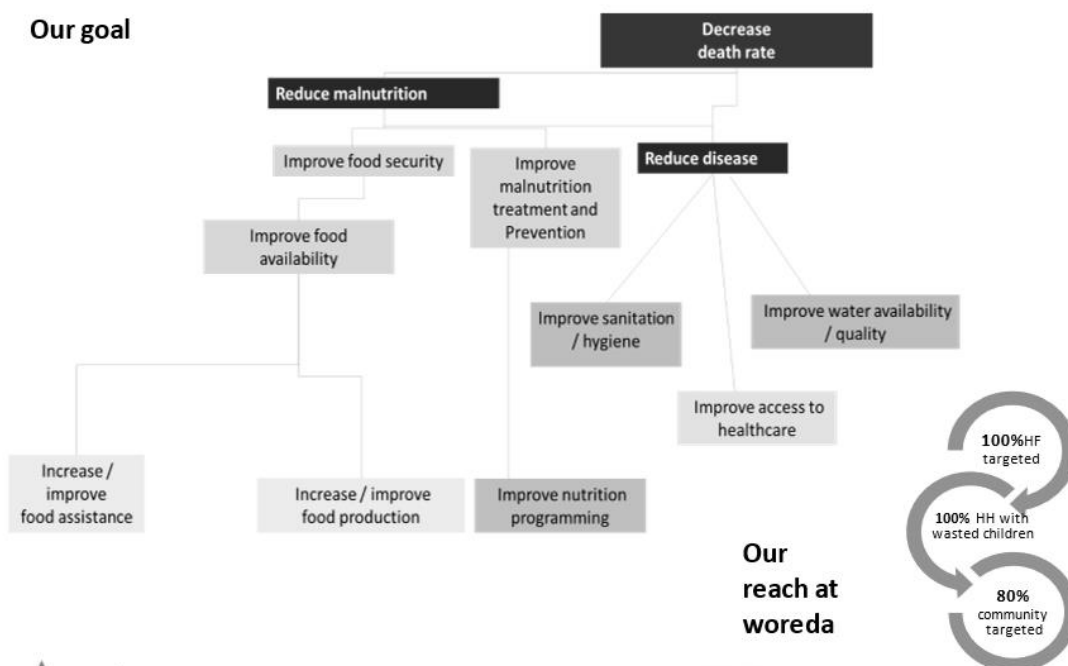
While OCHA and ICCG supported a drought prioritization model, identifying woredas or districts with acute needs, the five clusters provided a framework and theory of change with key interventions to be delivered to the same population, communities, and households (joint targeting) affected by acute malnutrition though health facilities and community outreach services.

To begin, the five clusters worked to map out what former experiences lead to strengthening collaboration mechanisms. A joint field visit was organized by the national cluster coordinators to two woredas to identify partners (international and national) operationally present in drought affected areas having experience in multi-sectoral projects. The findings showed potential for implementation of the ICSC initiative, including positive feedback from partners, existing multi-sectoral projects from (local) NGOs, and best practices in linking humanitarian and development activities. Based on this field visit, the package of interventions initially proposed was revised to conform to each context and needs, and the concept note finalized, including an M&E framework and a theory of change.

This overall framework for "what do we want to do as ICSC" is presented in figures on the next page.

What do we want to do as intersectoral collaboration

Our goal

Decrease death rate

Reduce malnutrition

Improve food security | Improve malnutrition treatment and Prevention | Reduce disease

Improve food availability

Improve sanitation / hygiene

Improve water availability / quality

Improve access to healthcare

Increase / improve food assistance

Increase / improve food production

Improve nutrition programming

Our reach at woreda

100% HF targeted
100% HH with wasted children
80% community targeted

Agriculture Cluster | ETHIOPIA FOOD CLUSTER | HEALTH CLUSTER ETHIOPIA | Ethiopia ENCU/ NUTRITION CLUSTER | WASH Cluster ETHIOPIA

	HEALTH	WASH	NUTRITION and MHPSS	FOOD	AGRICULTURE
HEALTH FACILITY, HOSPITAL, HEALTH CENTER, HEALTH POST MHNT	Vaccination	Safe water supply with adequate storage	Routine nutrition screening and management of SAM/MAM treatment (both inpatient and outpatient care) are available	Provide MPC to households with children with SAM	
	LLIN distribution and IPT for pregnant women	Rehabilitation and/or construction of sex-segregated latrines (trench in CTC)	IYCF practices (including during cholera and measles outbreaks) with respect to IFE guidance, BFHI and BMS code BCC to prevent malnutrition and infection*	Support stabilization centers with food rations	
	Integrated management of Childhood Illnesses	Provision of cleaning tools, potties and/or trowel/spade for faces collection & disposal.	Provide mental health and psychological support to mothers for IYCF		
	Disease surveillance early warning and response	Maintenance and/or installation of handwashing station			
	Emergency kit availability	HF waste management			
		Discharge: WASH NFI kit to households with SAM member Provision of water treatment chemical upon discharge of SAM for 60 days and discharge of MAM for 30 days.		and	
	IPC and Water quality surveillance and treatment				
COMMUNITY AND HOUSEHOLDS	Vaccination	Water trucking	Home visits to ensure compliance to SAM and MAM management protocol .	Distribution of food rations to food insecure people in identified locations	Support forage/forage seed production Distribution of Supplementary Livestock feed Rangeland rehabilitation
	IMCI	Rehabilitation/preventative maintenance of water facilities	Post SAM/MAM treatment follow up visit ·	The food cluster partners will aim to distribute a standard food basket of cereals, pulses and vegetable oil at standard rations scale of 15 kgs for cereals, 1.5kgs for pulses and 0.45l for vegetable oil	Animal health: Vaccination treatment Destocking
			Promotion, protection and support to IYCF practices		
	Health promotion & education	Chlorination of water sources	Family MUAC.**community screening approach** which empowers mothers, caregivers and other family members to screen their own children	Prioritization of Households with SAM/MAM children for relief food assistance	Water points rehabilitation
	Disease surveillance early warning and response	Establishment/strengthening of WASH facilities management committees			Crop production support
		Train HEWs and Community Volunteers on nutrition and health sensitive WASH practices			Cash support for asset protection
		IEC materials and Hygiene promotion teaching aid			
		Sanitation and hygiene promotion (C4D)			
	Water quality surveillance and treatment				

Additional components of the package to be added per sector/cluster for IDP response

The five cluster coordinators and the Humanitarian Financing Unit of OCHA developed a funding allocation strategy that aligned with the above-mentioned concept note. The EHF First Standard Allocation of 2022 allocated 14 million USD to 10 implementing partners in 8 woredas from 2 regions to implement the ICSC for 12-18 months. Key enabling factors for resource mobilization for this joint approach in Ethiopia were capacity of the five clusters to build momentum for ICSC, the commitment and leadership from cluster coordinators, and the coordinated and prioritized model for drought response.

The five cluster coordinators, implementing partners, and OCHA jointly launched the project, emphasizing on the below three aspects:

- The change(s) in the lives of children in the communities affected by drought, which should allow clusters to estimate the outcome of the ICSC response.
- The experience gained by the community health network and implementing partners through their participation in the project.
- The role and responsibility of the sectors in the reduction of malnutrition cases.

This evaluation is part of documenting this collaboration.

3   Methods

Data collection was conducted through three activities: 1) a *review of project reports* submitted by NGOs; 2) *interviews with Cluster Leads*; and, 3) an *online survey* sent to NGOs. These activities are each described below. The Tufts University Institutional Review Board issued a non-research determination for the evaluation presented herein.

3.1   Review of Standard NGO Project Reports

Initially, we reviewed NGO project reports from 2021 (previous years' endline) and midline reports from the 2022 ICSC project submitted as part of standard reporting practices.

3.2   Interviews with Cluster Leads

Tufts University staff conducted 30-minute online interviews with each Cluster lead and one OCHA staff. Interviews focused on six questions:

- Background and framework.
- Response delivery.
- Expected outcomes.
- What worked.
- Challenges.
- Recommendations.

Interviews were recorded, transcribed, and responses to each question were summarized, key quotes extracted, and presented in the results section.

3.3   Online Survey to NGOs

A short Google Form survey was developed by Tufts University and sent out to the implementing partners via the clusters. Follow-up was conducted by cluster staff to ensure all 10 partners filled out the survey. The goal of the survey was to understand how ICSC funding impacted programs, and the survey included the following eight questions:

1. How did your organization work on inter-sectoral programs (WASH, health, agriculture, etc.) BEFORE this last year's round of specific inter-sectoral projects and funding?
2. With this recent inter-sectoral project and funding, did your organization add any activities or change your programming in any other way? If so, what did your organization add or change?

3. With this recent inter-sectoral project and funding, did your organization add any indicators to your reporting? If so, what indicators did your organization add?
4. Did the inter-sectoral funding and project change the way your organization works in any other way? If so, how?
5. What does your organization think were the successes of the inter-sectoral project and funding for your organization?
6. What does your organization think the challenges of the inter-sectoral project were for your organization?
7. Does your organization feel inter-sectoral programming is more effective in meeting the needs of target populations than uni-sectoral?
8. What would your organization recommend in the future for the inter-sectoral project and funding?

Responses to each question were summarized, quotes extracted, and presented in the results section.

4 Results

The results are presented below by activity as described in the methods:

1) a *review of project reports* submitted by NGOs;

2) *interviews with Cluster Leads*; and,

3) an *online survey* sent to NGOs.

These activities are each described below.

4.1 Review of standard NGO project reports

The information in these reports followed the standard reporting templates and did not – in general - elaborate on ICSC or how this was going to be implemented. There were general statements about the project; the monitoring indicators were, however, sector-specific; this was followed by lessons learned. There was some confusion among the participants on the difference between multi-sectoral and inter-sectoral – while the project was inter-sectoral (targeting the same population in need, at the same time and place), respondents called the project multi-sectoral (all sectors present, but the people in need not receiving a holistic package). Some examples of the text from the reports on ICSC work include:

- General statements describing the project
  - "The proposal builds on existing or past inter-sectoral integrated or multi-sectoral initiatives."
  - "… to address deep routed causes of malnutrition through integrated multi-sectoral approaches, It covers WASH, Health and nutrition, Agriculture sectors through different strategies."
- General statements about project activities related to the ICSC collaboration
  - "training of multi-sectoral focal points on MIYCN"
  - "Partnering with organizations."
- General statements about lessons learned / successes related to the ICSC collaboration
  - "Working as a consortium, following of multi-sectoral approach, and striving to meet the requirement of timely delivery of response were considered as a strength thus assisted to properly plan, implementing, and achieving the expected project outcomes."
  - "Also, integrating multi-sectoral emergency responses like health, nutrition, WASH, agriculture and food are very helpful to save lives and prevent mortality rates for drought affected communities."

Costs were also part of the NGO reports, where the cost per beneficiary reached with joint programming ranged between 5-30 USD, depending on the implementing partner and the area. This elementary cost analysis was simply calculated by dividing the total budget by the reported number of people reached. It is recommended to have more complex cost analyses in the future.

Based on this review of reporting from NGOs, it is noted that the global Country Based Pooled Fund (CBPF) proposal development and reporting format, the Grants Management System (GMS), does not allow for including any indicators related to multi-sectoral or inter-sectoral collaboration. It is a recommendation to include a section on ICSC in formal reporting templates, with output and outcome indicators, to reflect the results of collaboration and measure the comparative advantage of such collaborations versus individual sector interventions. While this change may take time, clusters overseeing ICSC, in the meantime, can add a parallel reporting mechanism (such as a Kobo form) with specific joint indicators under ICSC programming.

4.2   Interviews with Cluster Leads

The five Cluster leads were interviewed during Spring 2024. Results are presented, with quotations, by question.

Background and framework. Respondents stated that the goal of the project was to reduce malnutrition in drought-affected areas**,** and that they knew there was a need for ICSC to achieve this. Respondents also expressed a strong belief in ICSC.

> There was a realization that we, we cannot continue to provide support in silos because these communities that I need of support, they don't only need food.

> Ethiopia was a good group of cluster coordinators that really wanted to work together.

> I think, it became very apparent that no single sector could make any effective or realistic impact, we needed a multi-sectorial approach.

> The kind of framework that will help us in achieving what we had put as our goal, which was the reduction of malnutrition among these drought affected households.

Response delivery. Respondents stated that one of the main factors in implementation of the ICSC was to have NGOs form partnerships, particularly when having international NGOs working with local NGOs so that there is simultaneous knowledge transfer and capacity building. Respondents stated that by showing proof-of-concept that ICSC is effective in this project, more major donors could be brought on board to fund such initiatives. However, respondents also noted that it is important that the response activities are carried out as soon as possible, to address the needs (e.g., short project start-up time); that it is generally not possible to have a single NGO with the capacity to deliver services under all the sectors; and that it was time and effort consuming for NGOs to pull together a consortium. Initially, the format which stipulated that all five sectors must be included in the project 'forced' partners to work together, but some respondents felt this may have been too rigid. Below are a few quotes from the interviews:

We expected that in the planning they were going to come up with an indication of what is required in terms of resources for all the clusters for these communities, and also identify the key indicators that will be monitored.

It's important that we do it right so that we can attract some of these major donors.

I see, my expectation is really, how can we find a way… to establish some type of system where we rely on the international NGOs for capacity building, and maybe monitoring of quality of program interventions. Where, then, the local NGO is doing the work and then, ideally, have one local NGO who can do more than one sector.

We cannot find an NGO that has the expertise to do everything.

It basically forced partners to work in consortium. And that's fine. But because the timing was quite short, they didn't necessarily have that consortium. They had to quickly find organizations.

In assessment that ask communities what they want, it's always multi-sector. I mean, they don't say, I want WASH. They say I want food and it the kids to go to school. And you know a healthcare center. That's functional kind of thing. So, but - it didn't come from there. It was very top down.

Expected outcomes. Respondents noted that one of the expected outcomes of the project was to build the capacity of local actors, so that the clusters might find a way to reduce the malnutrition caseload together, as well as have sustainability in the long term. However, some respondents expressed a need for monitoring indicators other than only malnutrition, and the need for packages of interventions across the five sectors that vary by location.

> My expectation is really, how can we find a way? to establish some type of system where we rely on the international NGO for capacity building, and maybe monitoring of quality of program interventions. Where, then, the local NGO is doing the work and then, ideally, have one local NGO who can do more than one sector.

> So the original idea. It was maybe a little bit too theoretical. Okay, based on the assumption that, putting altogether the interventions from the clusters, we might reach a common outcome altogether.

> I was a bit disappointed that we didn't have more [monitoring indicators] for other sectors, but we'd never really managed to agree on what that would be.

What worked. Respondents stated their satisfaction in having implemented or served as a lead for a joint project. As an example of joint interventions, one of the things that came up was the success in placing latrines in health-care facilities (WASH-health collaboration). The question of whether reaching more people with basic services or fewer people with more comprehensive services is better in humanitarian response arose during the interviews.

> So they really try to well, broaden their scope of work, because obviously, that's they understand they're very smart. They know that that's what donors want, and they don't. They know that well and having that more brought scope of work also attracts more donor funds.

> So, it worked because we managed to implement something. Now it was not perfect, but at least we managed to do something. And now, currently this year, this allocation, we're still doing a kind of integrated approach.

> So, it was implemented. That's huge.

> [It] was very interesting to see that 3 of the 10 partners mentioned that one of the new activities they did was latrines and healthcare facilities.

Challenges. Respondents noted challenges in how 'heavy' (e.g., resource and time-consuming) the inter-cluster project was, including implementation, logistics, and attempting (although not effectively) to monitor the project to have results that can be applied in the future. Specifically, respondents highlighted the time consumed to coordinate between partners and to put together MOUs; and, how the project was planned and implemented in a top-down manner (led by the Clusters, not the affected population). Respondents also noted that it was not possible to visit the projects as a group for monitoring purpose (due to logistics), and thus it is not possible to know the outcomes that were achieved. Some respondents stated that, despite the multi-sectoral title of the projects, a sectoral approach was still used.

We have tried to do join monitoring visits to the projects, but we have miserably failed.

It took forever to sign MOU's you know. The subcontracting process was like so tedious from what they said.

I mean, people want multi sector. We are structured by sector. It's so tedious to work together in the sense that it takes, for it takes time. It takes so much energy.

it's just it's it's heavy.

Nany of the local NGOs are also very limited in what they can do. So then, to expect them to do in livelihoods and water sanitation and health and nutrition. It's maybe a bit too much.

I think it's too top down, and we don't have the time to engage with some national level.

So, I think that's difficult actually to make any sensible statement about how useful it was. But looking in depth at what the programs have brought forward in the past year, and only then can we make any sensible statement about, how should we apply that in future? So, we are a little bit still in a grey area with these new projects.

Once we got the funding, I got a sense that our mission, or should I put it that way, was still geared towards the old approach, which was sectorial. We were still using a sectoral approach to review multi-sector projects, which to me was a mismatch, because you needed like to shift gear a little bit and change something which didn't happen.

And I think the obvious question then, was, what impact did we make?

[partners] were almost, still tempted to do business as usual, at what they normally do, and they without so much adjustment to. Okay, this is a multi-sector. So it was, became like a partner to inform sectors, really, but with no intent to really put the ingredients into one meal and produce like a single meal.

It was an extra task in a context where people were already overwhelmed.

Recommendations. Respondents recommended having a dedicated person to coordinate the ICSC work (while noting the large amount of time the national Nutrition Cluster Coordinator put into this project). Respondents also recommended that there is a need for indicators for the project other than reduction of malnutrition; the need to be more flexible with the collaboration process by not insisting on including all five sectors (with the consequent risk that leads to going back to business as usual); and the need to share lessons learned and engage donors to obtain long-term funding for ICSC projects. Lastly, respondents mentioned the need to change proposal reporting templates to include multi-sectoral indicators.

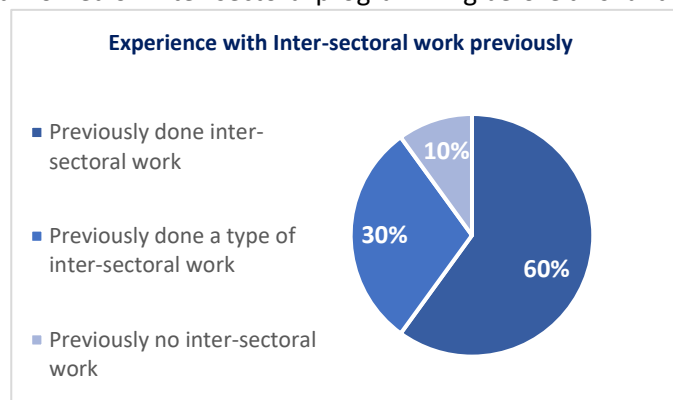So, we should have some kind of process indicator.

The key donors to food and WASH and health, they are aware importance of doing it together. I was in a meeting last week with some of the donors, and they were even asking some of the basic questions... it's important that we start to work together and ensure that the donors are informed on the achievement from the last year's projects under, how we are going to work together, to identify solution to the risks that we've already. I mean to the challenge that we have already identified from last year. So those are some of the things that we can tweak to for us to get funding from the from the donors over.

Link it more with the bottom up rather than the top-down. It'll just make it so much stronger.

If we could have, like a ISCS coordinator, one person would have this as a full time dedicated, and make sure they really run on it all the time and go to the field and support the pack partners, I think it would be more effective.

But also, to mobilize more funding. That is a bit more than just one year, because I think one year is a bit restrictive. What we are trying to do. We cannot expect a lot from that in terms of partners, I think if we're looking at 2 or 3 years.

4.3   Online survey to NGOs

How did your organization work on inter-sectoral programs (WASH, health, agriculture, etc.) BEFORE this last years' round of specific inter-sectoral projects and funding?

Of the 10 respondents, 6 (60%) stated they had worked on inter-sectoral programming before this funding opportunity. Of note is that 3 of the 6 (50%) specifically stated they had worked on inter-sectoral programming with a specific donor that requested it. The remaining 3 of the 6 stated their organization had familiarity with inter-sectoral programming before this grant.

Experience with Inter-sectoral work previously

- Previously done inter-sectoral work
- Previously done a type of inter-sectoral work
- Previously no inter-sectoral work

10%
30%
60%

For inter-sectoral projects, each sector specialists at the head office engage in each project cycles (designing, technical support during implementation, monitoring) and provide continuous technical support to project field staff to meet goal of projects.

Overall, our organization recognized the importance of inter-sectoral collaboration long before the recent surge in specific inter-sectoral projects and funding. We strived to integrate our work across various sectors to maximize impact and address the multifaceted challenges facing the communities we serve.
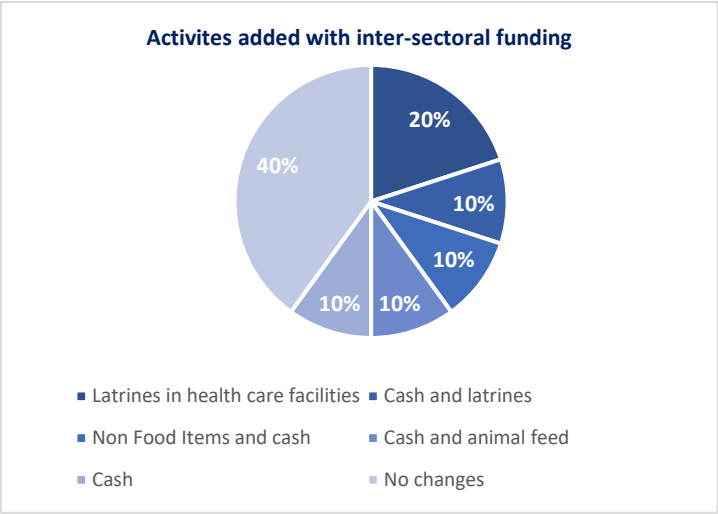
Of the 4 respondents (40%) that did not clearly say yes to having implemented inter-sectoral programming before this specific project, 3 (30%) said they had done other programming similar to inter-sectoral programming and 1 (10%) said they had never done inter-sectoral programming.

.. worked in collaboration with the clusters at national and regional level. The support received was crucial and productive.

Previously, every sector lead did each sector activities without integration.

With this recent inter-sectoral project and funding, did your organization add any activities or change programming in any other way? If so, what did your organization add or change?

Overall, 4 of 10 (40%) organizations stated they made no changes to their programming with the inter-sectoral funds. With the 6 programs that did make changes, the individual changes were: 4 (40% of total) included cash, 3 (30% of total) included latrines in health-care facilities, 1 (10% of total) included non-food item distributions, and 1 (10% of total) included animal feed adaptations.

Activites added with inter-sectoral funding

- Latrines in health care facilities
- Non Food Items and cash
- Cash
- Cash and latrines
- Cash and animal feed
- No changes

20% 10% 10% 10% 10% 40%

> Overall, the introduction of multipurpose cash assistance and the shift to reprocessed animal feed in the new locations allow us to provide flexible support tailored to the diverse needs of flood-affected communities, contributing to their recovery and resilience-building efforts.

With this recent inter-sectoral project and funding, did your organization add any indicators to your reporting? If so, what indicators did your organization add?

Of the 6 programs in which changes were made with the inter-sectoral funds, 3 (50% of changed programs, 30% of total programs) included new indicators. These included indicators "based on what we did", on cases supported with multi-purpose cash, and on nutrition/health indicators (see quote below).

Added indicators with Inter-Sectoral funding

- New indicators
- No new indicators

30% 70%
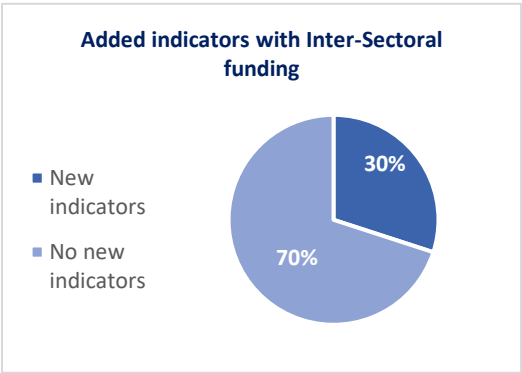
- Provision of nutrition-sensitive livestock inputs and services. To improve the livestock Production and productivity improved through emergency feed distribution.
- Number of children 6 months to 15 years receiving emergency measles vaccination.

Did the inter-sectoral funding and project change the way your organization works in any other way? If so, how?

Overall, 8 of 10 (80%) of organizations said the ICSC project changed the way they worked in other ways.

Inter-sectoral funding brought our sectoral team together and helped them have one joint plans and joint monitoring plans.

Not too much but it causes to strengthen multidisciplinary surge and emergency response teams.

Overall, the inter-sectoral funding and project have brought about positive changes in how we work, promoting collaboration, coordination, innovation, and flexibility to achieve our common goals more efficiently and effectively.

Yes, it changes. Each sector experts needs to understand the importance other sectors and required to work together for common good.

Yes, we changed our targeting by focusing on same households or institutions for all the sectors.

What does your organization think were the successes of the inter-sectoral project and funding for your organization?

Qualitatively, the 10 organizations found very high successes with their ICSC projects, as seen below in the quotes. To note, the organizations mentioned the overall outcomes or impacts of their projects (not just the inter-sectoral components, which did not conform exactly with the question).

> The success of the inter-sectional projects strengthen [sic] coordinated response, optimized resources, mutualized efforts, enhanced impact, as well as improved engagement and avoids siloed response.

> The inter-sectoral project and funding have brought about several successes for our organization: Expanded Reach, Integrated Approach, Improved Outcomes, Innovation and Learning, and Enhanced Resilience. Overall, the inter-sectoral project and funding have been instrumental in advancing our organization's mission and objectives, leading to positive outcomes for both the communities we serve and our organization as a whole.

> It addressed the critical needs of affected communities with a single project; it makes ease inter-cluster coordination at all levels.

> Contributed to lifesaving and reduces suffering of targeted beneficiaries and their families. The inter-sectoral project contributes to address the needs of the community in an integrated way to achieve the wellbeing of community especially children.

> The inter-sectoral approach provided full support package for the targeted households as well as for the health care facilities. Health care facilities were able to provide full services as they were supported by WASH services. Households of malnourished children were supported by agricultural production input for better production to stop the cycle of malnutrition.

> Other than addressing the challenges of the community and provision of services, the integration on activities as well as with the local partner were the successes.

What does your organization think the challenges of the inter-sectoral project were for your organization?

Qualitatively, the 10 organizations also found challenges with their inter-sectoral projects, as seen below in the quotes. The most common challenge stated (by 5 of 10, 50%) was limited resources and funding.

Limited resource hindered the coverage of affected population's needs.	Huge gap between resources and needs to address prevailing needs.

Organizations also mentioned the need to have joint responses that complement one another; the need for diversified staffing (which adds costs), and the logistical, regulatory, and ethical challenges of cross-sectoral collaboration.

The challenges of inter-sectoral projects also encompass the need to respect agencies' territorial integrity, privacy, cultural traditions, and regulations. These considerations add layers of complexity to the implementation process. Addressing these challenges necessitates a collaborative and inclusive approach that respects the autonomy and integrity of all involved agencies and communities. It requires ongoing dialogue, mutual respect, and a commitment to upholding ethical principles and human rights throughout the project implementation process.

Integrating the inter-sectoral responses is one of the challenges. Programming should not only about incorporate different sectors in their response, but the responses should be integrated and should complement.

It requires diversified and adequate number of projects staff than the uni-sectoral interventions and in turn has cost implication.

Do your organization feel inter-sectoral programming is more effective in meeting the needs of target populations than uni-sectoral?

All 10 organizations (100%) stated they felt inter-sectoral programming was more effective at meeting the needs of the target populations, as the multi-dimensional problems of the country can only be solved with a multi-sector response.

> Yes, inter-sectoral programming is more effective in meeting the needs of target populations than uni-sector programming.

> Inter-sectoral programming is more effective, inclusive, and impactful than uni-sectoral response.

> Overall, while both approaches have their place, our organization has found inter-sectoral programming to be particularly successful in meeting the complex and multifaceted needs of target populations. It enables us to address underlying vulnerabilities, build resilience, and contribute to sustainable development in a more comprehensive and impactful manner.

What would your organization recommend in the future for the inter-sectoral project and funding?

Organizations recommended continuing funding for the inter-sectoral approach. They also requested to be informed of lessons learned and specific programmatic recommendations from other contexts.

> There should be a continued inter-sectoral funding approach, good to allocate budget which could bring impact on the community.

> We recommend the continuation of inter-sectoral programming and scaling up to all other funding and implementing agencies across the region and country. We also recommend sharing the successes of the recent inter-sectoral intervention to the wide humanitarian and development stakeholders.

5   Discussion and recommendations

We completed a mixed-methods process evaluation – including document review, interviews with cluster coordinators, and a survey of fund recipients – of the ICSC project to reduce the impacts of drought in Ethiopia. Overall, across all data collection modalities, positive statements were expressed about ICSC, with respondents stating ICSC should be conducted, continued, and funded. The ICSC project led to changes in programming for 60% of funded organizations (including cash distribution, latrines in health-care facilities, non-food item distribution, animal feed adaptations), and 80% of funded organizations reported changes in programming (such as focusing on the same household and having one joint plan). However, 40% of funded organizations delivered services with no change, due to challenges with implementation.

A key challenge with the ICSC project was how to quantitatively measure the outputs, outcomes, and impacts of this project, and how to show the added value of inter-sectoral compared to sectoral programming. Given that joint inter-sectoral indicators are not included in formal reporting structures, we struggled to show the added value of the project using the standard reporting formats. Thus, over time, it is recommended that joint inter-cluster indicators are included in standard reporting mechanisms. In the interim, until those joint indicators are included in official templates, it is recommended to support the monitoring and reporting with two mechanisms for any upcoming inter-cluster project: 1) supplement OCHA reporting with a specific Kobo survey form to capture specific data on the inter-sectoral program aspects; and, 2) conduct field visits to observe and monitor ICSC projects. Additionally, it is recommended to monitor outputs, outcomes, and, if feasible, impacts as well, beyond the objective of reducing malnutrition. Despite the challenges, with this post-implementation evaluation process, including document review, key informant interviews, and surveys, we were able to extract lessons learned from this project, as shown in the next paragraphs.

Concept and impact. The ICSC model aims to address the complex and multifaceted causes and consequences of malnutrition in Ethiopia. It involves joint planning, implementation, and monitoring of humanitarian interventions that target the same people, at the same time, in the same place, based on a common objective and a shared analysis of needs and priorities. The outcomes and impacts of this approach are still to be documented even if theoretically it addresses the multiple and interrelated needs of the affected population through a holistic and integrated approach. Thus, we recommend continuing to leverage this approach, and including regular M&E assessments to measure the effectiveness of the

approach and make necessary adjustments. As M&E needs are aligned to HRP indicators, the M&E should be simple to conduct.

NGO and CBO involvement. NGOs and CBOs play a crucial role in the implementation of the ICSC approach. Their local knowledge, expertise, and networks can greatly enhance the effectiveness of the interventions. Thus, we recommend expanding the participation of NGOs and CBOs and involving them in all stages of the project, from project design to evaluation. As ICSC is quite heavy for the NGOs and CBOs, consuming time and resources, it is recommended to – as much as possible –reduce the logistical burden of the project. NGOs and CBOs should be provided with the necessary training and resources to effectively carry out their ICSC response.

Additionally, respondents reported there were sometimes difficulties between the need to provide immediate response activities and the need to implement the holistic approach of inter-cluster collaboration (which takes more time) because of a lack of expertise among NGOs in all five sectors. The logistical, regulatory, and ethical challenges of cross-sectoral collaboration were described, such as whether it is more ethical to reach more people with basic services, or less people with a more comprehensive package of activities. It is recommended in the future to discuss these challenges with the NGOs and CBOs at the beginning of the project cycle.

Leadership and commitment. The success of the ICSC approach largely depends on strong leadership and commitment from all stakeholders, including OCHA. It is recommended to establish, and fund, clear leadership roles and responsibilities within the collaboration, and to share lessons learned and experiences among all implementing partners within the collaboration.

Funding opportunities and processes. Adequate funding is essential for the successful implementation of the ICSC approach. As humanitarian funding is declining globally, while most humanitarian donors continue to support sectoral responses, a more holistic approach by donors through flexible funding (not sector-earmarked) would be suitable, as the way forward. Simultaneously, partners are encouraged to explore funding opportunities that facilitate ICSC.

6   Acknowledgement

The limitations of this post-implementation evaluation include the lack of real-time data, and the lack of costing analysis. It is hoped that this evaluation will help the five clusters, HFU in OCHA, and implementing partners to implement – and evaluate – scaled-up ICSC approaches in the future.

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