



## FINAL REPORT



### End line evaluation of Durable Solutions for Returnees and IDPs in Somalia (DSRIS) Project

28 March 2020



# TABLE OF CONTENTS

---

<b>LIST OF TABLES</b> .....	<b>ii</b>
<b>LIST OF FIGURES</b> .....	<b>ii</b>
<b>ACKNOWLEDGEMENT</b> .....	<b>iv</b>
<b>ABBREVIATIONS AND ACRONYMS</b> .....	<b>v</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>vi</b>
<b>1.0 INTRODUCTION</b> .....	<b>1</b>
1.1 Project Background.....	1
1.2 Project Goal.....	1
1.3 Purpose of Evaluation .....	2
1.4 Scope of Evaluations.....	2
1.5 The Concept of Durable Solution .....	2
<b>2.0 LITERATURE REVIEW ON DURABLE SOLUTIONS IN SOMALIA</b> .....	<b>3</b>
<b>3.0 TECHNICAL APPROACH AND METHODOLOGY</b> .....	<b>5</b>
3.1 Evaluation Design.....	5
3.2 Methodological Approach.....	5
3.3 Sample Size Determination .....	5
3.4 Sampling Strategy .....	6
3.5 Data Collection Methods.....	6
3.7 Quality Assurance.....	7
3.8 Data Analysis and Reporting.....	8
3.9 Recruitment of Study Participants .....	8
3.10 Ethical Considerations.....	8
3.11 Field Challenges /Risks and Mitigation Plan .....	8
<b>4.0 RESULTS AND FINDINGS</b> .....	<b>9</b>
4.1 Introduction .....	9
<b>5.0 OECD /DAC EVALUATION CRITERIA</b> .....	<b>45</b>
5.1 Project Relevance .....	45
5.2 Project Efficiency.....	47
5.3 Project Effectiveness .....	47
5.4 Project Impact .....	54
5.5 Project Leadership and Coordination.....	59
5.6 Project Sustainability .....	60
<b>6.0 CONCLUSION</b> .....	<b>61</b>
<b>6.0 RECOMMENDATIONS</b> .....	<b>62</b>
<b>ANNEXES</b> .....	<b>64</b>

## LIST OF TABLES

---

Table 4.1: Respondents Gender .....	9
Table 4.2: Respondents Gender .....	15
Table 4.3: Types of Trainings Offered .....	16
Table 4.4: Hygiene Training and Awareness Campaigns .....	22
Table 4.5: Availability of Toilets Provided by DSRIS Project.....	25
Table 4.6: Washing Hands with Soap.....	26
Table 4.7: Main Perpetrators of GBV.....	30
Table 4.8: VSLA Groups Funding .....	33
Table 4.9: VSLA Groups Skills Training.....	33
Table 4.10: TVET Training in Puntland and Galmudug.....	38
Table 4.11: IBTVET Training .....	39
Table 4.12: TVET Training Materials Provided to Institutions.....	39

## LIST OF FIGURES

---

Figure 4.1: Respondents Residency .....	9
Figure 4.2: Gender of Head of the Household .....	10
Figure 4.3: Respondents Level of Education.....	10
Figure 4.4: Migrations Across the Region .....	10
Figure 4.5: Reason for Migrations .....	11
Figure 4.6: Main source of Income.....	11
Figure 4.7: Average Income.....	12
Figure 4.8: School-Aged Children Access to Schooling.....	12
Figure 4.9: Haar-Haar IDP Primary School Built by DSRIS Project .....	14
Figure 4.10: Haar-Haar IDP Primary Classroom Desks Provided by DSRIS Project .....	14
Figure 4.11: Access to Education Awareness Campaigns .....	15
Figure 4.12: Partners Providing Education Awareness Campaigns (N=198).....	16
Figure 4.13: Access to Health Care Services (N= 400).....	18
Figure 4.14: Children Access to Health Services (N=400).....	18
Figure 4.15: Improved Health Services (N= 623) .....	20
Figure 4.16: Medical Equipment and Supplies (N = 719).....	20
Figure 4.17: Perception of Quality of Health Care Workers (N = 719).....	20
Figure 4.18: Primary Source of Water (N= 719).....	21
Figure 4.19: Importance of Clean Water .....	22
Figure 4.20: The Effect of Hygiene Awareness Campaigns (N = 469).....	22
Figure 4.21: Water Kiosk in Galkacyo South for IDPs .....	23
Figure 4.22: DSRIS Billboard in Galkacyo South Showcasing WASH Awareness Campaign .....	24
Figure 4.23: Status of Current Toilet Facilities in IDP Camps (N= 719).....	25
Figure 4.24: Washing Hands with Soap-Comparison between Baseline and End Line .....	26
Figure 4.25: WASH Items provided to IDPs by DSRIS Project (N = 719).....	26
Figure 4.26: Mobile Clinic in Karaamo Constructed under DSRIS Project .....	27
Figure 4.27: Toilet Constructed under DSRIS in Adaado District.....	27
Figure 4.28: Piped Water-Hands Washing Point-Alman-muun Primary School.....	28

Figure 4.29: Water Tank Constructed under DSRIS Project-Adaado Primary School .....	28
Figure 4.30: Prevalence of Child Protection Issues (N= 1374 – multi- responses).....	29
Figure 4.31: Reporting on Abuse Cases (N = 719) .....	29
Figure 4.32: GBV Services as Provided under DSRIS (N= 102) .....	30
Figure 4.33: Levels of Satisfaction with GBV Services (N = 719).....	31
Figure 4.34: Types of Training Provided to VSLAs (N=377).....	34
Figure 4.35: VSLA Training Benefits (N =963 – Multi- Responses) .....	34
Figure 4.36: VSLA Linkage to Financial Institutions (N= 348).....	35
Figure 4.37: Levels of Satisfaction with VSLA Services Provided by the Project (N=719) .....	36
Figure 4.38: VSLAs Engaged in Civic Education for Youth on Harmful Migration Behaviours (N=407) .....	36
Figure 4.39: Types of Civic Education Offered to Youth (N=527).....	37
Figure 4.40: Effect of DSRIS Project on the Youth (N=73).....	38
Figure 4.41: Respondents Participation in Cohesion Meetings (N=719).....	43
Figure 4.42: Types of Social Cohesion Dialogues per District (N=345) .....	43
Figure 4.43: Impact of Social Cohesion Dialogues per District.....	44
Figure 4.44: Rehabilitated Dhusamareeb Ministry of Education Conference Hall .....	55
Figure 4.45: Inside Rehabilitated Dhusamareeb MoH Conference Hall .....	55
Figure 4.46: Impact of Wash on Project Beneficiaries (N=719).....	57

## ACKNOWLEDGEMENT

---

We would like to give special thanks and appreciation to those who made this “*End Term Evaluation for DSRIS Project*” successful. Special thanks go to Nimo Hassan (DSRIS Consortium Coordinator); Mohamed Yusuf (CARE- Area Manager – Puntland Region); Mohamed Tahir (CARE Education Advisor); Geoffrey Alala (CARE -MEAL Coordinator), Abdikadir Warsame (Area Manager- Galmudug Region); Artan Mohamed (Senior Project Officer); Abdulaziz Muse (CARE -MEAL Officer); for effectively organizing the End Term Evaluation and for mobilizing DSRIS Partners and stakeholders to take part in the study. Special thanks also go to Salad Halane (SCI Manager – Dhusamareb and Adaado); Mohamed Abdullahi (SCI- Child Protection Manager); and Yusuf Ali Gedi (SSWC- Project Officer) for according us necessary support and helping mobilize evaluation stakeholders. Finally, our special thanks also go to the study respondents who took valuable time to provide necessary information that informed this report.

**Mulubi Asiligwa – Director and Lead Consultant**



## ABBREVIATIONS AND ACRONYMS

---

<b>CARE</b>	Cooperative Assistance to Relief Everywhere
<b>CEC</b>	Community Education Committee
<b>CM</b>	Consortium Member
<b>DAC</b>	Development Assistance Committee (of the OECD)
<b>DSRIS</b>	Durable Solutions for Returnees and IDPs in Somalia
<b>EU</b>	European Union
<b>EUTF</b>	European Union Trust Fund
<b>FGM</b>	Female Genital Mutilation
<b>FTR</b>	Family Tracing and Re-unification
<b>GBV</b>	Gender-Based Violence
<b>IDP</b>	Internally Displaced Person
<b>KAP</b>	Knowledge Attitudes and Practice
<b>INGO</b>	International Non-Governmental Organization
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoEHE</b>	Ministry of Education and Higher Education
<b>MoH</b>	Ministry of Health
<b>Mol</b>	Ministry of Interior
<b>MoILGRD</b>	Ministry of Interior, Local Government, and Rural Development
<b>MoLYS</b>	Ministry of Labour, Youth and Social Affairs
<b>MoU</b>	Memorandum of Understanding
<b>MTE</b>	Mid-Term Evaluation
<b>MSC</b>	Most Significant Change
<b>NGO</b>	Non-Governmental Organisation
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OECD</b>	Organization for European Cooperation and Development
<b>PL</b>	Puntland
<b>PMU</b>	Project Management Unit
<b>POC</b>	Project Oversight Committee
<b>PRMN</b>	Protection and Return Monitoring Network
<b>PSC</b>	Project Steering Committee
<b>PWG</b>	Project Steering Group
<b>SCI</b>	Save the Children International
<b>SSWC</b>	Save Somali Women and Children
<b>TVET</b>	Technical and Vocational Education and Training
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WASH</b>	Water, Sanitation, and Hygiene

## EXECUTIVE SUMMARY

**1.1.** The Durable Solutions for Refugees and IDPs in Somalia (DSRIS) was a three-year that was implemented in Somalia between 10 January 2017 to 9 January 2020 under the consortium of CARE International (Lead agency), Save the Children (SCI), Agency for Technical Cooperation and Development (ACTED), IMPACT Initiatives and Save Somali Women and Children (SSWC). The project was funded by the European Union (EU). The aim of the project was to contribute to the integration of internally displaced persons, returnees and refugees in Somalia by improving access to basic quality services such as education, health, hygiene and sanitation, Child Protection and Gender-Based Violence (GBV) intervention. Additionally, the project aimed at enhancing relevant and sustainable livelihood opportunities for youth at risk of illegal migrations, radicalization, as well as other vulnerable displaced people, returnees and host communities to enhance integration and social cohesion. The project was being implemented in Puntland, Bari, and Mudug (Bossaso and Galkacyo north districts), Galmudug, Mudug, and Galgaduud (Dhusamareb, Adaado, and Galkacyo south). The sectors targeted by the project include Education, Health, WASH, Child Protection/GBV, women and youth empowerment and integration. The project was guided by four result areas:

**Result 1:** Increased equitable access to quality basic services for IDPs and other vulnerable groups - including women and children and strengthening the capacity of government and communities based on durable solutions and priorities set by the local administrations.

**Result 2:** Increased self-sufficiency through sustainable and durable livelihood opportunities for youth and women

**Result 3:** IDPs and other vulnerable groups are better protected, integrated and accepted through enhanced social dialogue, community participation and advocacy initiatives for inclusive policies and legal framework

**Result 4:** Evidence-based replicable and scalable mechanisms established to advocate and inform policy and practice on migration, reintegration and durable solutions

### Evaluation Methodology

A mixed methodology strategy that combined qualitative and quantitative techniques was used to carry out this end-term evaluation. Quantitative data was captured from the household survey for beneficiaries under the project, while qualitative data was captured from Key informant Interviews (KII) and focus group discussions (FGD). A total sample of 754 was adopted for the study. For the household survey for refugees, a simple random sampling of every third and fifth household will be surveyed. This was to ensure that the every IDP /refugee /host community household respondents had an equal chance of being sampled for this evaluation. For the household survey for refugees, a simple random sampling of every third and fifth household was surveyed. This ensured that the sampling was random and systematic with every IDP /refugee having an equal chance of being sampled for this evaluation. Descriptive data has been analyzed and presented using frequencies, percentages. On the other hand, qualitative data analysis was coded for emerging thematic data, around the activities, outputs, and impacts of and relationships within the project

### Summary of Major Findings

**Result 1:** Increased equitable access to quality basic services for IDPs and other vulnerable groups - including women and children and strengthening the capacity of government and communities based on durable solutions and priorities set by the local administrations

### Education Component Indicators

**Access to Education:** The project targeted 2,560 primary school pupils for enhanced access to quality education, of which 30% were supposed to be girls. Based on the findings, the project had an enrolment of 8010 out of which 4,268 (53%) boys and 3,724 (47%) were girls supported in primary schools in Puntland, Galmudug. Of these 1,183 (625 boys and 558 girls) dropped out/transited leaving a current enrolment of 6,803 (3,637 boys and 3,166 girls) pupils. The project targeted to construct, and or rehabilitate 36 schools (either temporary or permanent) structures. By the end of the project 97 classrooms (10 temporary classrooms constructed, 82 classrooms rehabilitated), 5 classrooms Permanent) had been achieved. Additionally, 6 school offices, 2 school fences were constructed and furnished in IDP settlements in Galmudug and Puntland. The IDP/Refugee communities had a positive perception towards opportunities

provided under the project that had enhanced access to education, though, they indicated the need for education services is still vast as some of IDP children in camps not reached by the project are still out of school.

**Education Awareness Campaigns:** The education awareness campaigns reached 779 (322 male, 457 female) on the importance of information campaigns on the importance of education. There was no specific target at baseline to compare the achievement, however, the improvement in school enrolment indicators is a testament to the effectiveness of the education awareness campaigns. Prior to the commencement of the project, most of the parents within the IDP camps with school aged children did not see the importance of enrolling their children to school. Targeting this parents and IDP and host communities with education awareness campaigns was very relevant component of the project. Based on the study findings, discussed in previous paragraph, education awareness campaigns significantly contributed to increased enrolment of school aged children to school.

**Life skills training and sanitary kits:** The project targeted to reach 500 adolescent girls (grades 6 to 8) with life skills training and sanitary kits. The aim was to enhance the confidence of girls to be able to attend school without being afraid of the challenges associated with puberty transitions. Based on the findings, the project surpassed this target by (27%) as 634 adolescent girls have benefited from the project. As a result, the target enrolment of girls was higher than anticipated. The enhanced girls enrolment can also be attributed to the confidence the sanitary kits provided to the girls compared to the period before the project commenced. However, the enrolment correlation with sanitary kits might not last in the long term if the component does not receive sustainable future support.

**Teacher Training and Incentives:** On teacher training and incentives, the project provided 76 teachers (54 male and 22 female) with in-service training, out of which 4 (North Galkacyo), 13 (South Galkacyo) 18 (Adaado), and 5 (Bossaso) were supported with monthly incentives of USD 100. These initiatives were reported to have led to an 8% improvement in learning outcomes demonstrated through the average score for all grades in the supported schools. However, cumulative comparative improvement data at the beginning and end of the project to verify the 8% increment was not available at the time the study was conducted. On the other hand, the improvement of the school environment, rehabilitation, class construction was attributed to the drastic increase in the enrolment numbers in the schools.

**Community Education Councils:** The project had targeted to establish and train 24 Community Education Councils (24 CECs) to help schools improve management and performance. The findings show that all the 24 CECs were established and trained to consist of 168 members (95 male & 73 female). Out of the 24 CECs, 18 CECs were helped to develop School Improvement Plans (SIPs), while the other 8 CECs received grants of USD 2000 to utilize in school development and based on prioritized needs. All of the CECs that received capacity training on SIPs have been effective in helping school administrations to conduct education awareness campaigns, school management in terms of development prioritization, and performance. The establishment and training of CECs was also attributed to the enhanced enrolment in schools, and mobilization of parents to support teachers and school administrations to quality education to school aged children. Long term impact will be measured in terms of successful transition rates and sustained improved performance, which this study did not measure at this point.

**Capacity Building for Civil Servants:** The project targeted to train 75 civil servants within the education sector on SIPs, school management, and quality assessment and assurance in schools. The findings show that 87 civil servants - 79 (63 male and 28 female) teachers, 8 education civil servants) were trained and supported through incentive. As a result of the capacity building, Ministry of Education offices are able to support not only the project schools, but other schools to develop SIPs, in addition to offering this schools required quality assurance services. This component was effective in the sense that it achieved desired goal, and efficient in that the available project resources resulted in more capacity training than initially designed at the beginning of the project. Therefore, capacity training for civil servants demonstrated value for money as evidenced by the findings of this study.

### **Health Component Indicators**

**Access to Health Care Services:** The project targeted at least 20% of HH (29596 people) to actively access health services across all 5 districts. The findings show that by the end of the project, 23507 HH

(141043) persons accessing to health care services across all 5 districts. This accounted for 377% increase in access to health services compared to initial 20% target as evidenced by number of patients that visited the facilities. The project established 8 health facilities comprising 6 Mobile Medical Units (MMUs) in Bossaso, Galkacyo North and South, and Dhusamareb, and 2 static Primary Health Care unit in Adaado. Additionally, 1038 safe delivery kits and 115 pieces of health-related IEC materials were distributed as a way of enhancing access to health care services. The approach adopted was effective in that it enhanced IDPs and host communities' access to health services including maternal care, ante and postnatal care that were not available before the project. Project beneficiaries were grateful that the project had positively impacted their lives as they had adequate access to the health services. However, despite the mobile clinic approach enhancing access to health services, it did not meet the durable solutions criteria, particularly in Galkacyo North, Galkacyo South, and Dhusamareb. A durable solution means that health services should be reliable and self-sustaining beyond the project period, without overreliance on humanitarian assistance. The mobile clinics under the project were handed back to the MoH, which does not guarantee the continuation of IDP centred health care services. Training and equipping of Adaado permanent clinics do meet the durable solution standard.

**Quality of Health care:** To enhance the quality of health care services, the project envisaged to train 20 health care workers (11 male, 9 female). However, this target was surpassed as 52 health workers (11 male, 9 female): 10 mobile health staff (6 females & 4 males), 10 MoH staff (3 female and 7 male), 20 (1 male and 19 female) health workers and 12 female midwives trained on emergency obstetric and new-born care (EMONC) and Integrated Community Case Management (ICCM) for sick children were trained. Additionally, 34 (19 male, 15 female) health civil servants were supported through incentives. The approach to target and train health care workers as adopted by the consortium was very effective as midwives were reported to be using the acquired skills to help expectant mothers have safe deliveries. Secondly, the other trained health care workers acquired skills they will use for daily health care service needs towards the IDPs including diagnosis of diseases, and treatment services. This was demonstrated through the services the trained health care workers provided during the project period, which will also be used beyond the project period. However, the impact in skills and knowledge transfer to the MoH staff may not be beneficial to the IDP and host communities as the mobile clinics through which this services were being rendered were not operational post project period. The services were now restricted to the general hospitals that restricts access due to distances involved for the IDPs to access this services post project period.

## WASH Component Indicators

**Access to Water Services:** The project targeted (5000 Households with piped water or Aqua tabs) with a potential 20% increase in access over the period of the project. The project managed to support 6961 HH that were composed of 41770 persons (20999 male, 20771 females) with piped water, and also 300 meters piping extension, and 100000 aqua tabs. On average, (97%) of respondents from the five districts had access to clean water. The provision of the piped water and aqua tabs was effective as it addressed the challenge of lack of clean water, which made the IDPs susceptible to water-borne diseases. The project had contributed immensely in creating awareness on importance of using clean water for household needs, proper use of toilets, cleaning of hands, cleaning of toilet facilities and environment in general. The awareness contributed to significant behavioural changes in the IDP camps. For instance, cases of women dumping of throwing children faecal waste by the roadside has reduced. Most roads, even in the camps rarely have faecal waste dumping. This is one of the best practices adopted as a result of the project training and awareness campaigns. The study did not document any recurrent cases of Cholera, Dysentery, or other acute water borne diseases. This does not mean the cases do not exist, but rather, the prevalence was no longer a major factor, since the IDP communities were practicing proper hygiene, sanitation and had access to clean water. However, this finding is limited to IDP camps covered under the project. Other camps might still be exposed to severe cases of water borne diseases, and this could be explored under future project interventions and studies.

**Hygiene and Sanitation Awareness Campaigns:** At baseline, the number of Households targeted for hygiene and sanitation awareness campaigns was 11,050 HH, however, by the end of the project, resources available made it possible to reach 95,478 (76587 Female and 50741 Male) people drawn both from the IDPs and host communities.

**Access to Clean Toilets and Latrines:** The project envisaged to provide IDP HHs access to dignified, safe, clean and functional excreta disposal facilities. The project targeted to provide 61 latrines (50 communal, 6 health facility and 5 schools). Findings show that by the end of the project, 110 latrines (50 communal latrines, 50 latrines in schools) and 10 institutional latrines) were constructed, 39 handwashing facilities (25 temporary and 14 permanent) and 2540 hygiene kits were distributed benefiting 5780 Beneficiaries (963 HH). On average, (50%) of respondents from the five districts had access to clean toilets and were practicing good toilet usage including defecation, and (64%) of respondents from all the five districts had access to hand washing facilities and were washing their hands using soap. The availability of low-cost local materials made it possible to exceed the project targets on clean toilets and latrines. Based on the study findings, the washing hands had contributed to a reduction exposure to bacteria and other infections associated with unclean hands. On average, (60%) of respondents reported improvement in quality of health due to wahs programme, and (40%) reported decrease in water borne diseases

**Stakeholders Training on Hygiene:** The project targeted 80 WASH volunteers, 10 Community Health Workers (CHWs), and 4 WASH committee. The findings show that a total of 331 (81 male, 250 female) CHWs and volunteers and WASH committee members benefited from evidence-based hygiene training. The training they received is currently being passed on in schools, community meetings and at household levels.

### Protection Indicators

**Access to Child Protection Services:** The project sought to have 300 cases of child protection from abuse, and reunification of abandoned, lost, or unaccompanied children. Out of which, 205 (124 male, 81 female) children were registered for tracing and were reunified with their families, which constituted (68%) of the target.

**Access to GBV/FGM Psychosocial Support Services:** The project intended to reach 200 children (survivors) with GBV and/or FGM psychosocial, medical and or legal services. By end-term evaluation, 1433 (249 male, 1184 female) children,, out of which, (69%) of the respondents recorded satisfaction with the services provided under the project. GBV and FGM survivors had been supported with psychosocial, medical and or legal services. Before DSRIS project was implemented, GBV services were hardly available in all the five district. Survivors didn't know where to seek help other than their families. Most of the IDPs are poor, and lacked adequate resources to seek medical attention in case of sexual abuse, counselling, and legal services. The impact of the DSRIS is that this services were made available under the project, which helped to reduce stigma associated with seeking psychosocial support or reporting the cases. Secondly, GBV focal point revealed an increase in referral cases they reach their desk for intervention, however, the study could not ascertain the levels of increase as the figures were not available at the time the study was conducted.

**Training of GBV Responders:** The project targeted to build the capacity of 230 (80 GBV Focal point/CWC, and 150 police) as direct responders to GBV /FGM cases affecting children. The capacity building was offered in terms of training on child protection and GBV guide/ principles. The project trained 1615 (510 male, 1108 female) child and or GBV responder/workers (foster parents, focal point/CWC, health/social workers, police, and officials, etc.) on child protection, and GBV guide/ principles. As noted in the previous section, the training had contributed to behavior change in reporting cases. GBV focal points reported having attained adequate knowledge and skills on how to deal with parents/guadians of survivors who were reluctant to seek help, or due to cultural practices, constrained and restricted survivors options for psychosocial, medical, legal and counseling help. As a result of the training, the GBV focal point had began to gain the trust and confidence of both the parents and survivors themselves in reporting cases. However, one of the most critical areas the project did not focus on was community awareness on the negative impact of GBV and FGM, particularly, targeting community elders, and parents who still uphold these practices. Effectiveness reporting will not provide a long-lasting durable solution when the vices are embraced and cherished within the society. Changing community attitudes and mindsets on harmful cultural and traditional practices should not be limited to training of GBV /FGM responders only. A more comprehensive approach should have been adopted.

**GBV Responders Incentives:** To enhance efficiency in response and support towards of GBV cases, trained GBV focal persons were supported through incentives. During the design phase, the project targeted

31 GBV focal persons. By the time the end term evaluation was conducted, 80 (30 Male and 50 Female) GBV focal point persons had been supported through incentives. Additionally, 1820 (604 male, 1216 female) child and or GBV responder/workers (focal point/CWC, health/ social workers, police and officials etc.) were trained on child protection, and GBV guide/ principles. As a result of the training, for instance in Galkacyo South, Dhusamareeb and Adado, 338 girls with different GBV concerns have been supported. The girls were mostly affected by female genital mutilation (FGM), early and forced marriage (CEFM), defilement, physical assault, attempted rape among other Gender based violence. Mostly, the services provided to them included counselling, provision of dignity kits, medical check-up and treatment, and referrals for legal assistance to agencies providing this service. Child welfare committees, GBV focal points and the Child protection working group in Adaado were instrumental in mobilizing support for these cases. Though well intended, project closure does not provide any guarantees for the continuation of these services within the community. The GBV responders were transferred to MoH. However, the ministry does not have the budget to continue providing the incentives for the GBV focal points to continue offering their services. It is very feasible for the gains made under the project to be eroded, if, and when the GBV focal points seek alternative livelihood opportunities. There is a need for future programming under any of the consortium members to consider supporting GBV responders incentives in addition to advocacy and awareness-raising towards traditional leaders and parents on the negative impact of GBV /FGM.

**Monitoring of DSRIS Project Implementation:** To ensure ownership of the DSRIS project, all the government line ministries and departments were involved in all monitoring activities. The project did not have a number of structured monitoring sessions defined at the design phase, however, this did not negatively affect structured meetings with key stakeholders, as 14 regular monitoring/supervisions visits were conducted by in with the involvement of government officials (MoI, MoLYS, MoH, & MoE). Key ministries from both regional states including the Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Interior (MoI), Ministry of labour and Youth Services (MoLYS), and Agencies for Water, Energy, and Natural Resources were involved in establishing project initiatives and locations. Additionally, local government and ministry staff targeted for training, and those who participated in steering committee meetings were seconded by their respective ministries or departments. Decisions made during the steering committee meetings were also implemented by the project partners. The monitoring activities helped both the government ministries and consortium partners to align implementation activities, address emerging issues, and respond adequately to the dynamic nature of beneficiaries need in health care, access to water, education and hygiene and sanitation services.

## **Result 2: Increased self-sufficiency through sustainable and durable livelihood opportunities for youth and women**

**Youth Access to TVET Training:** The project sought to provide support for youth to access market-driven technical skills and capacities through relevant and quality TVET programmes. The project targeted 775 (543 Male, 232 Female) students to be enrolled in local TVETs and successfully complete the courses and get certified. The findings show that 918 (564 female and 354 male) TVET learners enrolled, of these 916 (564 female and 352 male) TVET learners completed level completed. 951 (532 female and 419 male) TVET learners were enrolled in the TVET skills training programmes, of these 697 (281 male and 416 female) TVET learners completed the courses. The courses offered included: Beauty salon (161 female); Masonry (55 male), Plumbing (75 male); tailoring (249 female); Eletrical skills (85 Male); Mechanical Skills (62 male); Cooking (58 female); Capentry skills (40 Male); Nursing (6 male, 34 female); Pharmacy (29 male, 6 female), Tie and Dye (56 female). As noted bythe findings, female trainees preferred soft skills training areas compared to male trainees who preferred hard technical skill areas reinforcing the male-female job preference stereotypes. The study further noted that out 697 graduates who completed their courses, 200 (73 male & 127 female) TVET trainees were trained in enterprise skills which included how to develop business plans, resources mobilization, monitoring and managing of business as well as completing legal formalities of the business, and 200 starter kits provided to them with majority of beneficiaries being selected from the following skill areas: Masonry 30 beneficiaries received Trowel, Hammer, large size Axe, Shovel,Tape, Measure, Block Molds, Nylon fiahing twine No 72; Plumbing (25) beneficiaries received a pipe wrench '12', pipe wrench '10', High tension Hacksaw, Ball peen Hammer, Drill, Cutter pipe, Masonry wooden float, pipe friendly tape measure), and a toolbox; Electrical (25) beneficiaries received an electrical set toolbox kit; Mechanical (30) beneficiaries received Best Automotive Hand tool; Tailoring (30) beneficiaries received a Sewing Machine Junk-T 82, and Scissor No 11; Beauty and Salon (30) beneficiaries

received Hair Style 8-in-1 (foneeye), Henna, Hair Cream, Hair 30 scissor, black Aishwaria; and finally Food Cooking (30) beneficiaries received a cooking oven, fruit blender, and cooker 2 belts. The study findings show that most of our trainees have set up shops offering dressmaking, beautification, electrical and mechanical services where some of the trainees have joined local garages to offer auto mechanical services which earns them enough money for their daily livelihood needs. The income generated out of this entrepreneurial ventures is currently being used by beneficiaries to support their families basic livelihood needs.

**Youth and VSLA Groups Trained:** The project targeted to train 1200 youth for entrepreneurship, development of enterprise groups. The project established 340 VSLA groups composed of (7589 VSLA members) were established and trained on VSLA methodologies, development of business plans, resources mobilization, monitoring and managing of business as well as completing legal formalities of the business. Further, 440 female VSLA members were trained on literacy and numeracy. In addition, the project linked 1477 (458 male, 819 female) VSLA members with startup grants and or loans. The net impact of this training as established by the study is that the VSLAs are effectively running their enterprises. For most of the VSLAs visited, they had well-kept meeting records, member contributions, banking records, and loan repayment records, which is essential for the growth and sustainability of the project, which means that the training provided to this VSLAs was relevant and effective. On average, 22% of VSLAs from the five districts reported having access to microfinance and loan opportunities as a result of the business training. The support and guidance provided by the DSRIS staff in each district made it easy for the groups to thrive. At individual level, the VSLAs have enabled members to earn income that they currently rely on to support their family livelihoods. Additionally, individual members within the groups have been able to borrow from their group to enhance their individual businesses, and cater to other basic livelihood needs. This approach of saving and lending within the groups has expanded income opportunities and access to credit that majority of the women and youth did not have prior to the project.

### **Youth supported through Socadeey**

**Result 3: IDPs and other vulnerable groups are better protected, integrated and accepted through enhanced social dialogue, community participation and advocacy initiatives for inclusive policies and legal framework**

#### **Social Dialogue and Cohesion within and between Communities**

The DSRIS project sought to strengthen/enhance social dialogues and cohesion within and between IDP and host communities. This was to be achieved through youth/community- led dialogue sessions, and peer-to-peer networks that were focused on peace and conflict resolution, GBV, and illegal migration campaigns. Based on the study findings, 4602 individuals (1989 M, 2613 F) were reached through (youth/community-led) dialogue sessions and peer-to-peer network forums that focused on peace and conflict resolution, GBV, and illegal migration. This achievement was made possible by the training of 1146 (582 male, 564 female) community dialogue facilitator on peace education/leadership and youth engagement with focus on illegal migration and/or radicalization. The project had 571 IDP committee members (317M &254F) trained on Housing, Land and Property (HLP) and local integration plans (and advocacy) in addition to the 12 dialogue sessions were held between IDP committee members and government stakeholders. As a result of this interventions, and local integration plans., 800 IDP households were provided with land and resettled in Galkacyo South. The resettlement and integration included IDPs having access to local schools, integration of IDPs into community businesses and way of life. The local integration mechanisms did not only promote social cohesion, but also contributed to establsihemnt of sustainable livelihoods of IDPs, as they are able to go about their live, share in the local community activities, and contribute to the social well-being of the community. One of the benefits of the social integration processes was the significant reduction in youth radicalization activities, reduction in illegal migrations, and an increase in youth engagement in peace dialogues and decision making within their communities. On average, there was (50%) decrease in youth radicalization from all the five districts, and about (20%) improvement in peace and community cohesion between the IDPs and host communities.

**Result 4: Evidence-based replicable and scalable mechanisms established to advocate and inform policy and practice on migration, reintegration and durable solutions**

Most of the monitoring work and research included policymakers and documented factual evidence-based information, however, policy implementation was in the local and regional governments' domain. Tactical and strategic implementation of other durable solutions will borrow from DSRIS studies, lessons, and challenges so as to formulate realistic and workable durable solutions for future projects. Some of the studies conducted by IMPACT included: (1). The Impact of Social Cohesion in Galkacyo South, whose main finding noted that Self-reporting on community relations was generally positive, with 66% of host community households and 56% of IDP households reporting good relationships with households of the other community, which was at a higher rate than in Galkacyo North. They reported a high level of social cohesion which was a result of a relationship of mutual exchange of services and longer term trends, such as inter-clan marriages between host and IDP households. (2). Youth Livelihood in Adaado, Galkacyo North/South, and Dhusamareb whose main findings included The relationship between host community and displaced populations were reported to be generally good, especially because both populations shared the same culture/religion. For the youth, job opportunities were mainly casual labour, however, income sources for host community youths was almost twice as high as IDP community counterparts. The study also established that discrimination, distinct skills sets, and uneven advantages via social networks on access to start-up capital are all factors existed between differences in the livelihood of the displaced and host community youths.. (3). The Impact of Social Cohesion in Galkacyo North, the study had reported access to education was in favor of host communities (77%) and health (20%) compared to (41%) education and (17%) health care for IDP communities. This studies informed and influenced DSRIS and stakeholders planning of local integration activities and dialogues within the two communities,

## Recommendations

This section provides a general recommendation for each of the DSRIS project programme component:

### Education Component:

1. **Permanent Classrooms:** - Durable solutions require that schools and classes under construction or rehabilitation should be done in a manner that allows access to education services sustainable and durable. There is a need to invest more in building permanent classroom structures than temporary ones
2. **Teacher Training;** - Despite the project initiatives to train and enhance the capacity of teachers on learning outcomes, more teachers need to be trained. Available trained teachers are very few in IDP camps. The project trained and incentivised 76 teachers, which is not enough to meet the vast trained teacher need.
3. **Children with Disabilities:** - Inclusivity of pupils with a disability to access to quality education must be deliberate. The DSRIS project did not exclusively make provision for this category of learners, and their respective access to school/class needs. The schools under the project did not have ramps. Toilet facilities equipped for the physically disabled, special designed desks, braille learning tools, nor hearing aid assistance devices.

### Health Component:

1. **Permanent Health Clinics** - Durable solutions require that construction, rehabilitation of provision of health care services be done in a manner that is durable and sustainable post-project period. Mobile clinics are great for emergency disaster interventions, but are not sustainable for durable long-term intervention, particularly, when mobile clinic funding relies on donor funding. Future programmes should consider establishing permanent health care centres that are accessible. There was no evidence to show the mobile clinics handed over to the MoH were operational. This was attributed to financial and budgetary constraints at the Ministry.
2. **Health Care Funding:** - The funding allocated to health care services should be in line with the needs of the beneficiaries. Despite the great achievements under the mobile clinics, it was reported that the health component was underfunded. There is a need for adequate health care funding in future programmes. Medical equipment, drugs, specialized care services, costs more than budgetary allocations provided under the project.
3. **Training of Health Care Workers:** - The training of health care workers is a durable solution that should be enhanced in future programmes. Only 52 health care workers, and 34 civil servants were trained in all the five districts, which is not enough to support the IDP and host communities in this districts.

### **WASH Component:**

1. **Water Kiosks and Taps** – Despite the installation of water taps and Kiosks, some schools did not have hand washing points. There is need to have the piping and installation of hands wahing sinks /points to enhance the gains made under the project on access to clean water.
2. **Access to Toilets:** Some of the toilets constructed under the project were not durable as they were made of iron sheets and wood, which would rust after some time. It is important that all toilets under durable solutions, to be made of concrete material that enhances long term usability and sustainability.

### **Sustainable Livelihoods Component:**

1. **TVETS** – Targeting of more youth is desirable for a long-term impact on youth livelihoods, and income generation opportunities. Additionally, there is a need to target women in skills training that is male (such as masonry, capentry, electrical and mechanical skills areas), that have adequate opportunities for sustainable income.’ Enrolment quotas should be provided for all skill training courses to ensure female trainees are adequately represented in most of the male dominated skill areas.
2. **VSLAs-** Linkages to financial institutions for loans and business credit is still low at 19% against the target of 50% of the VSLA memers. Concerted efforts should focus on engaging financial providers and the private sector directly into the project

---

## 1.0 INTRODUCTION

---

### 1.1 Project Background

The Durable Solutions for Refugees and IDPs in Somalia (DSRIS) was a three-year that was implemented in Somalia between January 2017 to 9 January 2020 under the consortium of CARE International (Lead agency), Save the Children (SCI), ACTED, IMPACT and Save Somali Women and Children (SSWC). The project was funded by the European Union (EU). The aim of the project was to contribute to the integration of internally displaced persons, returnees and refugees in Somalia by improving access to basic quality services such as education, health, hygiene and sanitation, Child Protection and Gender-Based Violence (GBV) intervention. Additionally, the project aimed at enhancing relevant and sustainable livelihood opportunities for youth at risk of illegal migrations, radicalization, as well as other vulnerable displaced people, returnees and host communities to enhance integration and social cohesion. The project was being implemented in Puntland, Bari, and Mudug (Bossaso and Galkacyo North districts), Galmudug, Mudug, and Galgaduud (Dhusamareeb, Adaado, and Galkacyo south). The sectors targeted by the project include Education, Health, WASH, Child Protection/GBV, women and youth empowerment and integration

### 1.2 Project Goal

The project goal was to contribute to the sustainable integration of IDPs, returnees, and refugees in Somalia. The project's specific objective/outcome was to support the sustainable and durable reintegration of refugees and IDPs in Somalia and to anchor populations within Somalia. The project had four result areas states as follows:

**Result 1:** Increased equitable access to quality basic services for IDPs and other vulnerable groups - including women and children and strengthening the capacity of government and communities based on durable solutions and priorities set by the local administrations. This covered the following:

- ✓ Increased access and uptake of education, WASH, health, child protection, and GBV services
- ✓ Improved quality of education, WASH, health, child protection and GBV services provided in IDP settlements and at a community level.
- ✓ Enhanced community and government capacity to manage, monitor, and coordinate the provision of basic services

**Result 2:** Increased self-sufficiency through sustainable and durable livelihood opportunities for youth and women, which covered the following areas:

- ✓ Increased market-driven technical skills and capacities through relevant and quality TVET programs
- ✓ Increased and sustainable employment opportunities for trained youth
- ✓ Increased access to sustainable IGA opportunities for youth and VSLA member

**Result 3:** IDPs and other vulnerable groups are better protected, integrated and accepted through enhanced social dialogue, community participation and advocacy initiatives for inclusive policies and legal framework; which covered the following areas:

- ✓ Strengthened social dialogue and cohesion within and between communities
- ✓ Enhanced civil engagement of young people and community dialogue on irregular migration and other harmful behaviors.
- ✓ Improved capacity of IDPs and other vulnerable groups to advocate for their rights to land and access to protection services.

**Result 4:** Evidence-based replicable and scalable mechanisms established to advocate and inform policy and practice on migration, reintegration and durable solutions.

- ✓ Support for urban planning in response to mixed migration and host community needs through generation of evidence to support area-based responses

- ✓ Improved understanding of root causes of needs and vulnerabilities, and drivers of mixed migration and displacement from and within Somalia.

### 1.3 Purpose of Evaluation

The main purpose of the external evaluation was to assess the project's achievements, constraints and lessons learned. In particular, the end-term evaluation intended to assess the project's relevance, effectiveness, efficiency, impact, and sustainability:

- i To review the extent of achievements based on the expected objectives and results indicators set out in the project log frame. The end line findings will inform comparisons with the baseline and midline to establish changes specific to the project “evaluate or measure the results against baseline indicators”
- ii To draw lessons, best practices and gaps under each expected result.

### 1.4 Scope of Evaluations

The end line evaluation is intended to look at the extent of achievements, constraints, and lessons of the project against the expected results. It covers the project implementation period running from 10 January 2017 to 9 January 2020. The evaluation will be participatory and will involve all the implementing partners (SCI, ACTED, IMPACT, and SSWC) and relevant ministries at the local and regional level. The consultancy will comprise desk review, development of data collection tools, field data collection, data analysis and report writing and presentation of findings. The findings shall be presented in a validation workshop to be organized with partners and the Donor.

### 1.5 The Concept of Durable Solution

Durable solutions are an essential element of global refugee response and governance founded in human rights. Forced displacement violates human rights and undermines human dignity and human development potentials. Ending forced displacement is crucial for affected human beings but is also of benefit for societies and States. Durable solutions are the sustainable integration of IDPs, returnees and refugees through the provision of services, empowerment, and social cohesion. This is critical to the sustainability of development – both as a catalyst for development and as mitigation of potential negative impacts of prolonged displacement. A durable solution is realized when a refugee no longer has any specific assistance and protection needs linked to their displacement and can enjoy his/her rights without discrimination resulting from his/her displacement. At present, the three durable solutions that are recognized by the international community for refugees are: of sustainable integration of IDPs, returnees and refugees through the provision of services, empowerment, and social cohesion. This could be done in any or all of the three ways namely:

#### 1. Voluntary Repatriation

Voluntary repatriation of refugees and IDPs is facilitated through an integrated approach known as “**Repatriation, Reintegration, Rehabilitation, and Reconstruction (4Rs)**”. This approach brings together humanitarian and development actors and funds. The aim is that greater resources should be allocated to create a conducive environment inside Somalia so as to, not only to prevent the recurrence of mass outflows but also to facilitate sustainable repatriation.

#### 2. Local Integration

The concept of “Development through Local Integration (DLI)” is a situation where the refugees and IDPs are provided with opportunities to integrate within local communities through development assistance with the aim of attaining a durable solution.

#### 3. Resettlement

To achieve a more equitable sharing of burdens and responsibilities and to build capacities to receive and protect refugees and to resolve their problems on a durable basis.

The main purpose of this framework is two-fold:

1. **A long-term and complex process** that: gradually allows displaced persons in Somalia to rebuild their lives and become self-reliant through sustainable economic and social (re-) integration, either at the location of displacement, the place of origin or elsewhere.
2. **Durable solutions require the availability of:**
  - **Physical safety:** security, safety, protection, and social cohesion
  - **Material safety:** adequate standard of living, access to livelihoods/employment, and access to housing, land, and property
  - **Legal safety:** access to effective remedies and justice, participation in public affairs, access to documentation and family reunification.

Under the DSRIS project, it was envisaged that refugees and IDPs would require access to adequate and quality education, access to WASH facilities, health facilities, child protection, and GBV services shared as follows:

- ✓ **CARE:** Education, GBV, empowerment of women and youth, TVETs
- ✓ **SCI:** Health, GBV and Child Protection, VSLA support, TVETs
- ✓ **ACTED:** WASH
- ✓ **SSWC:** Health, WASH, GBV
- ✓ **IMPACT:** Research.

---

## 2.0 LITERATURE REVIEW ON DURABLE SOLUTIONS IN SOMALIA

---

According to international standards, “durable solutions are achieved when IDPs no longer have specific assistance and protection needs linked to their displacement<sup>1</sup>” Stated differently, Durable Solutions are the solutions that are developed by government, national and international stakeholders to enable refugees or IDPs secure the political, legal and social conditions to maintain life, livelihood, and dignity. Three internationally acknowledged durable solutions are: voluntary repatriation, local integration, and resettlement<sup>2</sup>. In Somalia, approximately 2.6 million Somalis are displaced within their own country. Areas of Bosasso, Galkacyo, Adaado, and Dhusamareeb were significantly affected by the refugees and displacements. Some of the IDPs were displaced nearly 30 years ago, whereas others continue to arrive in the city on a daily basis due to conflict and climate factors such as drought, floods, and famine.

Drought and displacement have severely reduced capacity for cultivation and nomadic pastoralism, as the majority of those displaced have been forced to move to urban areas in order to access services. Alternative economic opportunities in these areas are limited. According to the UN Children’s Fund (UNICEF) estimates youth unemployment to be at 67% in Somalia<sup>3</sup>, one of the highest rates globally. Numerous studies have also linked high rates of youth unemployment, particularly young men, to uptake in violent extremism<sup>4</sup>, a trend that is evident across much of Al-Shabaab controlled areas. Young IDP and returnee men, who are experiencing additional socioeconomic marginalization, are particularly vulnerable. For Durable Solutions to work, the solutions require the availability of: (i). **Physical safety:** security, safety, protection, and social cohesion; (ii). **Material safety:** Access to basic services such as education, health, WASH, housing, land, and property; (iii). **Legal safety:** access

---

<sup>1</sup> Brookings Institute (2010). IASC Framework on Durable Solutions for internally Displaced Person

<sup>2</sup> ReDSS (2019): Solutions Analysis Update 2019: *Case Study on Lessons Learnt and Practices to Support (Re)Integration Programming – Mogadishu, Baidoa And Kismayo*. Available at: <https://www.drc.ngo/relief-work/diaspora-programme/what-we-do/durable-solutions>

<sup>3</sup> UNICEF. Education in Somalia: Summary. Available online at [https://www.unicef.org/somalia/education\\_56.html](https://www.unicef.org/somalia/education_56.html) [last accessed 12/07/2017].

<sup>4</sup> UNDP (2014). Preventing violent extremism through promoting inclusive development, tolerance and respect for diversity. 2016., Ali, M. Youth Unemployment: a global security challenge. *Harvard International Review*. 36(1).

to effective remedies and justice, participation in public affairs, access to documentation and family reunification (UNDP, 2018). On the other hand, the IASC Framework<sup>1</sup> presents eight criteria to determine the extent to which IDPs have been able to achieve durable solutions, i.e. they no longer have any specific assistance and protection needs that are linked to their displacement and can enjoy their human rights without displacement-related discrimination. These criteria are Long term safety and security and freedom of movement; Enjoyment of an adequate standard of living; Access to employment and livelihoods; Access to effective mechanisms that restore housing land and property or provide compensation; Access to and replacement of personal and other documentation; Voluntary reunification with family members separated during displacement; Participation in public affairs at all levels on an equal basis with the resident population; Effective remedies for displacement-related violations, including access to justice, reparations, and information about the causes of violations.

However, the fluid displacement context in Somalia has put increasing strain on resources, particularly water and food, but also other basic services such as education and healthcare and has contributed to a situation of poor social cohesion, including marginalization, discrimination, and lack of trust, between IDPs and host communities, which has led to further displacements, feelings of resentment and exclusion<sup>2</sup>. In order to respond to the socioeconomic marginalization of IDPs and returnees, and to increase the access to, and quality of, basic health, education, water, hygiene and sanitation (WASH) and protection services, a consortium of CARE Nederland, Save the Children International, Save Somali Women and Children (SSWC), Agency for Technical Cooperation and Development (ACTED) and IMPACT Initiatives is launched “Durable Solutions for Returnees and IDPs in Somalia (DSRIS)” under The European Union Emergency Trust Fund for Stability and Addressing The Root Causes of Irregular Migration and Displaced Persons in Africa. The intervention was to inform policy and practice on migration and durable solutions in Somalia through information and advocacy in support of urban area-based approaches; to provide an improved supportive and protective environment for IDPs, refugees, returnees and host communities to mitigate further migration; to increase equitable access to quality basic services, and to the creation of realistic and sustainable livelihoods for youth and vulnerable groups<sup>3</sup>.

Despite these noble interventions, Durable Solutions have not been without challenges. According to the DSRIS Monitoring Reports,<sup>4</sup> some of these challenges have included: **Urban challenges:** continuing displacement, refugee return, and rural-urban migration accelerates urbanization and increases pressure on available land and housing, basic services, and livelihood opportunities; **Weak normative frameworks:** In as much as the National Action Plan (NAP) is providing guidance to the implementation of DSRIS, the State governments in Puntland and South Central had not fully adopted NAP, and therefore, both national and State IDP Policy is still outstanding. **Continuing humanitarian emergency:** the continuing need for short-term relief hampers shift to a longer-term approach to displacement. Majority of agencies implementing Durable Solutions are dependent on donor grants that are running short -to medium term (6 months to 3 years), which is not essential to develop long term solutions in the sectors of WASH, Education, Reintegration,

---

<sup>1</sup> Durable Solutions Analysis Guide: A Tool to Measure Progress towards Durable Solutions for IDPs. Pg. 18-20; by Laura Kivelä, Martina Caterina, Khadra Elmi, Margharita Lundkvist-Houndoumadi (2018)

<sup>2</sup> Project Baseline and Proposal Document Reports

<sup>3</sup>Project Proposal

<sup>4</sup> DSRIS Monitoring Report Health

DSRIS Monitoring Report NFE

DSRIS Monitoring Report TVET

DSRIS Monitoring Report WASH

DSRIS Monitoring Report Education

DSRIS Monitoring Report VSLA

---

## 3.0 TECHNICAL APPROACH AND METHODOLOGY

---

### 3.1 Evaluation Design

This study was a descriptive evaluation design. The choice of descriptive evaluation design is informed by the fact that each of the project outcomes has indicators with unique characteristics such as result/output numbers, percentages, and proportions of beneficiaries were measured numerically and evaluated against baseline values. Additionally, household surveys documented specific characteristics such as age, and gender that are represented in a descriptive manner. Secondly, the descriptive design enabled us to interact with the project beneficiaries without influencing the study characteristics.

### 3.2 Methodological Approach

A mixed methodology strategy that combines qualitative and quantitative techniques were used for the end line evaluation. Using both, quantitative and qualitative methods provided the advantage of triangulating data and findings and ensures that non-quantitative issues, which would ordinarily be treated as outliers in quantitative methods, are not excluded. Quantitative techniques relied on the use of household questionnaires, and a literature review to collect numerical data. On the other hand, qualitative techniques relied on the use of in-depth key informant interviews; focus group discussions and case studies to enable us to answer questions related to attitudes towards the project, feelings, social norms, cultural beliefs that impacted the project, opinions among other non-quantifiable measures. The methodology is elaborated further as follows:

#### 3.2.1 Quantitative and Qualitative Approaches

Quantitative data was captured from the household survey for beneficiaries under the project, while qualitative data was captured from Key informant Interviews (KII) and focus group discussions (FGD) and secondary data. The main targets for qualitative data were project staff and management of project implementing partners; community leaders in IDP/refugee camps and settlements, (men, women, youth), local government authorities, Ministry of health officials, Ministry of Immigration officials, Ministry of education officials, Ministry of Water officials, Ministry of Youth and Labour officials, local businessmen and women, local women leaders, and TVET administrators in all the five districts

### 3.3 Sample Size Determination

The final Beneficiaries under this project was 90,000 persons (12,000 households - HHs) - 72,000 from IDP settlements. To determine the sample size, Krejci sample size formula for known populations was used as follow

$$S = X^2NP (1-P) / d^2 (N-1) + X^2 P (1 - P)$$

S = required sample size

X<sup>2</sup> = the table values of chi-square for 1 degree at the desired confidence level (3.841)

N = the population size

P = the population proportion (assumed to be .80 since this would provide the maximum sample size)

d = the degree of accuracy expressed as a proportion (.05), at 95% confidence level

$$HH = 3.841 * 12,000 * .50(1-.50) / \{(.05^2 (12,000 - 1) + 3.841 * .50(1-.50)\}$$

Households survey sample = 372

$$IDPs = 3.841 * 72,000 * .50(1-.50) / \{(.05^2 (72,000 - 1) + 3.841 * .50(1-.50)\}$$

IDPs sample = 382

$$\text{Total Survey Sample Size} = (372+382) = 754$$

**Final Sample Size =754**

### 3.4 Sampling Strategy

Both cluster and systematic random, and purposive sampling methods were utilized for the end line evaluation. The population of respondents was divided into different clusters using their location, IDP camp, or Refugee settlement area. Systematic sampling was used to select even-numbered households in one IDP camp and an odd number in the next camp. For the household survey for refugees, a simple random sampling of every third and fifth household will be surveyed. This ensured that the sampling is random and systematic with every IDP /refugee having an equal chance of being sampled for this evaluation. This method ensured the findings are scientific, can be replicated with studies that adopt a similar methodology. However, for key informant interviews, purposive sampling was also employed. This was to ensure that only respondents with significant information concerning the project are interviewed. The distribution was based on population weight as was the case with Mid Term Review for purposes of consistency. However, adjustments were made to enhance the sample for Adaado as the region has received significant interventions as indicated in the sample size distribution Table. 3.1

**Table 3.1: Sample Size Distribution Table**

Study Area	Sample Size Distribution
Bossaso	155
Galkacyo North	250
Galkacyo South	155
Adaado	132
Dhusamareb	62
<b>Total</b>	<b>754</b>

### 3.5 Data Collection Methods

The end line evaluations utilized both primary and secondary data. The following are some of the proposed data collection methods:

**i. IDPs /Refugees Survey**

IDPs survey was conducted using semi-structured questionnaires, with a majority of the questions being closed-ended. The questionnaire gathered data on project result areas, output areas, and durable solutions framework indicators. This included IDPs demographics, displacement and migration history, Threats to safety and security; Safety and security incidents; Access to basic services and goods; Food security; Tenure security and housing conditions; Employment and TVET training; Household economy; Possession of IDs and other personal documents and finally, IDPs Participation in public affairs. The majority of data sought from IDPs were quantitative in nature, however, qualitative data was used to help explain components of quantitative data that required additional explanatory information so as to make sense of the findings. This IDPs Camp data was collected through the ODK collect, a mobile data collection platform.

**ii. Host Community Household Survey**

A household survey was conducted using semi-structured questionnaires, with a majority of the questions being closed-ended. The questionnaire gathered data on project result areas, output areas, and durable solutions framework indicators. This included: refugees' demographics, displacement and migration history, Threats to safety and security; Safety and

security incidents; Access to basic services and goods; Food security; Tenure security and housing conditions; Employment and TVET training; Household economy; Possession of refugees and other personal documents and finally, refugees Participation in public affairs. The majority of data sought from refugees were quantitative, however, qualitative data was used to help explain components of quantitative data that required additional explanatory information so as to make sense of the findings. This data was collected through the ODK mobile platform

**iii. Key Informant Interviews (KII)**

Key informant interviews targeted sector experts and stakeholders on durable solutions programming in Somalia. This included government officials, sector experts, representatives of implementing partners in different implementing regions, INGOs, and local NGOs operating in the region of implementation. The selection of the KII sample size and distribution of the same is purposive. A total of 34 KIIs were conducted.

**iv. Focus group discussions (FGDs)**

The FGDs were used to examine explanatory and causal factors related to observed project outcomes. The selection of the FGD sample size and distribution of the same was purposive and a total of 51 FGDs were conducted. Each FGD consisted of 8 - 10 respondents, though in some cases FGDs had more or fewer participants depending on prevailing local circumstances. This data was collected using an open-ended FGD interview guide.

**v. Observation**

During field visits, observation of project sites was conducted including pictorial documentation of the impact resulting from the project initiatives. This has helped enrich and support the content of this report.

**vi. Secondary Data**

A literature review of all available documents relevant to the DSRIS program was conducted. This included review of Studies conducted by IMPACT under the project, the project log frame, proposal, interim project reports, and field monitoring reports. The literature review formed part of the preliminary phase of the evaluation that guided in the designing of the evaluation tools.

**vii. Case Studies**

As part of the evidence, two case studies /success stories were documented to demonstrate the impact of the project from the beneficiary's perspective.

### **3.7 Quality Assurance**

To ensure the quality of data and information collected, all researchers were taken through a two-day training, and the pilot conducted before the actual data collection. Additionally, the data collection tools were translated into a local language "Somalia" to enable enumerators to effectively administer the questionnaire to the households. This helped the researchers weed out any technical issues and other structure or content issues with the questionnaire before it is administered to households. Thirdly, all tools and training processes were presented to CARE M&E and project team for validation before the evaluation process commenced.

### **3.8 Data Analysis and Reporting**

For the quantitative data, descriptive statistics have been analyzed and includes frequencies and percentages. Survey questionnaire responses were exported to MS Excel for cleaning, and then exported to SPSS version 24 for in-depth analysis. On the other hand, qualitative data analysis entailed coding of transcripts from key informant interviews and the focus group discussions to establish and highlight the emerging themes around the activities, outputs, and impacts of and relationships within the project. The inferences from this analysis complemented the quantitative data and provided a clear picture of project overall performance, and also performance-based on OECD criteria (relevance, efficiency, effectiveness, impact, sustainability). KII and FGD were analyzed using content analysis.

### **3.9 Recruitment of Study Participants**

CARE supported in the recruitment of researchers that participated in data collection. In total, 20 enumerators were engaged for the study. The enumerators were recruited from a competitive process that was done through advertisement and recruitment interviews. To ensure gender balance, 10 enumerators were female and 10 were male. The recruitment was done in each district for since enumerator familiarity with the study districts was essential.

### **3.10 Ethical Considerations**

The researchers were trained on ethics standards and the fundamentals of human rights and safeguarding, in conducting research, which included child protection, safeguarding and GBV response protocols. The training covered topics such as awareness of child trafficking, child sex abuse, child labour, gender-based violence, and or any other form of discrimination. Additionally, the researchers were trained on principles of confidentiality and anonymity of study respondents.

### **3.11 Field Challenges /Risks and Mitigation Plan**

The following are some of the challenges encountered in carrying out this assessment:

**i. Security challenges:**

The threat of violence in Galkacyo South and North as a result of the Presidential elections that were happening in Galkacyo South delayed the field training and data collection for Galkacyo South, Dhusamareb and Adaado. Previous presidential elections in the had resulted in violent attacks across the North and South border, which made it risky to proceed with training and data collection until the elections were finalized. To mitigate this delay, phone and skype interviews were done by the lead consultant. After the elections, the data collection was done without any hitch.

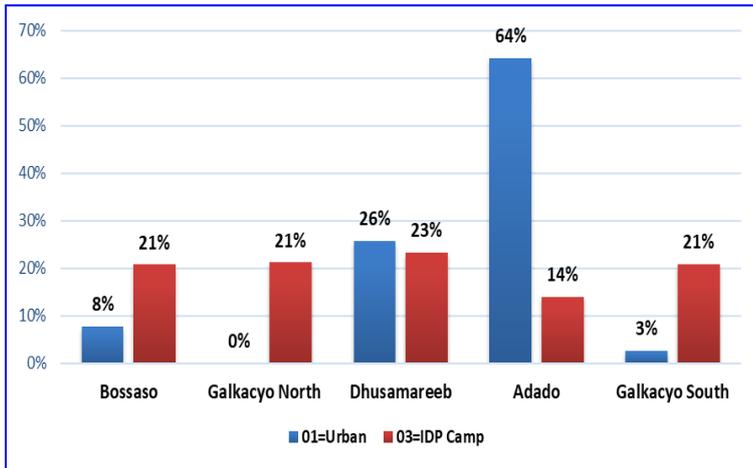
## 4.0 RESULTS AND FINDINGS

### 4.1 Introduction

This chapter presents the major findings of the study. The findings are presented in the following order. The demographic characteristics are presented first- which includes the respondents' age, gender, marital status and level of education. This is followed by finding on each of the project outcome areas: Access to education, health, WASH services, GBV services, and durable solutions livelihood opportunities

### 4.2 Democratic Characteristics

#### 4.2.1 Respondents Residency



This study sought to examine the areas of residency for respondents. The findings for each region were compared across all the 5 regions. Based on the findings, 201 (28%) was from host community while 518 (72%) from IDP community. For host community respondents, (64%) were from Adado, (26%) were from Dhusamareeb, (8%) were from Bossaso, and (3%) from Galkacyo South. On the other hand, for IDP respondents, (23%) were from Dhusamareeb, (21%) from Galkacyo North, Galkacyo South, and Bossaso respectively (Urban refers to host community)

Figure 4.1: Respondents Residency

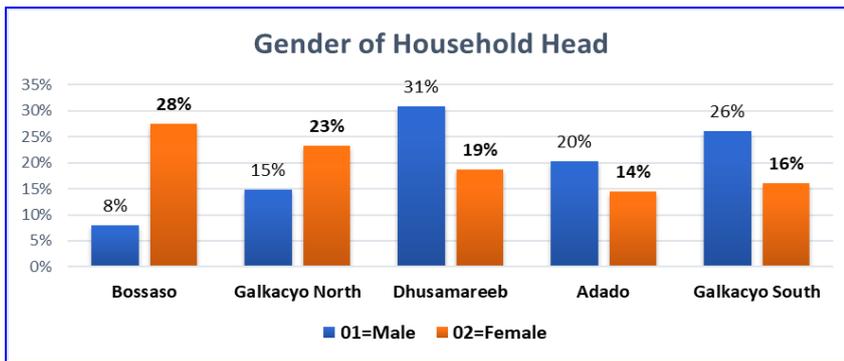
#### 4.2.2 Respondents Gender

The gender composition of this study was (18%) male and (82%) female as summarized in Table 4.1. In most instances, women have a higher exposure to poverty vulnerability, conflict, and other disaster emergencies. This explains the higher number of respondents who were female in the sampled regions and households that took part in the DSRIS project. In Adado, the assessment team did not managed to all the required sample targets and that explains the sample size variation from 754 targeted to 719 achieved.

Table 4.1: Respondents Gender

District	Male	Female	Total
Bossaso	12	132	144
Galkacyo North	1	143	144
Dhusamareeb	58	110	168
Adado	30	90	120
Galkacyo South	11	132	143
<b>Total</b>	<b>112 (18%)</b>	<b>607 (82%)</b>	<b>719 (100%)</b>

#### 4.2.3 Gender of the Head of the Household



Overall, female headed households were more (72%) compared to male headed households (38%). However, per district Bossaso had the highest number of females headed household at (28%, followed by Galkacyo North (23%), Galkacyo South (16%), and Adado (14%) as summarized in Figure 4.2. Conflict, migration and family abandonment was given as reasons for high female

headed household.

Figure 4.2: Gender of Head of the Household

#### 4.2.4 Respondents Level of Education

On average, out of the 719 respondents in all districts, (52%) in all district had Madrassa education level, followed by (29%) who never had education, (16%) with lower primary education, while secondary, college and university education had less than 1%. Each district respondents education level is summarized in Figure 4.3.

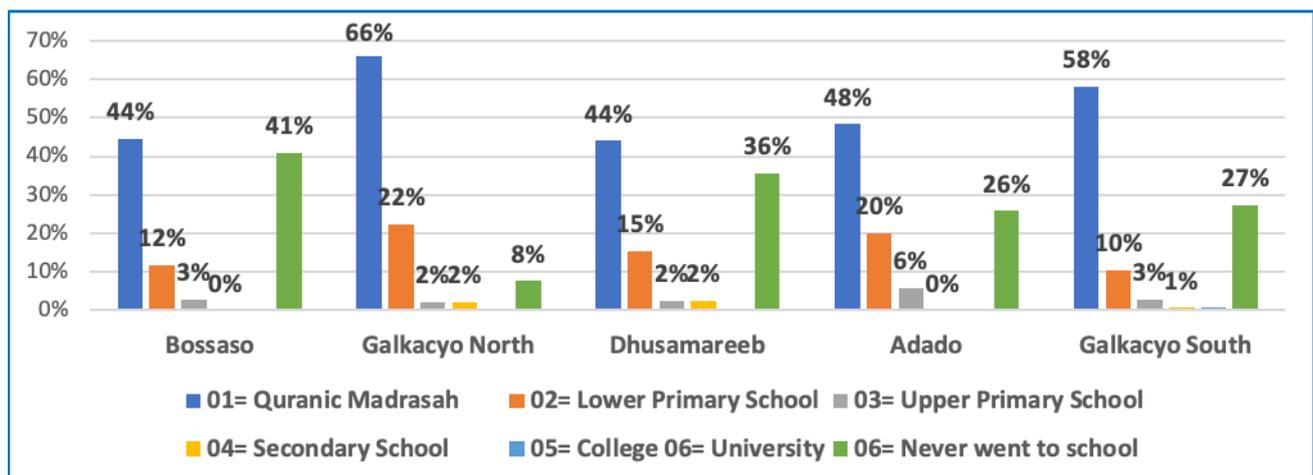
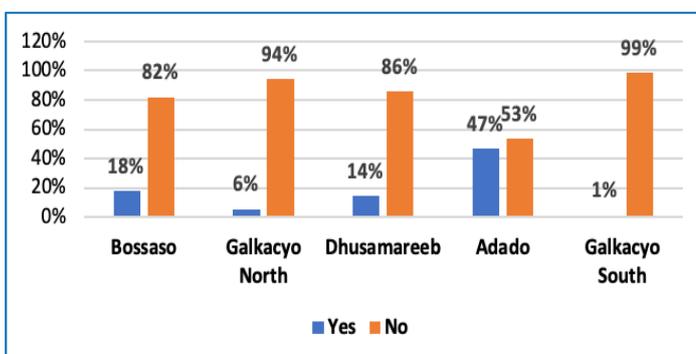


Figure 4.3: Respondents Level of Education

#### 4.2.4 Migrations Across the Region (N=719)



This evaluation sought to examine migrations across the project regions and the reasons for these migrations. On average, 116 (16%) of respondents from all the five districts had migrated in the last 12 months, while 603 (84%) had not migrated. The highest number of migrations was experienced in Adado (47%), followed by (18%) in Bossaso, (14%) in Dhusamareeb and (2%) in Galkacyo South as highlighted in Figure 4.4

Figure 4.4: Migrations Across the Region

#### 4.2.5 Reasons for Migrations (N=719)

On average, in all districts, the main reason respondents' migrated from their homes to current locations included running away from conflict as depicted by (56%), search for better livelihood (28%), Drought (9%),

and political unrest (7%). Galkacyo North had the highest number of conflict related migrations (75%), followed by Dhusamareeb (71%). In Bossaso (46%) and Galkacyo South (50%) migrations were due search of better livelihood. Other reasons for migrations per district are summarized in Figure 4.5.

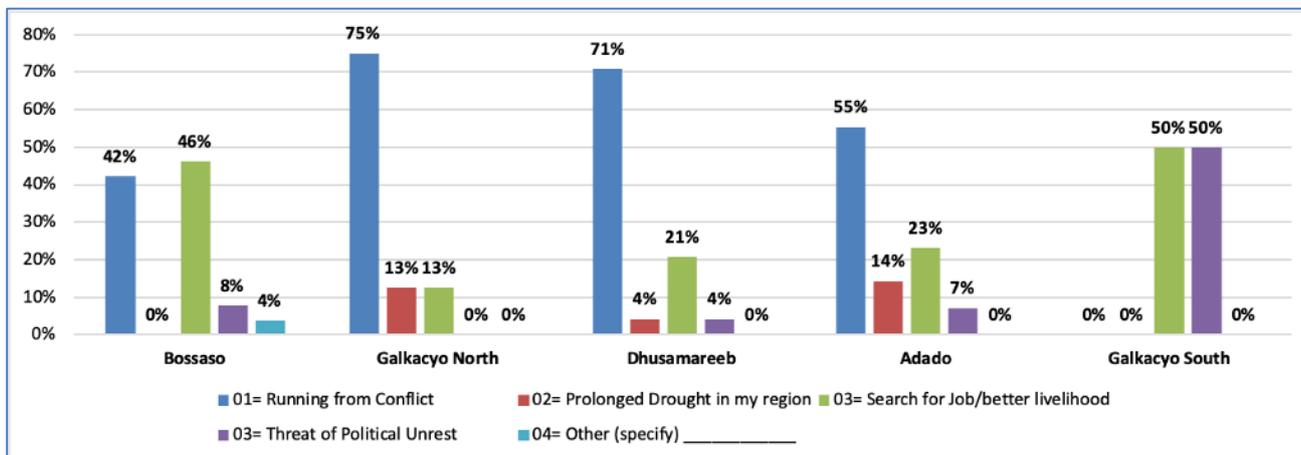


Figure 4.5: Reason for Migrations

#### 4.2.6 Main Source of Income (N= 719)

The assessment of the main source revealed that on average, 446 (62%) of respondents in the five districts relied on casual labor as main source of income, followed by (9%) who relied on business and trading activities, (6%) on formal employment, (5%) on pastoralism, (3%) on cash remittances, (2%), while (12%) relied on other sources including farming. For Bossaso highest form of income (78%) is casual labor, similar to Galkacyo South (81%), Adado (75%), Dhusamareeb (51%) and Galkacyo North (30%) rely on casual labor as main source of income. Other sources of income are summarized in Figure 4.6. When compared to IMPACT study conducted on livelihoods assessments in Galkacyo North, South, and Bossaso where on average (70%) of respondents relied on casual labor and (26%) on business activities. As such, the findings are consistent and speaks to the unstable nature of livelihood income sources both host and IDP communities are exposed too.

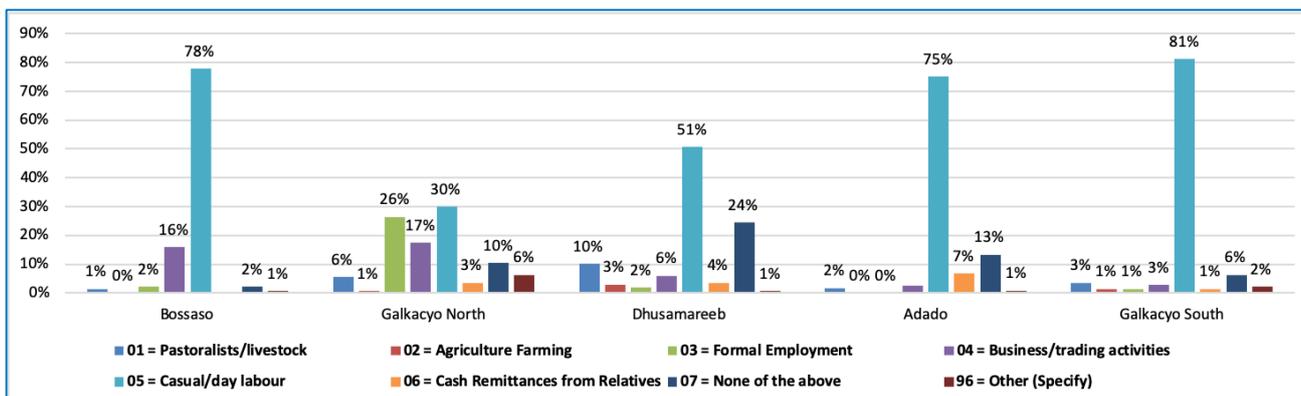


Figure 4.6: Main source of Income

#### 4.2.7 Average Income (N= 719)

The study findings show that the overall average income for all the five regions was less than \$50 as represented by (53%) of respondents, which was followed by (31%) of all respondents who earn \$50-\$100 dollars. Comparatively, (74%) of Galkacyo South respondents earn less than \$50, followed by (67%) of Bossaso respondents, (58%) of Adado respondents, (43%) of Galkacyo North, and (28%) of Dhusamareeb as indicated in Figure 4.7.

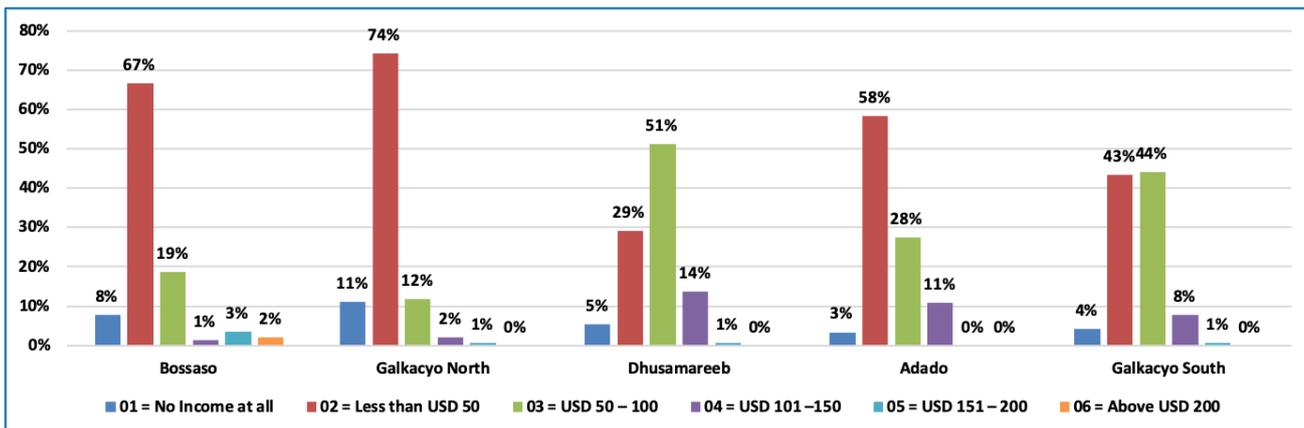
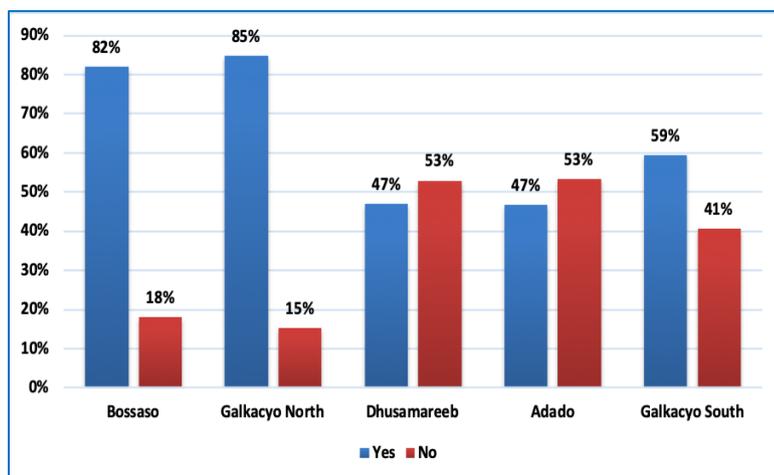


Figure 4.7: Average Income

**Result I: Increased equitable access to quality basic services for IDPs and other vulnerable groups - including women and children and strengthening the capacity of government and communities based on durable solutions and priorities set by the local administrations**

### 4.3 Increased Access to Education (N=719)

This result area sought to have increased equitable access to basic education, quality of the basic education for IDPs and other vulnerable groups, while at the same time, strengthen the capacity of government to continue offering these services post the project period.



On average, (64%) of school aged children had access to education compared to (36%) who did not across the five districts. Galkacyo North recorded the highest number (85%), - 107 boys, 109 girls; followed by Bossaso (82%) – 110 boys – 103 girls; Dhusamareeb (47%)- 77 boys, 65 girls; Adaado (47%) -50 boys, 49 girls; Galkacyo South (59%) -69 boys, 66 girls as noted in Figure 4.8. In total 810 (of which 51% were boys and 49% girls) were school-aged children in the surveyed households.

Figure 4.8: School-Aged Children Access to Schooling

Out of the 413 boys eligible for primary schooling, 367 (88%) are currently enrolled in school. This means that only (12%) eligible boys for primary schooling are out of school. For girls, out of 397 eligible for schooling from the sampled households, 356 (90%) are currently enrolled in school. This finding is very significant increase when compared to baseline that had only (40%) boys and girls with access to education across all five assessed districts, and low average school attendance rates (around 26% of boys and 22% of girls), who were consistently enrolled in school across all five assessed districts. The access to education was greatly improved as highlighted by pupils FGD participants from Adaado primary school.

*“...The quality of our teachers has improved a lot. Previously we had very few trained teachers and it was very difficult to understand what they were teaching, particularly in English and Mathematics. But now, we have very well-trained teachers. Like today, we have already had four teaching lessons {Maths, English, Somali, Arabic} with four different teachers, and we have understood what was taught. This was not the case few years ago when pupils would prefer to skip school due to lack of understanding...now, most pupils do not want to miss a single class...”*

**Pupil FGD Participant, Adaado Primary School- Adaado**

*“...Before CARE (through the Durable Solutions Project) came to us to help us build Haar-Haar IDP Primary school, we had a very small temporary structure built out of mud that could only hold very few students...approximately 50 students. Access to education was very limited as we did not have trained teachers and school facilities, no toilets, water, even chalkboards. However, the project has helped build three permanent classes that have seen access to education for IDP children increase to current 354 pupils (195 Girls, and 159 boys). The girls have benefited even more than boys as reflected in the enrolment numbers. The project equipped the school with desks, books, and even provided 250 uniforms to the pupils attending the school. Additionally, the project installed piped water that has made it easy for pupils and teachers to access clean drinking water. In the school, the project also built two durable concrete toilets for girls and two for boys. The girls are now very comfortable coming to school and they have secluded clean girls only toilets. Cumulatively, this contributed significantly to the large increase in enrolment and class attendance in the school. Secondly, the project offered training to six teachers and provided them with payment incentive of \$100 per month, which provided much needed motivation to the teachers to provide best quality teaching to the pupils. Thirdly, the project trained Community Education Committee (CECs) that have been very instrumental in creating awareness within the refugee camps on the importance of education to the children, to which parents responded very positively and enrolled their children. ...”*

**CEC Chairman, Haar-Haar Primary School- Galkacyo South**



Figure 4.9: Haar-Haar IDP Primary School Built by DSRIS Project



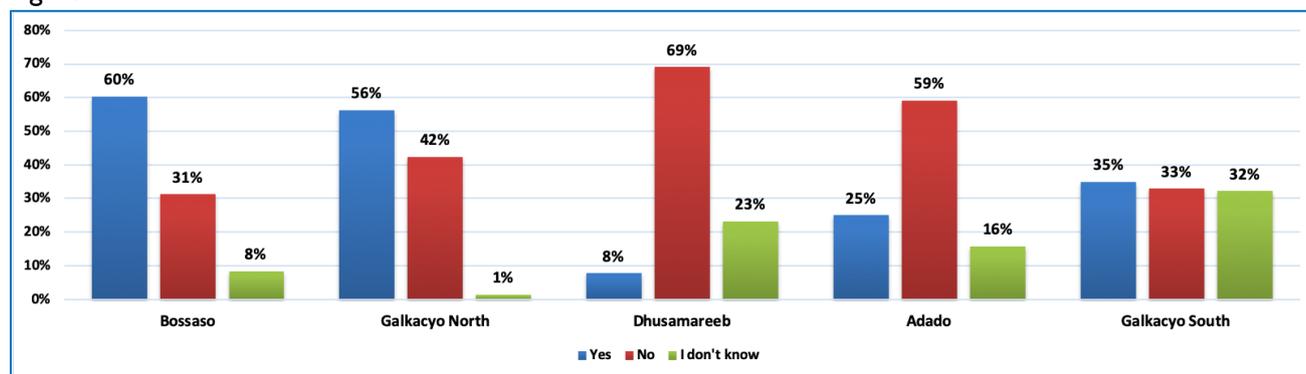
Figure 4.10: Haar-Haar IDP Primary Classroom Desks Provided by DSRIS Project

To enhance access to education, particularly for girls, the project provided dignity kits (sanitary pads, Shawl, headscarf, bar soap, and powder soap) to girls. For the schools assessed in the five regions, 122 girls had received the dignity kits: Bossaso 49 (40%); Galkacyo North 30 (25%); Dhusamareb 9 (7%); Adaado 21 (17%); Galkacyo South 13 (11%) as summarized in Table 4.2.. The enhanced girls enrolment was attributed to the confidence the sanitary kits provided to the girls compared to the period before the project commenced. However, the enrolment correlation with sanitary kits might not last in the long term if the component does not receive sustainable future support.

**Table 4.2: Sanitary Kits**

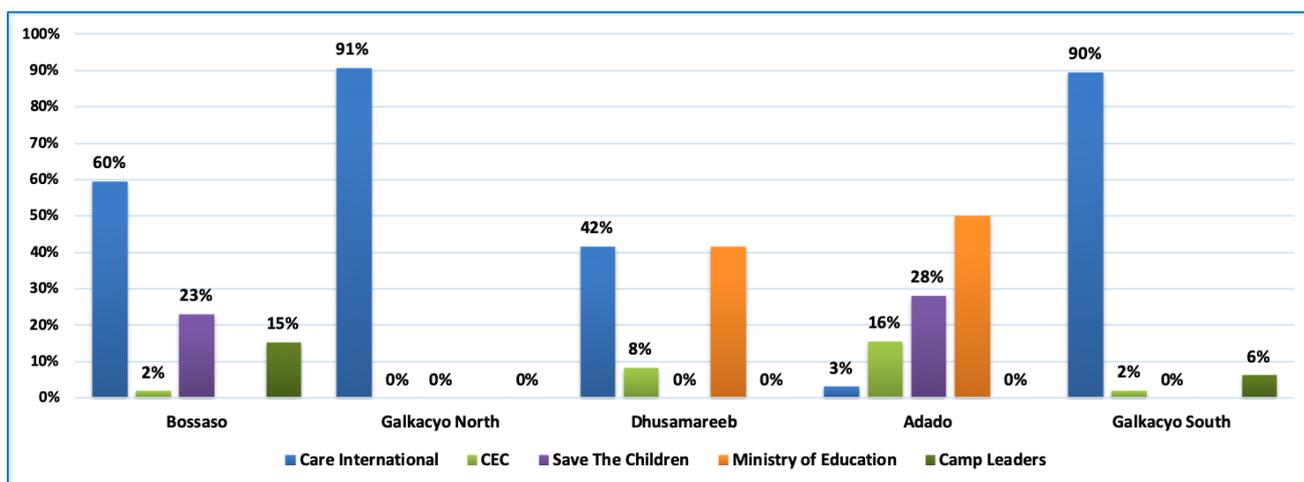
District	Yes	No	I don't know	Total
Bossaso	49 (40%)	7 (11%)	0	56
Galkacyo North	30 (25%)	23 (38%)	0	53
Dhusamareeb	9 (7%)	19 (31%)	3	31
Adaado	21 (17%)	7 (11%)	2	30
Galkacyo South	13 (11%)	5 (8%)	2	20
<b>Total</b>	<b>122</b>	<b>61</b>	<b>7</b>	<b>190</b>

On Knowledge and awareness creation on the importance of education, on average, .out of the 719 respondents 261 (36%) had received awareness on importance of education in all the five districts compared to 340 (47%) who had not received this knowledge through awareness campaigns, and 118 (16%) who were not sure. Bossaso had the highest awareness (60%) campaigns compared to Galkacyo North (56%); Galkacyo South (35%); Adaado 25%), while Dhusamareb had the lowest awareness campaigns at 8% as summarized in Figure 4.



**Figure 4.11: Access to Education Awareness Campaigns**

The campaigns to enhance access to education were offered in all five regions. Most of the respondents, 129 (65%) in all the five districts attributed awareness campaigns to CARE, followed by 21 (11%) who attributed the awareness to SCI and MoE respectively, 11(6%) camp leaders, and 8 (4%) attributed awareness to CECs. In The district education knowledge awareness creation by partner and other stakeholders is summarized in Figure 4.12. Targeting this parents and IDP and host communities with education awareness campaigns was very relevant component of the project. Based on the study findings, discussed in previous paragraph, education awareness campaigns significantly contributed to increased enrolment of school aged children to school.



**Figure 4.12: Partners Providing Education Awareness Campaigns (N=198)**

This study examined whether schools under the DSRIS project had an adequate number of trained teachers. The finding shows that comparatively, (36%) of Galkacyo North respondents indicated the schools in the region had adequate numbers of trained teachers, followed by (34%) of Bossaso; (13%) of Adaado and Galkacyo South (13%), and Dhusamareeb (5%). Despite the efforts done by the project to ensure trained teachers are available to provide quality education, there need for trained teachers is still high.

**Table 4.3: Types of Training Offered**

District	Yes	No	I don't know	Total
Bossaso	92 (34%)	22 (9%)	30 (15%)	144
Galkacyo North	97 (36%)	44 (17%)	3 (2%)	144
Dhusamareeb	13 (5%)	89 (35%)	66 (34%)	168
Adaado	35 (13%)	46 (18%)	39 (20%)	120
Galkacyo South	36 (13%)	51 (20%)	56 (29%)	143
<b>Total</b>	<b>273</b>	<b>252</b>	<b>194</b>	<b>719</b>

On teacher training and incentives, the project provided 76 teachers (54 male and 22 female) with in-service training, out of which 4 (North Galkacyo), 13 (South Galkacyo) 18 (Adaado), and 5 (Bossaso) were supported with monthly incentives of USD 100. These initiatives were reported to have led to an 8% improvement in learning outcomes demonstrated through the average score for all grades in the supported schools. However, cumulative comparative improvement data at the beginning and end of the project to verify the 8% increment was not available at the time the study was conducted. On the other hand, the improvement of the school environment, rehabilitation, class construction was attributed to the drastic increase in the enrolment numbers in the schools. Training of teachers has had a significant impact on the quality of education pupils have been receiving in the project schools. This is noted by one of the trained teachers as follows:

“...I was trained under DSRIS project. I teach 4 classes English and Arabic. The training has really helped me to master how to develop scheme of work and each class lesson plan. I am not only able to control my class...but also know how to engage every pupil, particularly on class participation in the class. Previously, I didn't know how to do this. Now I have more pupils answering questions, doing classwork with ease, which is motivating. However, the school has other teachers who are not trained and struggle to prepare their lesson plans. I have been helping them, and with time...they have continued to improve with time. Any future project should consider training all teachers who are untrained...”

**Trained Teacher, Bender Qaasim school, Bosasso**

The project had targeted to establish and train 24 Community Education Councils (24 CECs) to help schools improve management and performance. The findings show that all the 24 CECs were established and trained to consist of 168 members (95 male & 73 female). Out of the 24 CECs, 18 CECs were helped to develop School Improvement Plans (SIPs), while the other 8 CECs received grants of USD 2000 to utilize in school development and based on prioritized needs. All of the CECs that received capacity training on SIPs have been effective in helping school administrations to conduct education awareness campaigns, school management in terms of development prioritization, and performance. The establishment and training of CECs was also attributed to the enhanced enrolment in schools, and mobilization of parents to support teachers and school administrations to quality education to school aged children. Long term impact will be measured in terms of successful transition rates and sustained improved performance, which this study did not measure at this point. Similarly, the formation of Community Education Committees (CECs) under the DSIRS has also had an impact not only on the promotion of education opportunities to the IDPs but also on the quality of education being offered. Quality assurance is an important mechanism used to ensure schools are managed in a manner that guarantees quality education. To this end, the contribution of CECs has

*“...after we received the training as the education committee, we started to participate in education awareness campaigns at the beginning of every school term within the IDP camps. The main aim of this awareness was to educate and inform parents on the importance of education for both boys and girls. As the education committee, we were trained on how to monitor school performance, teacher class attendance, and also solve any challenges and misunderstanding between parents and teachers, or cases of indiscipline among the pupils. We have been able to do this effectively. Even the pupils know us by name...they talk to us every time we visit the schools to monitor the learning process... one of most significant contribution of the durable solutions project to the IDP camps is the construction of classes, training of teachers and provision of school supplies has enhanced access to education most refugees children who would otherwise be loitering the camps without any secure livelihoods...”*

**CEC Member, Gargaar Primary school -Bossaso**

The DSRIS project sought to provide capacity strengthening of government officials and education institutions to continue providing access to quality education post-DSRIS project closure. An interview with Ministry of Education officials revealed that capacity strengthening focused on teacher training, school rehabilitation and construction as noted:

*“...under this project, the capacity of 28 teachers has been built in 8 schools in Galkacyo North, South and Bossaso. The project consortium worked closely with us to ensure all the teachers being selected were from the IDP community. The objective was to ensure that those being trained will remain within the camps and help provide quality education services. As a result, there has been coordination between the Ministry of Education and the IDP communities. Secondly, the Ministry was not in a position to pay the newly trained teachers. The collaboration with DSRIS project enabled all the 28 teachers earn a monthly incentive of \$100. These teachers now belong to the Ministry. However, one of the main challenges we are going to face going forward is the teacher incentives. As you are aware, the project has closed, but the Ministry does not have the ability to keep paying the \$100 per month incentives to the trained teachers, There is a likelihood that some of them will get discouraged and drop out, but we are hoping to partner with any other willing development agency to ensure access to education component for refugees continues...”*

**Director of Programs-Teacher Training, Puntland Ministry of Education**

#### **4.4 Increased Access to Health Services**

One of the expected outcomes of **Result Area 1** was to have increased access to health services for IDPs and host communities, including capacity building for government officials to continue offering these services after the project comes to an end. Integrated awareness campaigns were conducted in Adaado, Bossaso, and Galkacyo IDP camps: The project targeted at least 20% of HH (29596 people) to actively access health services across all 5 districts. The findings show that by the end of the project, 23507 HH (141043) persons accessing to health care services across all 5 districts. This accounted for 377% increase in access to health services

compared to initial 20% target as evidenced by number of patients that visited the facilities.. The mobile health clinic staff and community health workers conducted community awareness sessions on a monthly basis in 30 target IDP sites, where 9,720 individuals (6,512 females and 3,208 males) were reached. The training and awareness included messages on cholera outbreak prevention practices, attending ANC and PNC services, maternal and child health, exclusive breastfeeding, and appropriate complementary feeding practices, importance of Family Planning (FP), prevention and treatment for communicable diseases such as malaria, pneumonia, and sexually transmitted infections, and hygiene promotion practices.

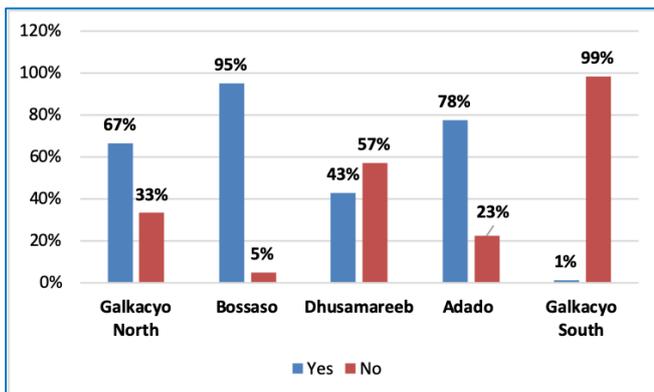


Figure 4.13: Access to Health Care Services (N= 400)

When respondents were asked whether they had access to quality health care services as a result of the project, on average, (56%) indicated they do, while (44%) did not have access to quality health care. Bossaso had the highest access rate (95%), followed by Adado (78%), Galkacyo North (67%) and Dhusamareeb (43%). However, lack of access to health care services was highest in Galkacyo South (99%), followed by Dhusamareeb, and (57%), Galkacyo North (33%), and Adado (23%) as summarized in Figure 3.13.

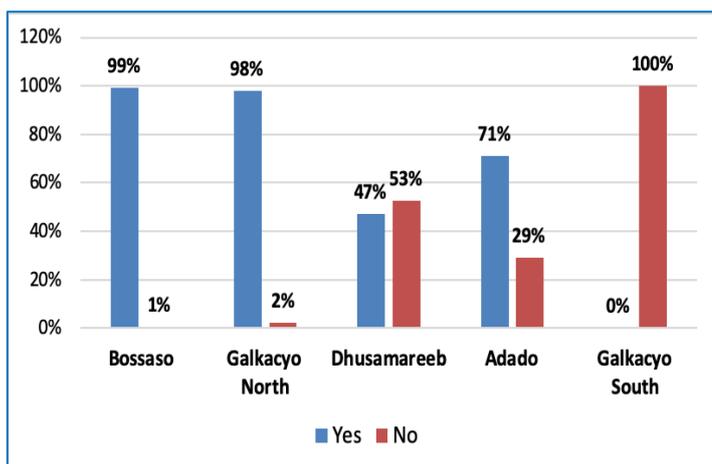


Figure 4.14: Children Access to Health Services (N=400)

This study sought to examine whether the health of children reached by the health services had improved. On average, 330 (82%) indicated significant improvement in the health of their children compared to (18%) who noted no change in the health of their children., Bossaso recorded the highest improvement (99%) in children quality health care services, followed by Galkacyo North (98%), Adado (71%) and Dhusamareeb (47%). Conversely, Galkacyo South (100%) respondents were of the view that there was no improvement in health care towards their children, followed by Dhusamareeb had (53%) and Adado (29%) from Adado as indicated in Figure 4.14.

The establishment of six (6) Mobile Medical Units (MMUs) - two per district had provided lifesaving health care services to the host communities and IDP camps. Each mobile team consisted of 5 staff (midwife, OTP nurse, EPI Auxiliary, registration clerk and screener). Cases that could be managed at the mobile clinics were handled, while the most complicated ones were sent to the referral hospitals. The most notable referral cases included 45 complicated obstetric cases, 36 acute watery diarrhea (AWD), 33 cases of pneumonia, 24 cases of severe acute malnutrition, eight cases of gastro-enteritis, seven malaria cases and 8 cases of Upper Respiratory Tract Infection (URTI). All cases were referred to as Adado, Bossaso, and Galkacyo Referral Health Hospitals. No deaths were reported from the referred cases.

Despite the limitations and challenges (such as constant movement from one camp to another that inhibited continuous service provision in a singular location) the health officers interviewed indicated a significant contribution and impact of the mobile clinic services to the communities. This included provision of ambulance services, antenatal and postnatal services, disease diagnosis and treatment, and referral services to district level hospitals as noted by Director General of MoH in Puntland:

*“...one of the most improved services under the health sector is the patient referral system. Before the project, it was difficult for IDPs to get proper diagnosis, or referral to specialized care. However, through the mobile clinics in Galkacyo, and Bossaso under my Ministry, the referral system to the general hospitals improved greatly, which I can confidently say, resulted in better health outcomes for the IDPs...”*

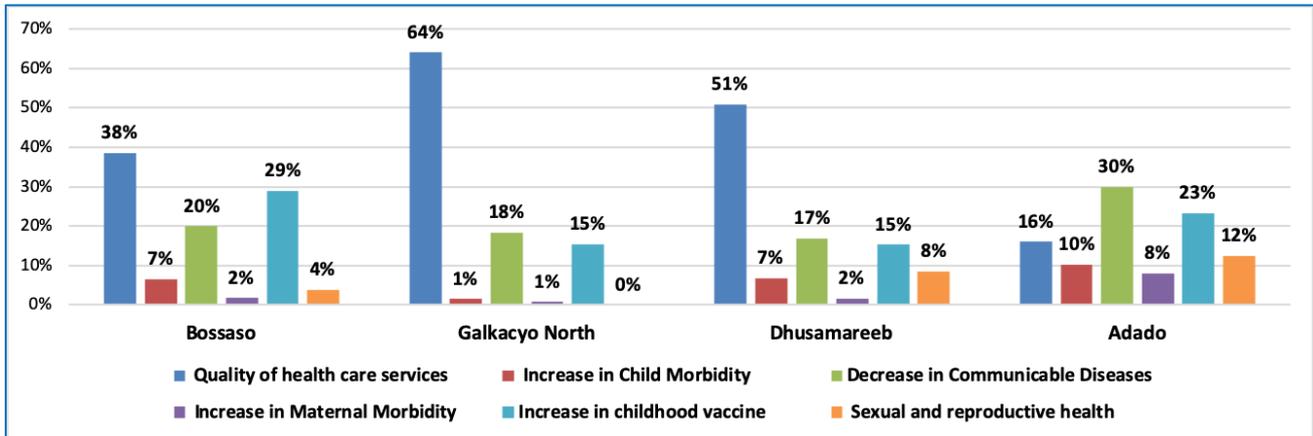
**Director General, Puntland Ministry of Health**

On Emergency Obstetric and Newborn Care (BEmONC), the project had trained 12 female midwives attached to the mobile units. The purpose of the training was to improve the knowledge of the staff on BEmONC in order to help reduce maternal and new-born morbidity and mortality, which has been the case as reported in Figure 4.15. Additionally, health workers were also trained on integrated community case management (ICCM) that focused on Integrated Management of Childhood Illnesses (IMCI) in Bossaso on for MoH staff (7 females and 1 male). The training was facilitated by MoH pre-qualified trainers with the aim of improving the knowledge and skills of the health care workers on IMCI in order to contribute to the reduction of child morbidity and mortality. For the adult population, Bossaso recorded the highest improvement in the quality of health, followed by Galkacyo North at (35%). On the other hand, Adaado reported the highest improvement (61%) in maternal morbidity, and (52%) in sexual and reproductive health. Dhusamareb recorded the lowest (12%) improvement in quality of health care services, and (15%) improvement in sexual and reproductive health as summarized in Figure 4.15.

*“...The project provided mobile clinics that would move from one IDP camp to the next, providing essential health care services to the IDP community. Some of the services that were provided included Antenatal and Post-Natal Care for mothers and children, out-patient diagnostic services, Nutrition, Midwifery, health education services and referrals to other bigger hospitals with facilities to handle emergency and other complicated cases that could not be handled by the Mobile Clinic Unit...However, it is important to note that the Mobile clinics were well equipped with medical supplies, and helped so many IDPs access quality health services. Before the mobile clinics, IDP communities did not have easy access to medical services. Majority had to travel for long distances just to access these services. However, with the mobile clinics, the services were brought closer to the people...”*

**Clinical Officer- SDRO, Galkacyo South**

This finding shows the training contributed significantly to the improvement of health and quality of life both for children and adults within the IDP camps and host communities. On average, (40%) reported improvement in health care services, (6%) reported increase in child morbidity, (22%) reported decrease in communicable diseases, (23%) increase in childhood immunization, and (5%) increase in sexual and reproductive health. Compared to baseline, there were no services provided in the five districts project locations that covered child immunization, sexual reproductive health, nor child and mother. The benefits/ impact of health services is summarized in Table 4.15.



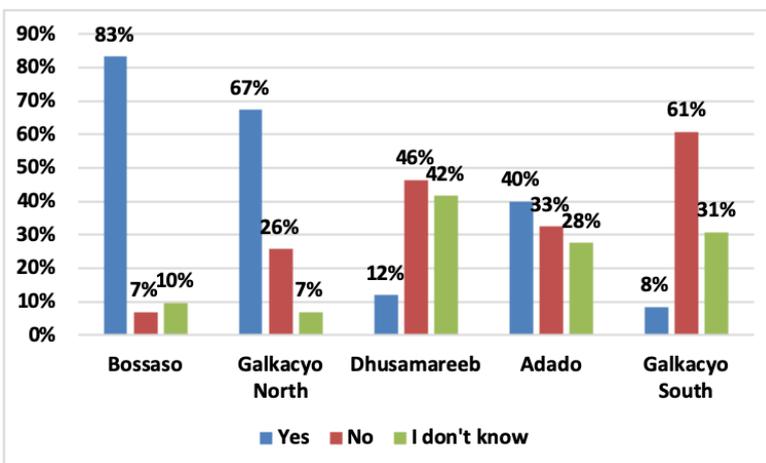
**Figure 4.15: Improved Health Services (N= 623)**

Provision of quality health services was not only tied to the provision of mobile clinics and the health workers, but also requisite medical supplies and equipment. On average, (30%) of all respondents from the five districts indicated the health care facilities they access have adequate medical supplies and equipment, (47%) noted this not to be the case, and (23%) were not sure. Bossaso had highest number of respondents 94(65%), Adado 55 (46%), Galkacyo North, 44(31%) Dhusamareeb, 14(8%), Galkacyo South 9 (6%) as indicated in Figure 4.16.

**Figure 4.16: Medical Equipment and Supplies (N = 719)**

“...The immunization of children was conducted in all camps for free. Before the project commenced, most of the IDP children had not been immunized against childhood communicable diseases, which was risky as this could have exposed the children diseases like polio, measles, and chicken pox. This will extend the associated health benefits throughout their life’s...”

**SCI Health Manager for Galmudug, Galkacyo South**



The DSRIS project provides capacity training for health care workers and the Ministry of Health officials so as to strengthen access to quality health care services to the host community and the IDPs. Overall, (41%) of respondents had a positive perception of the quality of health care services offered, compared to (35%) with negative perceptions, and (24%) who were not sure. Bossaso had majority (83%) of respondents with positive perception, followed by (46%) of Galkacyo North, (40%) of Adado and (12%) of Dhusamareeb, and (8%) Galkacyo South as noted in Figure 4.17.

**Figure 4.17: Perception of Quality of Health Care Workers (N = 719)**

Over and above the health services training for the Ministry of health officers, the DSRIS project provided payment incentives to 34 health workers: Galkacyo – 11 (6 Male, 5 female); Bossaso - 11 (6 Male, 5 female); and Adado -12 ((7 Male, 5 female). However, after the project ended in December 2019, the health care workers were handed to MoH. Whether the MoH will be able to sustain the health care workers is subject to availability of funding to the ministry. Currently, limited funding could result in the layoff of the staff, which could have a negative impact on the health services gains achieved by the DSRIS project. Despite the increased

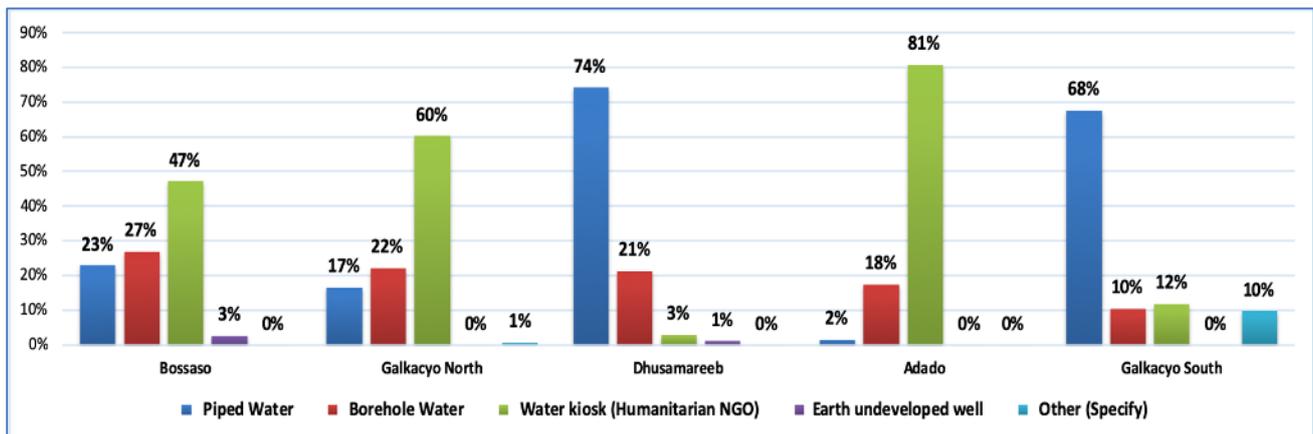
access to health care services for the majority of IDPs and host communities in the five regions, the implementation had some challenges as noted by the SCI Health Manager for Galmudug:

“...under the project, we intended to recruit and train 6 Ministry of Health staff, a Nurse, a Midwife, a Health Worker, and a Nurse Assistant for both Adaado and Galkacyo South. However, we were not able to get adequate number of qualified staff. Out of the six, we only got to two qualified staff. We had to revise the qualification requirements downwards just to be able to fill the other slots...Secondly, despite the fact that the mobile clinics contributed significantly to the quality health services to the IDPs, the budget allocations to the project was very small to effectively address the divergent health challenges both in the IDPs and the host communities. Additionally, the staffing of the mobile clinic was not adequate. The number of those seeking medical attention was so large, compared to the supplies available...”

**SCI Health Manager for Galmudug, Galkayo South, Adaado, Dhusamareeb**

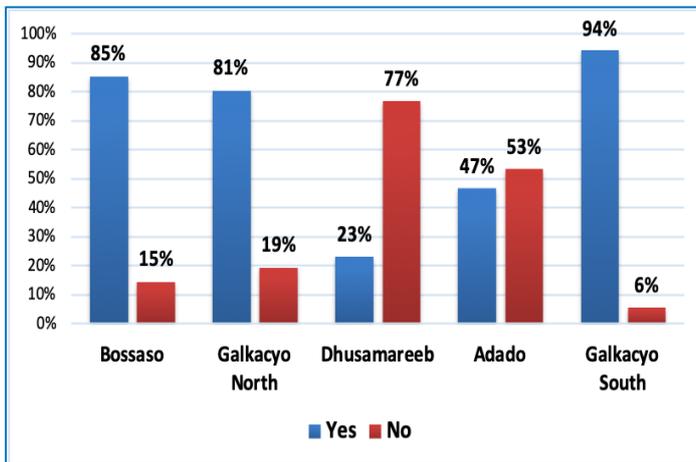
#### 4.5 Increased Access to WASH Services

Increased access to WASH services for IDPs and host communities was structured as one of the project outcomes under result area one. Wash services provided under the project included increasing access to piped water, piping extension, provision of aqua tabs, WASH awareness campaigns, build latrines, hand washing facilities, distribute hygiene kits also provide evidence-based hygiene training. As such access to clean drinking water was one of the key areas this study examined. On average, 281 (39%) of respondents had access to piped water as primary source of water, followed by 274 (38%) who indicated water kiosks as their primary source of water, 143 (20%) utilized borehole water, (1%) earth wells and 15 (2%) other water sources. For Bossaso, the primary water source is water kiosks as noted by (47%) of respondents.. For Galkacyo North (60%) rely on water kiosks, for Dhusamareeb (74%) rely on piped water (compared to 44% at baseline), Adaado (81%) rely on water kiosks (compared to 35% at baseline) and in Galkacyo South (68%) rely on piped water (compared to 35% at baseline) when majority relied on earth wells and other sources). Primary source of water is summarized in Figure 4.18.



**Figure 4.18: Primary Source of Water (N= 719)**

This study sought to examine whether the hygiene promotion campaigns, community sensitization, and training of hygiene promotion volunteers have achieved desired goals on behavior change in areas such as the washing of hands, food hygiene, personal hygiene, and environmental hygiene. At baseline, the number of Households targeted for hygiene and sanitation awareness campaigns was 11,050 HH, however, by the end of the project, resources available made it possible to reach 95,478 (76587 Female and 50741 Male) people drawn both from the IDPs and host communities.



**Figure 4.19: Importance of Clean Water**

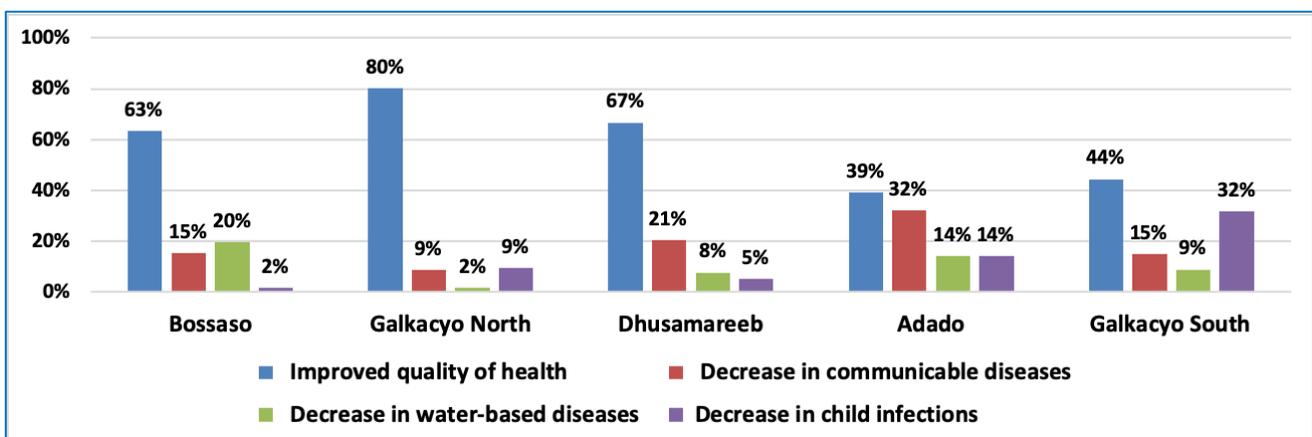
Training of IDPs on the importance of clean water, toilets, and hygiene and sanitation constituent components of result area on. The goal was to improve sanitation and hygiene and by extension improve the health and well-being of the IDP populations. When asked if they had been trained /sensitized on sanitation and hygiene and importance of clean water, on average, (65%) of all respondents had been trained, while (35%) had not been trained. Galkacyo South had highest levels of training (94%), Bossaso, (85%) of Galkacyo North, (81%), Adaado (47%), and Dhusamareeb (23%)of summarized in Figure 4.19..

In a reflection of overall trends in the region, proper waste disposal and cleaning of the latrines was the most offered training and awareness in Bossaso as reflected by (30%) of respondents. In Galkacyo North, water hygiene purification (27%) and washing of hands for children (26%) were the most noted awareness campaigns. In Dhusamareeb, water hygiene purification (8%) and cleaning of latrines (9%) were the most offered awareness campaigns, while in Adaado, environmental hygiene (12%) and washing of hands (15%) were the campaigns mostly offered as indicated by the region’s respondents. The other training and awareness campaigns are indicated in Table 4.4.

**Table 4.4: Hygiene Training and Awareness Campaigns (N= 1170 for Multiple Responses)**

District/m	Water Hygiene and Purification	Proper Waste Disposal	Environmental Hygiene	Washing of Hands for Children	Cleaning of the Latrines	Total
Bossaso	97 (29%)	61 (30%)	65 (27%)	58 (22%)	39 (30%)	320
Galkacyo North	89 (27%)	45 (22%)	49 (20%)	67 (26%)	24 (18%)	274
Dhusamareeb	27 (8%)	13 (6%)	15 (6%)	14 (5%)	12 (9%)	81
Adaado	13 (4%)	12 (6%)	29 (12%)	40 (15%)	12 (9%)	106
Galkacyo South	104 (32)	70 (35%)	87 (36%)	83 (32%)	45 (34%)	389
<b>Total</b>	<b>330</b>	<b>201</b>	<b>245</b>	<b>262</b>	<b>132</b>	<b>1170</b>

Based on the findings of the study, on average, (59% ) of respondents were of the view that hygiene awareness campaigns had resulted in improved health for the communities, (16%) noted decrease in communicable diseases, (14%) decrease in child infections, (10%) decrease in water borne diseases. The same impact at the district level is summarized in Figure 4.20.



**Figure 4.20: The Effect of Hygiene Awareness Campaigns (N = 469)**



Figure 4.21: Water Kiosk in Galkacyo South for IDPs



Figure 4.22: DSRIS Billboard in Galkacyo South Showcasing WASH Awareness Campaign

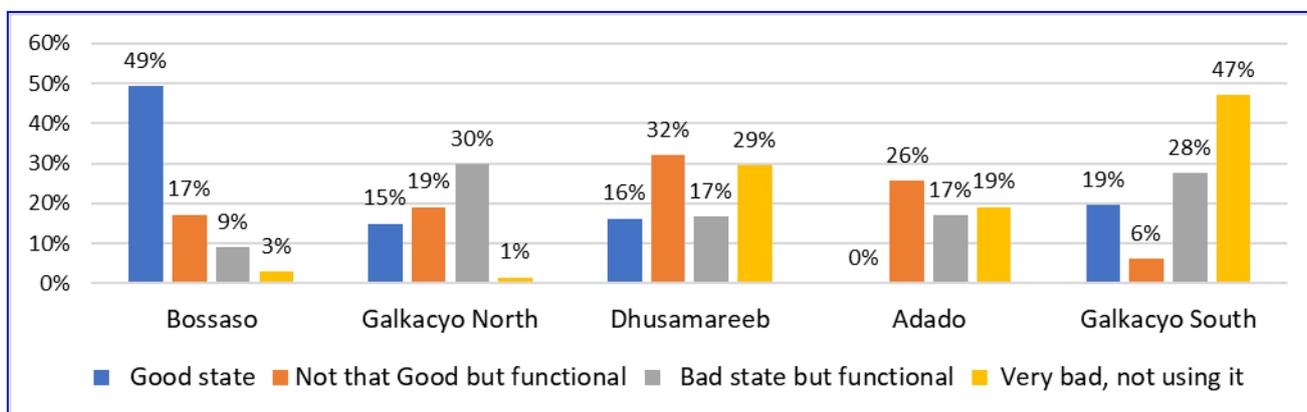
On average, most (50%) of respondents from all the 5 districts had access to toilet facilities. Most of the access to toilets was in Bosasso (32%), Adaado (30%) and Galkayo North (27%) were built under the DSRIS project. However, this was not the case in Dhusamareeb where (27%) of respondents indicated the toilets were not built by DSRIS, while (81%) they were not sure who built the toilets. This was a similar case for

Galkacyo South, where (47%) noted the toilets were not built by the project, while (6%) were not sure as summarized in Table 4.5.

**Table 4.5: Availability of Toilets Provided by DSRIS Project**

District	Yes	No	I Don't Know	Total
Bossaso	116 (32%)	27 (9%)	1 (1%)	144
Galkacyo North	97 (27%)	47 (16%)	0 (0%)	144
Dhusamareb	34 (9%)	78 (27%)	56 (81%)	168
Adaado	110 (30%)	2 (1%)	8 (12%)	120
Galkacyo South	5 (1%)	134 (47%)	4 (6%)	143
<b>Total</b>	<b>362 (50%)</b>	<b>288 (40%)</b>	<b>69 (10%)</b>	<b>719</b>

The current state of available toilets in the IDP camps was examined. Bossaso reported the highest percentage of respondents (49%) who indicated that they have access to good toilet facilities, compared to Galkacyo North (15%), Dhusamareb (16%), and Galkacyo South (19%). Conversely, (47%) of Galkacyo South and (29%) of Dhusamareb as summarized in Figure 4.23.



**Figure 4.23: Status of Current Toilet Facilities in IDP Camps (N= 719)**

The assimilation of the training and awareness programs on toilet usage and hygiene explains the disparities recorded from one region to the other on the status of toilet facilities. In responding to the challenges in adopting and implementing best practices on the washing of hands and toilets, Galkacyo South Health Officer noted as follows:

“... This project has contributed immensely in creating awareness around the proper use of toilets, cleaning of hands, cleaning of toilet facilities and environment in general. The awareness contributed to significant behavioural changes in the IDP camps. For instance, cases of women dumping of throwing children faecal waste by the roadside has reduced. Most roads, even in the camps rarely have faecal waste dumping. This is one of the best practices adopted as a result of the project training and awareness campaigns. However, in some IDP camps, there are like two communal toilets for men and two for women. This makes it difficult for the large IDP populations to effectively share, which results in misuse and lack of proper cleaning despite the teaching. Constant cleaning and monitoring become difficult because there is always someone in line waiting to use the toilet. When constructing or rehabilitating toilets in future, there is need to ensure population balance. Too many people using a single toilet like is the case in Galkacyo South makes it difficult to keep the toilets in good clean state. Secondly, children, older people and disabled people’s needs were not considered when designing most of the toilets...for instance most of the toilets lack lower seats or handrails for people with physical disabilities...”

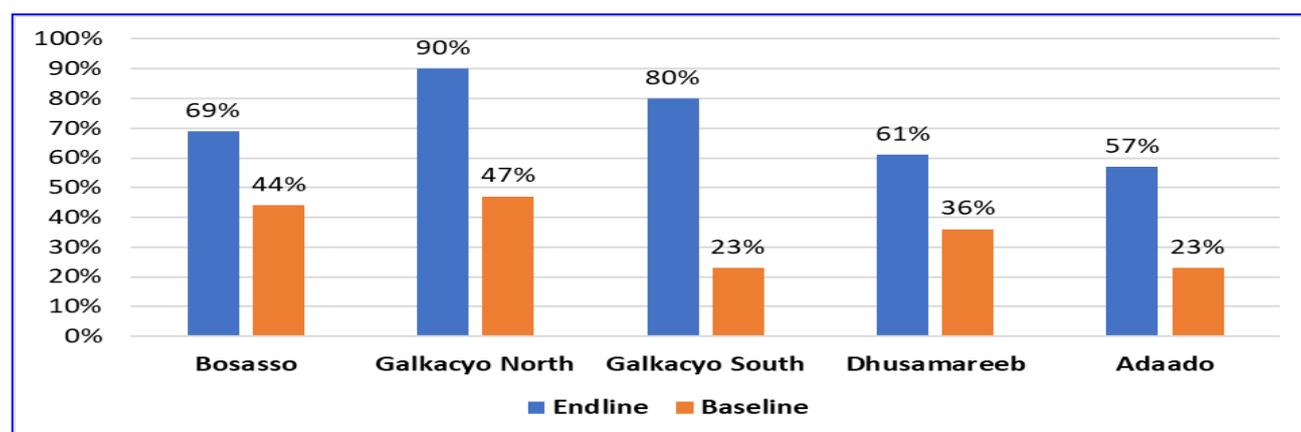
**Health Worker-SDRO Galmudug, Galkacyo South**

The WASH awareness campaigns under this project provided training and information on the importance of washing hands as a mechanism or reducing exposure to bacteria and other infections associated with unclean hands. The assessment of the effect of the awareness campaign on IDPs behaviour change shows that overall,

majority (64%) of respondents from all regions do use soap when washing their hand; Galkacyo North (90%) - compared to (47%) at baseline; Galkacyo South (80%) compared to (23%) at baseline; Bosasso (69%) - compared to (44%) at baseline; Dhusamareb (61%) – compared to (36%) at baseline and Adaado (57%) - compared to (23%) at baseline as summarized in Table 4.6 and Figure 4.24.

**Table 4.6: Washing Hands with Soap**

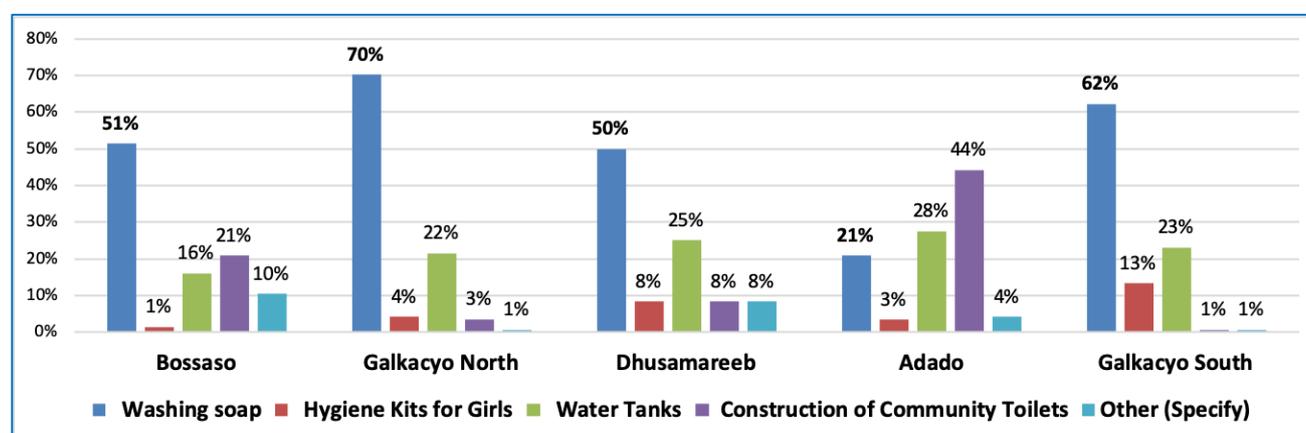
District	Yes	No	Total
Bosasso	99 (69%)	45 (31%)	144
Galkacyo North	129 (90%)	15 (10%)	144
Dhusamareb	102 (61%)	66 (39%)	168
Adaado	68 (57%)	52 (43%)	120
Galkacyo South	114 (80%)	29 (20%)	143
<b>Total</b>	<b>460 (64%)</b>	<b>259 (36%)</b>	<b>719</b>



**Figure 4.24: Washing Hands with Soap-Comparison between Baseline and End Line**

### WASH Items Provided by the Project

All the five regions had received various items to bolster the adoption of hygiene practices, sanitation and access to clean water. On average, 373 (52%) of respondents from the five districts received waship soap, 162(23%) water tanks, 103 (14%) received toilet construction, and 45 (6%) hygiene sanitary kits. On district to district compoarison, Bosasso (51%) of respondents and (21%) received washing soap and toilet construction respectively, Galkacyo North (70%) and (22%) received washing soap and water tanks respectively, Dhusamareeb (50%) and (25%) received washing soap and water tanks respectively, Adaado (44%) and (28%) received toilet construction and water tanks respectively, Galkacyo South, (62%) and (23%) received waship soap and water tanks respectively as summarized Figure 4.25



**Figure 4.25: WASH Items provided to IDPs by DSRIS Project (N = 719)**



Figure 4.26: Mobile Clinic in Karaamo Constructed under DSRIS Project



Figure 4.27: Toilet Constructed under DSRIS in Adaado District



**Figure 4.28: Piped Water-Hands Washing Point-Alman-muun Primary School**



**Figure 4.29: Water Tank Constructed under DSRIS Project-Adaado Primary School**

Cumulatively, a total of 140 households (HH) with an estimated 840 individuals (360 Males and 480 Females) in Badbaado (70 kits) and Karaama (70 kits) IDP camp received emergency hygiene kits. Each kit contained 2 Jeri cans (20 liters), 240g bathing soap, 800g laundry soap, 270 pieces' Aqua tab, and reusable sanitary pads. Prior to the distribution, vouchers were given to the beneficiaries to avoid confusion and make it easy for management and monitoring.

#### 4.6 Increased Protection Services

One of the result outcome areas for the DSRIS project was to have increased child protection services for IDPs and host communities. Save the Children was the lead partner on this component. This study examined children protection mechanisms put in place in all the five districts by the consortium partners. When asked to indicate some of the child protection challenges households had faced. The overall finding for all the regions show more prevalence on child beating 388(28%), followed by Early marriage 272(20%), physical abuse 261(19%), Early pregnancy 152(11%), Child labor 63(5%) and Sexual abuse and denial of education 52(4%) respectively. The comparative variations form district to district is summarized in Figure 4.30.

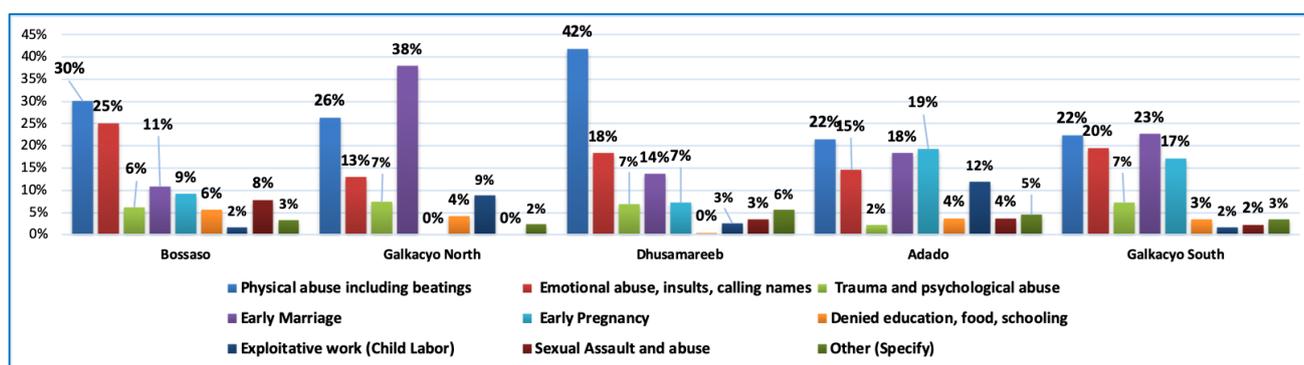


Figure 4.30: Prevalence of Child Protection Issues (N= 1374 – multi- responses)

On average, 375 (52%) of all respondents in all the districts indicated they do report child abuse cases, however, 199(28%) do not report, while 139(19%) were not sure, Proportionally, the cases mentioned above are mostly reported to authorities in Bossaso (34%) and Galkacyo South (29%), while other districts such as Galkacyo North (30%), Dhusamareeb (36%), and Adaado (19%) do not report the cases.

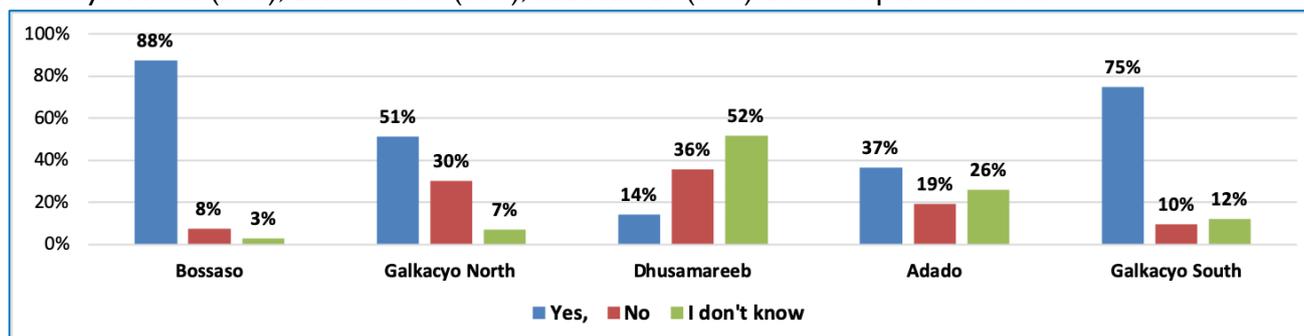


Figure 4.31: Reporting on Abuse Cases (N = 719)

During the baseline survey of the DSRIS project, there were no psychosocial or psychiatric services available treatment and counselling services for women who have experienced or are experiencing SGBV particularly in Adaado, Bossaso, and Dhusamareeb, while Galkacyo North and South did not have formalized child protection services. Some of the initiatives under the DSRIS project was the provision of the appropriate preventative and responsive case management support to children at risk of separation, rights violation, SGBV, and support. To this end, this study sought to examine the services study respondents had received under the project. On average, 29(28%) of respondents from all districts indicated main services provided under the project was psychosocial support and counselling, 23(23%) reported the service mainly provided was medical treatment of survivors, 11(11%) child protection shelters, and 37 (36%) reported other services such as home

visits, provision of food and accommodation, and access to legal and protection referral services. When compared district to district, (50%) of Bossaso reported access to psychosocial support and counselling services respectively, Galkacyo North reported (38%) access to medical treatment and child protection shelters respectively, Dhusamareb reported (18%) access to medical treatment and psychosocial support services respectively, Adaado reported (57%) access to psychosocial support and (19%) access to child protection shelters and medical treatment, while Galkacyo South reported (33%) access to medical treatment and psychosocial support services as summarized in Figure 4.32.

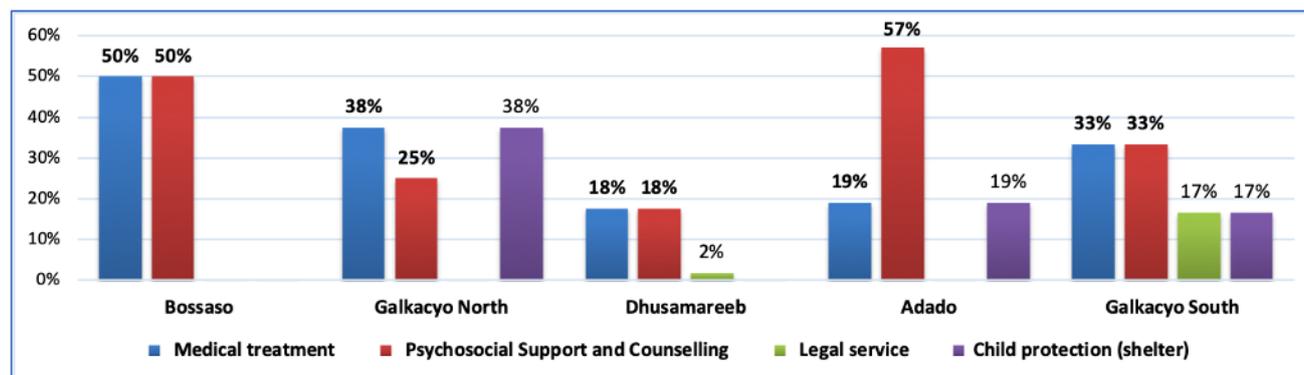


Figure 4.32: GBV Services as Provided under DSRIS (N= 102)

On average across all the 5 districts, family members are the main perpetrators of GBV as reported by (36%) of respondents, followed by strangers (28%), camp leaders (19%), teachers (11%) and police /security agents (6%). However, comparatively, Bossaso had the highest reported cases of GBV caused by family members (34%), teachers (34%), camp leaders (51%) and police/security agents (61%). Galkacyo South had a higher prevalence in only one category, (51%) of GBV cases by strangers summarized in Table 4.7.

Table 4.7: Main Perpetrators of GBV (N=929 Multi- Responses)

District	Family members	Teachers	Camp Leaders	Strangers	Police/security agents
Bossaso	102 (30%)	33 (34%)	88 (51%)	7 (3%)	41 (61%)
Galkacyo North	77 (23%)	16 (16%)	30 (17%)	36 (14%)	2 (3%)
Dhusamareb	79 (23%)	26 (27%)	47 (27%)	23 (9%)	8 (12%)
Adaado	54 (16%)	23 (23%)	5 (3%)	58 (23%)	6 (9%)
Galkacyo South	25 (7%)	0 (0%)	2 (1%)	131 (51%)	10 (15%)
<b>Total</b>	<b>337 (36%)</b>	<b>98 (11%)</b>	<b>172 (19%)</b>	<b>255 (28%)</b>	<b>67 (6%)</b>

“...As a GBV focal point for the project in the refugee camps, I was trained on how to offer counselling and psychological support to the survivors. This included, paying them constant visits, accompanying them to medical treatment, and reporting the cases to DSRIS partners for any further referral pathway. This approach has been very effective particularly in helping girls and women who would have not reported the cases due to cultural inhibitions, stigma, and fear of blame. As GBV focal points, we even get calls from community elders, camp leaders and even parents of survivors seeking our assistance in supporting survivor access to medical attention and counselling... I consider the GBV initiatives as one of the most important components of the project... I am still engaged by the communities and IDP camps despite the fact that the project has ended and I am not currently being paid, but, the training I received is very important and still required by those who suffer GBV vices...”

**GBV Focal Person- Adaado**

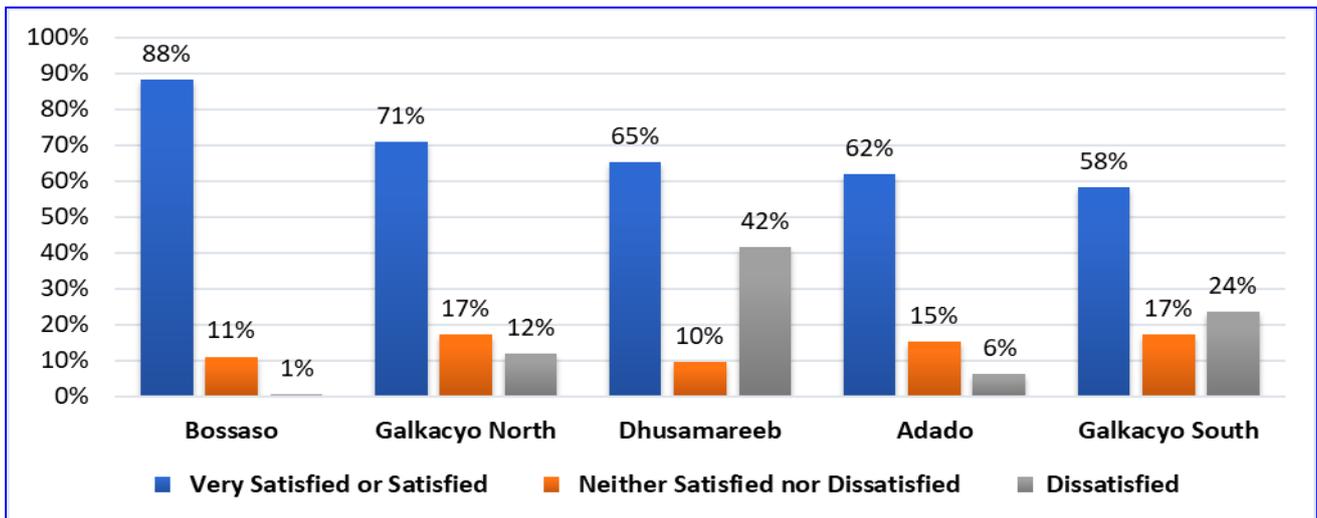
“...before coming to this DSRI project, GBV services were not available at all...survivors didn’t know where to seek help other than their families. Most of the IDPs are poor, and do not have money to seek medical attention in case of sexual abuse. The project provided free medical and psychological counselling services which the community was very pleased and satisfied...secondly, lack of awareness on GBV services, and fear of the repercussions associated with shame, and victim blaming were a big hindrance for GBV survivors speaking up...but this began to change with the introduction of this project...”

**GBV Focal Person- Galkacyo North**

“...there was a case in Hiraan 2 camp, where a teenage girl was raped by a close relative, I was informed about the case and I started following up. I met girl who was willing to talk to me. I had to seek consent from her parents to take the girl for medical check-up and attention and also psychological counselling and support. The parents allowed me to do that. However, when it came to forwarding the case to the police and local authorities, the parent refused. They were very adamant that a case involving relative should be solved at a family level. As my role requires, I reported this case to Save the Children Protection office, where I was provided with a dignity kit for the girl, as further avenues were still being explored to ensure justice is done...This are some of the numerous challenges we have had to contend with. The DSRIS has brought a lot of enlightenment through training and awareness campaigns, however, dealing with prevailing and dominant cultural practices on domestic abuse, violence and GBV is still a big problem...”

**GBV Focal Person- Galkacyo North**

On average (69%) of study respondents in all five districts were satisfied or very satisfied with the GBV and protection services that were offered under the project. Bossaso recorded the highest levels of satisfaction at (88%), followed by Galkacyo North (71%), Dhusamareb (65%), Adado (62%), and Galkacyo South (58%). Though, there were levels of dissatisfaction recorded in Galkacyo South (24%) and Dhusamareb (42%) as highlighted in Figure 4.33.



**Figure 4.33: Levels of Satisfaction with GBV Services (N = 719)**

Identification and support of separated and unaccompanied children were central to the protection of children's components under this project. Family tracing and reunification services (FTR), including facilitation of appropriate community based interim care arrangements during the process. According to the study findings, 205 (124 males, 81 female) children were registered for tracing that has been reunified through Family Tracing and Reunification (FTR) processes. Adado registered the highest numbers (97 males and 63 females). This included providing services. Additionally, the provision of the appropriate preventative and responsive

case management support to children at risk of separation, rights violation, SGBV and support to UASC was conducted reaching 1433 (249 male, 1184 female) children, GBV and FGM survivors with psychosocial, medical and or legal services. In responding to the importance of the services provided, key informant interviews provided the following feedback:

*“...A total of 338 girls with different GBV concerns have been supported. The girls were mostly affected by female genital mutilation (FGM), early and forced marriage (CEFM), defilement, physical assault, attempted rape among other Gender based violence. Mostly, the services provided to them included counselling, provision of dignity kits, medical check-up and treatment, and referrals for legal assistance to agencies providing this service. Child welfare committees, GBV focal points and the Child protection working group in Adaado were instrumental in mobilizing support for these cases. This would not have happened had the project not been implemented here in Adaado, and other districts...”*

**SCI Health Manager for Galmudug, Galkacyo South, Adaado, Dhusamareb**

*“...Child protection was conducted both for the host communities and IDPs... unaccompanied and separated children were brought to us mainly by the children welfare committees that were established under the project for each of the implementation regions. The most common reasons for separation from their families included running away from poverty (mostly at home), domestic violence, dropping out of school, and other cases involved physical and emotional abuse. For all cases we developed a case management system and referral system that made it quick and easier to track the status of the children, and support provided...the main challenge within our sphere of child protection was minimal behavioural change around cultural issues such as FGM that fall under the category of child abuse.”*

**SCI Child Protection Manager, Puntland**

**Result 2: Increased self-sufficiency through sustainable and durable livelihood opportunities for youth and women.**

#### **4.6 Increased Access to Sustainable IGA Opportunities for Youth and VSLA Members**

The Village Savings and Loan Associations (VSLA) approach under the DSRIS project was intended to provide households with sustainable availability of funds so build resilience against economic shocks, Secondly, the VSLAs were to enable IDPs to engage in investment opportunities so as to build their socio-economic profile, and thus, establish a sense of self-reliance. The project targeted vulnerable women within the IDP camps for training on VSLAs, basics on Income Generation Activities (IGAs), bookkeeping, profit and loss and general awareness on literacy and numeracy so as to be able to do business computations required to run small business ventures. Proper record-keeping, including operating of regular bank account records as part of the process to link the VSLAs to financial institutions for future opportunities on access to business loans and credit. Mobilization of the VSLA for each district was conducted at the IDP camp levels where the camp leaders and local authorities, in collaboration with DSRIS implementation partners operating in the districts. After the training was conducted, members were allowed to form groups of 15 members and establish a business venture they felt comfortable engaging. Each group was guided on how to open bank accounts, how to choose their leaders, bank officials, and signatories, and how to keep member contribution records, and how to bank, and access statements of the account for purposes of tracking business savings, or decision making on how to invest the money. The project targeted to train 1200 youth for entrepreneurship, development of enterprise groups. The project established 340 VSLA groups composed of (7589 VSLA members) were established and trained on VSLA methodologies, development of business plans, resources mobilization, monitoring and managing of business as well as completing legal formalities of the business. Further, 440 female VSLA members were trained on literacy and numeracy. In addition, the project linked 1477 (458 male, 819 female) VSLA members with startup grants and or loans. The net impact of this training as established by the study is that the VSLAs are effectively running their enterprises. For most of the VSLAs

visited, they had well-kept meeting records, member contributions, banking records, and loan repayment records, which is essential for the growth and sustainability of the project, which means that the training provided to this VSLAs was relevant and effective. On average, (22%) VSLAs in the five districts reported access to microfinance loans.

The study also established that the groups received constant visits and mentoring from the consortium partners, who guided them on various aspects such as leadership skills with the groups, management of profits, loan application processes among others. Based on our findings, the majority of the members were had to raise between \$100 to \$200 dollars before they were eligible for the seed fund provided by the project. The aim of this approach was to ensure VSLA members grasp the concept of contribution, savings, banking, and business investments. Most groups met the selection criteria mentioned and received a \$1000 seed fund.

To confirm and verify this information, respondents who had indicated they were part of the VSLAs were asked to indicate whether they had received funds for their groups. On average, (95%) n=387 of VSLAs received funding compared to (5%) n= 20 who did not receive funding. The findings show that majority of respondents from all the five regions who had participated in the VSLA program had received funding for their business start-up venture: Bossaso (98%), followed by Galkacyo North (97%), Galkacyo South (96%), Dhusamareb (63%) and Adaado (84%) as highlighted in Table 4.8.

**Table 4.8: VSLA Groups Funding (N=407)**

District	Yes	No	Total
Bossaso	84 (98%)	2 (2%)	86
Galkacyo North	126 (97%)	4 (3%)	130
Dhusamareb	27 (93%)	2 (7%)	29
Adaado	36 (84%)	7 (16%)	43
Galkacyo South	114 (96%)	5 (4%)	119
<b>Total</b>	<b>387 (95%)</b>	<b>20 (5%)</b>	<b>407</b>

All VSLA groups were trained on business skills, literacy skills, and entrepreneurship skills. However, a few members within each group were not trained. Cumulatively, for all group's accesses in the five regions, (97%) of their members had been trained. When segregated per district, Bossaso (99%) group members were trained, Galkacyo North (99%) were trained, Dhusamareb (93%) were trained, and Adaado (92%) of group members were trained. In most cases, the few members who were not trained joined the groups later after the training had already been conducted.

**Table 4.9: VSLA Groups Skills Training (N= 387)**

District	Yes	No	Total
Bosasso	83 (99%)	1 (1%)	84
Galkacyo North	125 (99%)	1 (1%)	126
Dhusamareeb	25 (93%)	2 (7%)	27
Adaado	33 (92%)	3 (8%)	36
Galkacyo South	111 (97%)	3 (3%)	114
<b>Total</b>	<b>377 (97%)</b>	<b>10</b>	<b>387</b>

.On average, for those who indicated they had received training, 284 (75%) reported business management skills training, 50(13%) indicated book keeping training, 29 (8%) indicated marketing skills training, 14(4%) indicated basic literacy training. The summary of district to district training comparison is presented in Figure 4.34

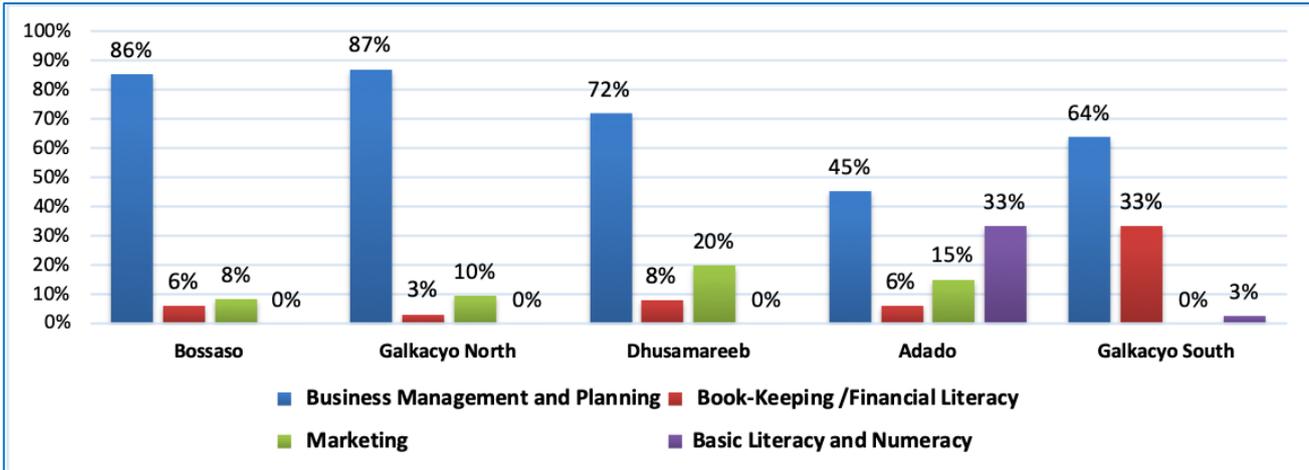


Figure 4.34: Types of Training Provided to VSLAs (N=377)

On average, all the VSLA groups reported an increase in profits as a result of the training: On average, across all districts, 425 (44%) of VSLAs have improved profits, 179 (19%) are able to support their family basic needs, 153 (16%) are able to develop business plans, 77(8%) are able to expand their business ventures, 69(7%) are able to effectively market their products, and 60(6%) are able to advance loans and credit to their fellow VSLA members. District to district comparison is summarized in Figure 4.35.

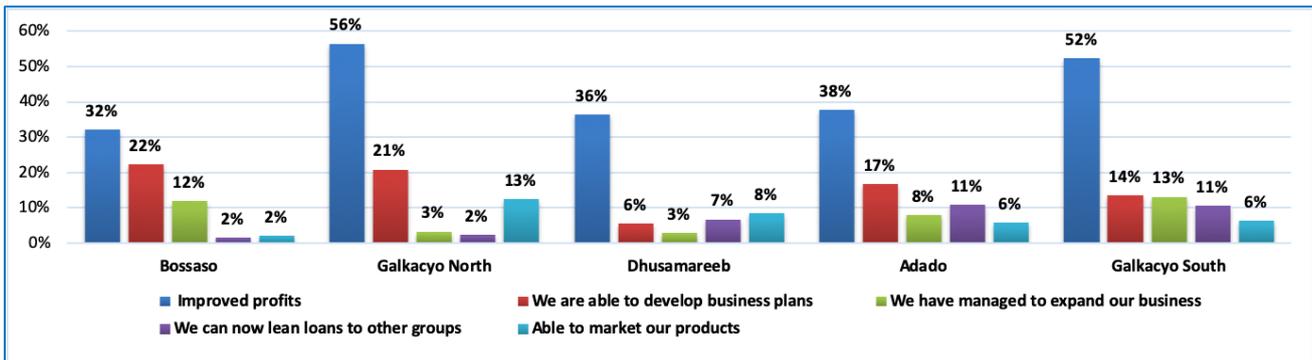


Figure 4.35: VSLA Training Benefits (N =963 – Multi- Responses)

The significance of the VSLA formation was evident in the testimonials provided by some of the group members:

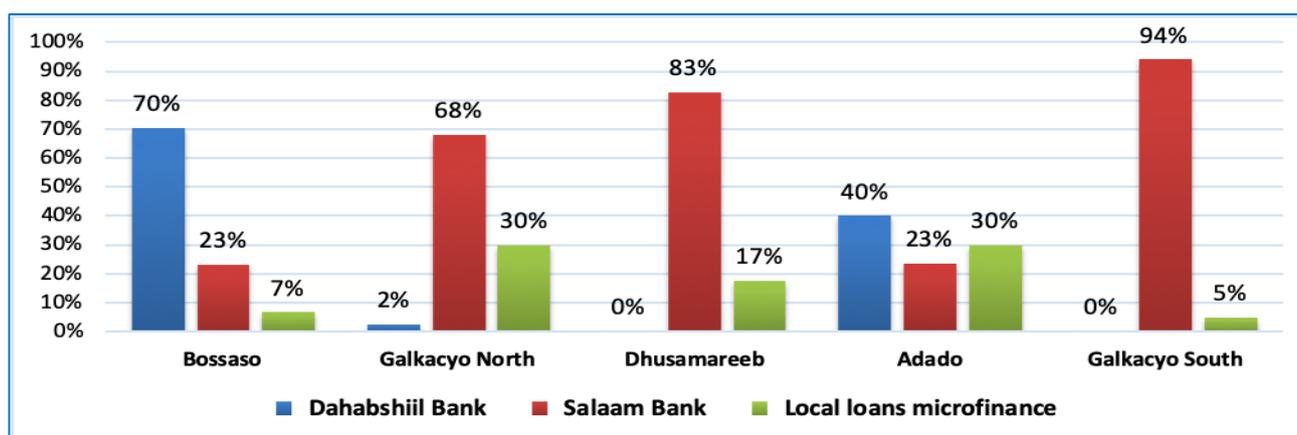
“...before I joined the Dalsan VSLA group in here in Hiran 2 camp, I have received a training on how to do tailoring of women clothe. However, I did not have any money to start the business. I would tailor one or two clothe but use the funds to buy food for my children, then wait for four to six month before I could be able to save any money to buy materials I needed to tailor another dress. However, when I joined the VSLA, we made contributions, for more than a year, we were selling vegetables, charcoal, and cereals and food items... the business was doing well, and members kept honoring their monthly pledge of \$4 dollars. I approached the members and asked them to give me a loan to start my individual tailoring business. I was lucky enough since I was given \$250, which was enough to help me buy all the necessary tailoring materials I needed to start off. The profit I make is enough to feed my family, without ruining my business or spending all the money...Currently, I spent the entire day tailoring from my house and delivering to my clients within the camp. I would however, like, if possible, for the project or any agency to help me get a permanent business premises where I can be my work, and even employ other young girls in the business...”

**Dalsan VSLA Group Member, Hiran 2 Camp- Galkacyo South**

“...In the past, the DSRIS project has provided us with groups, training and training that included raising our funds for six months after finding out what we had accumulated, they linked us with a supermarket store, where we were given goods and products to go sell as a group. After we sold and made profit, we would go back to the same shop and used the money we received from selling the goods, to get another stock, but at low rates. After selling, we would go back to the shop again, pay and get more goods and products. This has enabled our group to earn money we share and for our daily needs and bank some money in our business account. Without this group and the approach, they used to help us, most of us would be idle, hungry and just roaming in town... we hope to one day open our own shop, either as individuals or as a group...”

**Tawakal VSLA Group Member, Bossaso**

The study finding examined whether respondents under the study were linked to any microfinance or financial institution and whether they benefited from the linkages. Majority (70%) of Bossaso VSLA members had been linked to Dahabshill bank for loans and credit, (23%) to Salaam Bank, and (7%) to local microfinance organizations. For Galkacyo North, (2%) were linked to Dahabshill, (68%) to Salaam Bank, (30%) to local microfinance organizations. Dhusamareb had the least linkages to loans and credit with (83%) linked to Salaam Bank, and (17%) to local microfinance. Adaado, on the other hand, had (40%) of VSLA members linked to Dahabshill, (30%) linked to local microfinance, and (23%) linked to Salaam bank. Finally, for Galkacyo South, (94%) of VSLA members in the district were linked to Salaam bank, while (5%) were linked to local microfinance as summarized in Figure 4.36.



**Figure 4.36: VSLA Linkage to Financial Institutions (N= 348)**

Data triangulation with FGD interviews confirmed these findings as narrated by VSLA member from Tawakal Women Group:

“...The training we received at the beginning of the project helped us a lot in keeping proper records for each member contributions, meetings, minutes, and bank deposits for each month. As a result, in September, we applied for a loan at Salaam bank, and we received \$1640, which we have used to grow our business and also give some members emergency loans. Tawakal Women Group VSLA has continued to thrive, and most of our members always have enough money at the end of the day for the livelihood of their families...”

**Tawakal Women Group VSLA Member, Dhusamareb**

In all the five districts, the majority of VSLA members were satisfied with the services provided by the DSRIS project. Galkacyo North and South had the highest satisfaction rates at (85%) respectively, followed by Bosasso (60%), and finally, Dhusamareeb and Adaado (57%) respectively as noted in Figure 4.37.

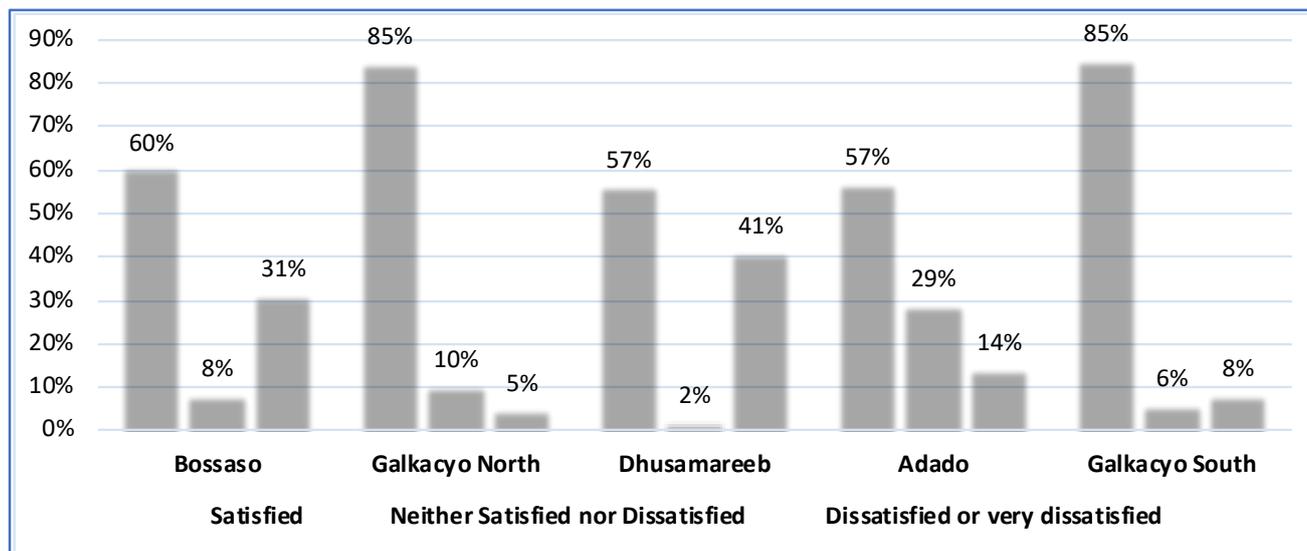


Figure 4.37: Levels of Satisfaction with VSLA Services Provided by the Project (N=719)

Under the DSRIS project, VSLAs were used as a mechanism to engage young people in responsible behaviors, by dissuading them from harmful behaviors such as irregular migration and conflict. Majority of VSLAs from all the five regions had participated in civic engagement to educate young people on the follies these behaviors. On average, 334 (82%) of all respondents from all the five districts had received civic education on harmful migrations, while (18%) had not. Galkacyo North had the highest (98%) VSLA civil engagement, followed by Bossaso (97%), Galkacyo South (68%), Adado (60%) and Dhusamareeb (55%). The cross-border migration and conflict between Galkacyo North and South in the recent past informs and validates the high levels of civic engagement in the region by the VSLA groups as compared to Adado and Dhusamareeb as highlighted in Figure 4.38.

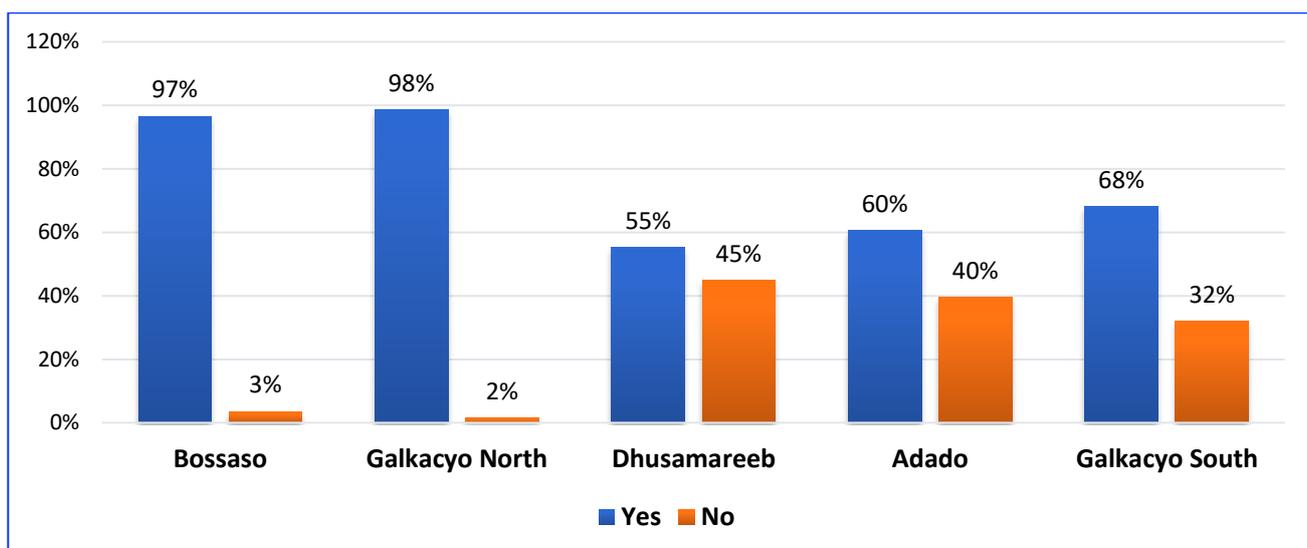
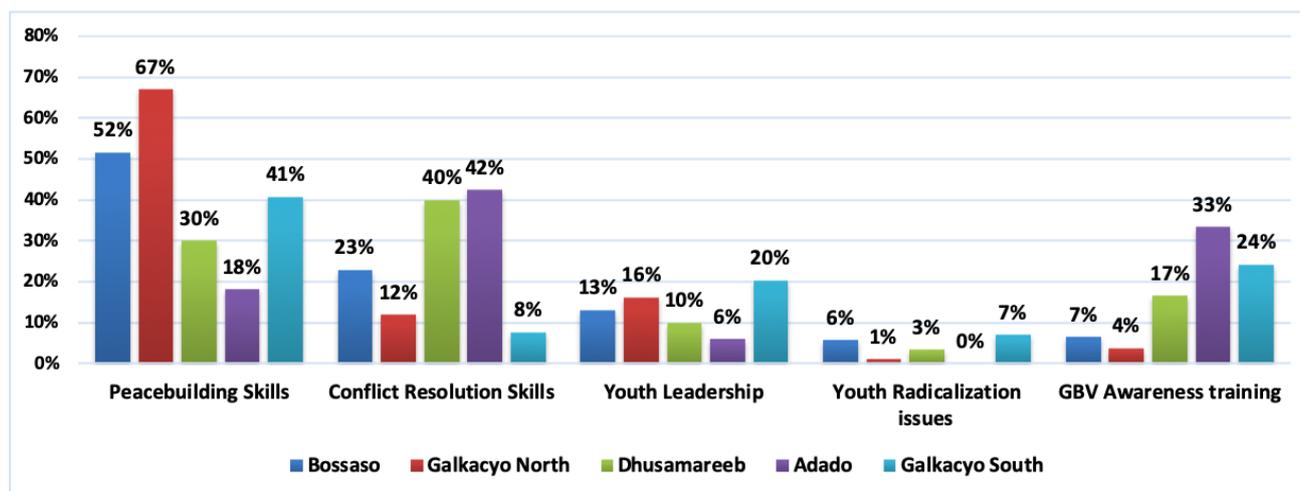


Figure 4.38: VSLAs Engaged in Civic Education for Youth on Harmful Migration Behaviours (N=407)

The engagement in civic education for young people was not just restricted to illegal and harmful migrations but also on peacebuilding, conflict resolution, leadership, and radicalization and GBV awareness. Overall, 266 (50%) of project focus in the five districts was on peacebuilding, followed by 88 (17%) conflict resolution, 83 (16%) youth leadership, 21 (4%) on youth radicalization, and 69 (13%) on GBV trainings. For Bossaso, the three most engaging training included peacebuilding (52%), conflict resolution (23%) and (13%) youth radicalization. For Galkacyo North, the training that was engaged the most included peacebuilding (67%), youth leadership (12%), and conflict resolution (16%). For Dhusamareeb, conflict resolution (40%) was the most engaged in civil education campaigns, followed by (30%) peacebuilding, and (17%) GBV training. For Adaado, the most offered civic education was conflict resolution skills (42%), GVB training (33%), and peacebuilding (18%). Other areas of civic awareness for each district are highlighted in Figure 4.39.



**Figure 4.39: Types of Civic Education Offered to Youth (N=527)**

The impact of civic education was evident in the feedback provided by youth FGDs as noted by the leader of Badbaado Youth Group:

“... Youth have been engaged from time to time, some of the help received by the youth include the training on how to engage in income generation activities, enrolling in TVETS for marketable skills courses, such as carpentry, masonry, tailoring, mechanics, plumbing and even beautification. Not every youth has gotten employment, or started a business, but for those who have done so, majority are now self-sufficient, and the lure of joining armed militia groups or engaging in illegal migration has significantly reduced. What this project did for women and youth is providing mechanisms for sustainable alternative livelihood. The main challenge with the project was that not every eligible youth was selected either for TVET or IGAs... majority of Somalia population are youth who are unemployed, vulnerable and susceptible to delusions of a better livelihood in conflict or when partnering with militias.... in future we need more youth to be involved, to be trained, and to receive support for IGAs...”

**Badbaado Youth Group VLSA, Adaado IDP Camp**

The youth need more awareness and training on the protections and safeguards against radicalization and illegal migration. To change the youth behaviour, there is need to engage them in decision making, particularly employment. You cannot tell an idle jobless youth not to join radical groups, when you are not providing alternative livelihood. We also need training on Youth management and leadership to enhance youth power in order to participate political and other activities...”

**FGD Member, Mudug Youth Group, Galkacyo South**

The survey data also indicated a significant impact on youth transformation as a result of initiatives under this project. On average, there was a (29%) n= 20 increase in peace initiatives, (27%) n = 21, decrease in radicalization, (18%) n= 17 increase in youth engagement in community work, and (11%), n=8 decrease in illegal migrations. For Bosasso, the greatest impact was reduction in youth illegal migrations as noted by (67%) of respondents. For Galkacyo North, the impact was on reduction of illegal migration and active engagement in community work as noted by (50%) of respondents respectively. For Dhusamareeb, active engagement in community work and active engagement in peace were reported by (38%) and (31%) of respondents respectively. For Adado, main impact was on active engagement in community work as noted by (41%) of respondents while in Galkacyo South, main impact was on decrease in radicalization and active engagement in peace as reported by (39%) and (37%) of respondents respectively as summarized in Figure 4.40

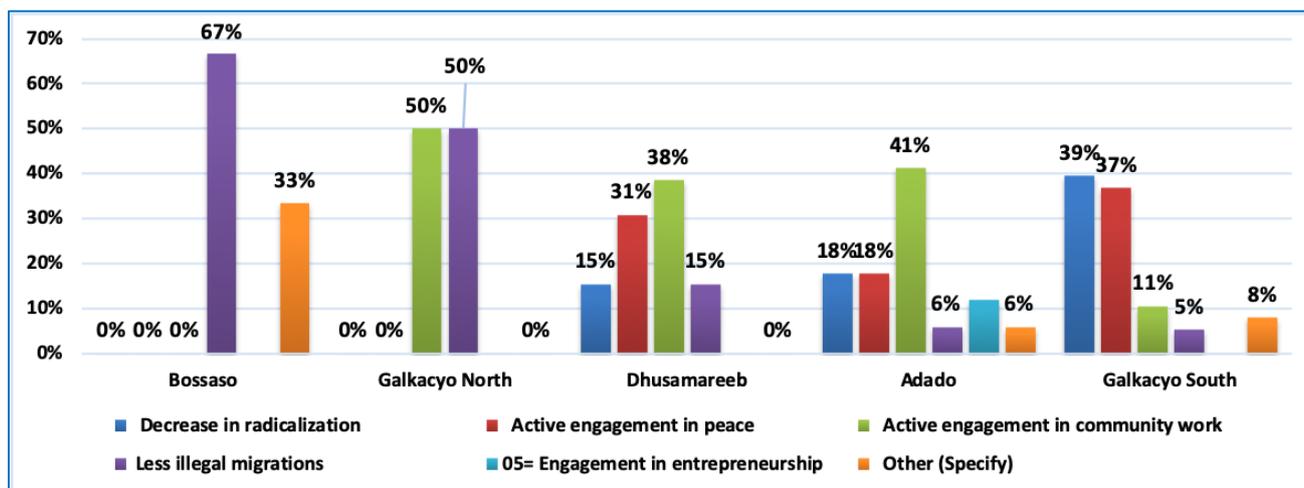


Figure 4.40: Effect of DSRIS Project on the Youth (N=73)

#### 4.7 Increased in Market-Driven Technical Skills through TVET Programs

The DSRIS project targeted training of 775 youth both for Diploma and certificate level in collaboration with the Ministry of Labour and Youth (MoLYS) in the two regions. This target was achieved and surpassed by (18%) as 141 more youth were trained as indicated by the training data for each course in Table 4.10.

Table 4.10: TVET Training in Puntland and Galmudug

Course	Beneficiaries Trained		
	Male	Female	Total
Beauty Salon	0	161	161
Masonry	55	0	55
Plumbing	75	0	75
Tailoring	0	249	249
Electrical	85	0	85
Mechanical	62	0	62
Cooking	0	58	58
Carpentry	40	0	40
Nursing	6	34	40
Pharmacy	29	6	35
Tie and Dye	0	56	56
<b>Total</b>	<b>352</b>	<b>564</b>	<b>916</b>

For Institutional Based Training (IBTVET), and Higher Education training, the program successfully trained 75 graduates (33male and 42 female). The course breakdown is provided as follows:

**Table 4.11: IBTVET Training**

Diploma Course	Cumulative Beneficiaries		
	Male	Female	Total
Nurse	7	33	40
Pharmacy	26	9	35
<b>Total</b>	<b>33</b>	<b>42</b>	<b>75</b>

The materials and equipment provided under the training to the TVETs for the courses offered are highlighted in Table 4.12.

**Table 4.12: TVET Training Materials Provided to Institutions**

Skills	Description of Materials	Quantity
Masonry	Trowel, Hammer, large size Axe), Shovel, Tape 30 Measure) Block Molds, Nylon fishing twine No 72	30
Plumbing	pipe wrench ‘12’, pipe wrench ‘10’, High tension Hacksaw, Ball peen Hammer, Drill, Cutter pipe, Masonry wooden float, pipe friendly tape measure), toolbox	25
Electrical	Electrical set kits	25
Mechanical	Best Automotive Hand tool	30
Clothing and Tailoring	Sewing Machine Junk-T 82, Scissor No 11	30
Beauty Salon	Hair Style 8-in-1 (foneyeye), Henna, Hair Cream, Hair 30 scissor, black Aishwaria	30
Food Cooking	cooking oven, fruit blender, cooker 2 belts	30

This study sought to examine the impact and effect of the project on the TVET institutions and the graduate trainees. Based on the key informant interviews, building self-reliance and livelihood sustainability of the trainees was an important achievement under the project. The youth trained under the project have been able to establish entrepreneurial ventures through which they are earning a living as noted by Najax TVET Manager:

“...the DSRIS was very instrumental in enhancing access to skills training for the youth. The project also trained instructors, senior management team in addition to providing transportation training materials and startup kits to 185 trainees here at Najax Vocational Trading Centre. As a result, most of our trainees have set up shops offering dressmaking, and beautification. The young men are mostly involved in offering plumbing services while others have joined local garages to offer auto mechanical services which earns them enough money for their daily livelihood needs. At the institutional level, the project helped us pay our electricity bill. Water bill, in addition to also paying our TVET instructors. One of the important aspects of the project is the incorporation of the IDPs, Host community and Returnees into the programs. As a result, they have learned to co-exist, and learnt to assist and protect one another, which is a really good achievement...”

**Najax Vocational Trading Centre Manager, Dhusamareeb**

“...I was trained in hair dressing, hair cosmetics, and body care at the TVET centre. I was very lucky to have been selected and supported to do the training under durable solutions project. The skills have helped me to be able to establish a business where I do hair dressing for women. The job is paying well as I have been able to train and employ two other girls who help me with the work. On average, we get \$20 dollars a day. I use the money to pay the assistants and have enough left to cater to my family needs. This is a skill I will be able to use for a very long time. It is important for the project and other future projects to target youth with skills that will be able to make them self-reliant, and able to generate enough income for their livelihood needs. This will not only reduce poverty and idleness but enable the youth to effectively contribute to community development...”

**TVET Graduate Trainee- Galkacyo North**

“...At Professor Adow Vocational Training Centre, I was trained on tailoring, where I graduated in January 2019. After we graduation, we (four of my fellow graduates) were given a tailoring machine, and other start up kits like fabrics, and venue for starting our entrepreneurship business. We are currently sharing the shop, and we earn about \$5 to \$15 each per day per person for tailoring services. Most of us are married and have families to take care of. As for my case, I have two children and the money is enough for now for all the food needs. Though I am hoping to grow the business, so I can be able to earn more and build a house for my family...”

**TVET Graduate Trainee- Galkacyo South**

To ensure long term sustainability in the offering of TVET skills training, the DSRIS project offered cost recovery training which entailed business planning, cost recovery skills and strategies, operational and business operational skills, and mentorship so as to enable the institutions to develop production units through income generation activities. However, for all the TVETs visited under the study, cost recovery and institutional income generation activities that were still independent on donor and humanitarian funding as institutional IGAs were yet to be realized.

**Result 3: IDPs and other vulnerable groups are better protected, integrated and accepted through enhanced social dialogue, community participation and advocacy initiatives for inclusive policies and legal framework**

As noted in section one and two of this report durable solution is the sustainable integration of IDPs, returnees and refugees through the provision of services, empowerment, and social cohesion. Under this evaluation, a durable solution was deemed to be realized when refugees no longer had overreliance on humanitarian or local assistance and protection and can freely enjoy their rights without discrimination resulting from their displacement. At present, the three durable solutions that are recognized by the international community for refugees are: of sustainable integration of IDPs, returnees and refugees through the provision of services, empowerment, and social cohesion. This could be done in any or all of the three ways namely:

### **I. Voluntary Repatriation**

Voluntary repatriation of refugees and IDPs is facilitated through an integrated approach known as “**Repatriation, Reintegration, Rehabilitation, and Reconstruction (4Rs)**”. Based on the study findings, there was no evidence to showcases where refugees were engaged in repatriation exercises under this project, but rather, more focus was placed on reintegration, rehabilitation and reconstruction of returnees together with the other IDPs within the five project regions. The reintegration and rehabilitation process was implemented through DSRIS result area one as reported in section 4.3 to 4.5. Access to quality education, health services, WASH, GBV and protection services were implemented in an effective manner. However, not all returnees or IDPs could benefit from these initiatives since the project targeted the most vulnerable IDPs from selected camps. This means that a large number of IDPs and returnees are yet to be reached with durable

solution packages. For those who benefited from the DSRIS majority have been empowered to make informed and voluntary decisions on durable solutions they might want to pursue their livelihoods. To enhance IDPs and returnee's participation in reintegration and rehabilitation decisions affecting their livelihoods, village committees, camp committees, VSLA committees, water committees, were all lead by the IDPs and returnees. This approach guaranteed adequate representation at both local and regional governments' discussions, and at humanitarian development agency's decision-making forums. As such, IDPs' rights and needs towards access to education, health, land, water, and property were considered in recovery and development strategies implemented during the life of the project.

The finding of this evaluation also established that the project did not pay adequate focus on the reconstruction component of the durable solutions. There is limited evidence pointing to the establishment or construction of permanent shelters for the IDPs and the returnees. The mobile clinics provided essential services including nutrition, antenatal, postnatal, immunization, diagnosis, and treatment of various non-emergency diseases, however, the mobile clinics were not transformed into permanent dispensaries or health clinics post project closure. The possibility of losing the gains made by mobile clinics is eminent. Most of the IDPs and returnees lack adequate access to referral hospitals and other health facilities within the project regions. The mobile clinics brought the much-needed health services closer to the IDPs support. The transfer of the mobile clinics back to MoH does guarantee the continuation of these services within the IDP camps. It is highly probable, that IDPs and returnees will have to revert to former ways of accessing health services, which in itself, will reverse durable solution gains made under the project. The project should have considered among other strategies, the establishment of permanent clinics essential for sustainable health service solutions.

## 2. Local Integration

The DSRIS sought to provide refugees, returnees, and IDPs with opportunities to integrate within local communities through development assistance with the aim of attaining a durable solution. The review of project documents and monitoring reports shows that DSRIS has contributed to the improvement of the capacity of IDPs, refugees, and returnees particularly capacity to exercise their rights to ownership of land and access protection services.

Collaborations with the Ministry of Interior, traditional leaders, and religious leaders had enabled the training and capacity building of 229 IDP committees' members (128 female, 101 male) to advocate for IDPs, returnees and refugees' rights to land and implementation of the local integration action plans. Additionally, the study established that 153 traditional leaders and religious leaders' (109 male, 44 female) were engaged on land provision for IDPs in Bossaso and Galkacyo, which yielded some desired impact as IDPs were allocated land for a school and permanent resettlement in Galkacyo South as highlighted by a local elder:

*"... one of the ways the DSRIS ensured cohesion between the IDPs and the host community as through inclusive participation of both in all activities and project initiatives. For instance, as you are aware, this project has helped youth and women to establish sustainable livelihood through training, entrepreneurship, VSLA and other income generating activities. During the selection process, for instance, for TVETs, youth from both the host community and IDPs were selected. Similarly, VSLAs consists of groups formed from IDPs and poor host communities. The mobile clinic was not just for the IDPs, but also benefited the host communities. As such, the local communities could see the benefit of having the refugees and IDPs assimilated and integrated in their community. This approach enhanced interactions, built relations, and trust, which has been essential for the Ministry in discussions with local leaders to allocate community land for permanent resettlement..."*

**Director General, Ministry of Interior, Puntland**

“...the issue of IDPs in this region has been discussed at length between DSRIS partners, traditional leaders, religious leaders and the Ministry of Interior. We all agreed there was need to allocate some of the community land to the IDPs for permanent resettlement. Currently, on the land that was allocated in Galkacyo South region, we have so far resettled about 800 households. However, the process of ensuring this families get permanent housing structures, is still ongoing...other partners have helped to develop temporary durable shelters being used by majority of the households. The legal resettlement process is slightly complex as it involved the Ministry of Interior, who have to certify the land and the allotments...”

**Traditional Leader, Galkacyo South**

“...Yes, we have very good relationship with the IDP groups who live in the camps around our community. Initially, we opposed and resisted the IDPs from being settled in our community land. Our objection was based on the fact that this are people who came in with nothing and wanted to use and enjoy our local resources at the expense of our community. There are several cases where the youth attached come of the IDPs seeking to compel them to move out of their temporary shelters. But with time, meetings between the refugees and local communities chaired by local leaders and Ministry of Interior, and supported by humanitarian agencies such as CARE, Save the Children, UNHCR and other local NGOs, peace has returned. We interact freely. There are discussions to permanently resettle the IDPs on the land they are occupying, but am not sure when this will be done...”

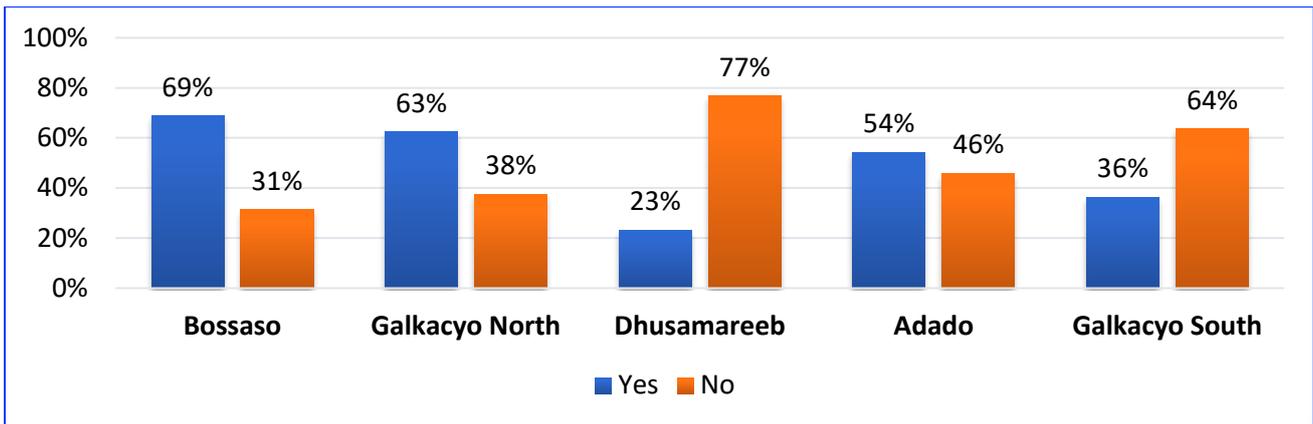
**Host Community Leaders FGD Member, Adaado, Badbaado Camp**

### **3. Resettlement**

Resettlement in the context of durable solutions refers to the provision of land and other livelihood resources that would enable IDPs, refugees and returnees, to not only assimilate and integrate but also form permanent residents within the new local communities. This means providing similar opportunities for housing and social livelihood amenities such as access to water, health, education services without any discrimination, or denial of fundamental rights and privileges. As noted in the previous local integration section, the process of delineating and allocating land has been an ongoing discussion between the local authorities, Ministry of the interior, IDP representatives, and development agencies such as DSRIS consortium partners. Galkacyo South and North discussions resulted in 800 IDP households being permanently in the regions. Despite this significant achievement, the resettlement component still lags behind due to multiplicity of differing interests between local communities, their leaders, local authorities, regional governments, and IDPs on formulating singular understanding and commitment to the resettlement formula, land, rights and privileges as prescribed by the internationally acceptable standards. Refugee and IDPs resettlement is a long-term process

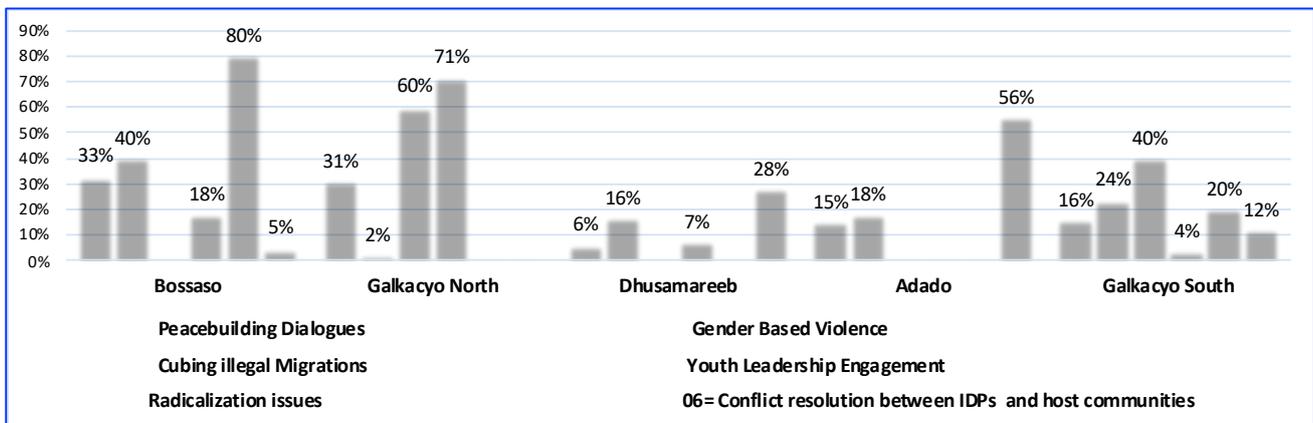
#### **4.8 Increased Access to Sustainable IGA Opportunities for Youth and VSLA Members**

Strengthening social dialogues and cohesion was one of the most important aspects of this project as it was built to ensure IDPs and host communities' harmonious coexistence sustainability beyond the project period. When the study respondents were asked whether they had participated in the cohesion community meetings, on average, 345 (48%) or respondents across all districts had participated, while 374 (52%) had participated. Bossaso had the highest participation (69%), followed by Galkacyo North (63%), Adaado (54%) and Galkacyo South (36%). However, compared to other regions, Galkacyo South and Dhusamareb still need concerted efforts in building social cohesion as these regions recorded the highest percentages of respondents who have not participated in cohesion community meetings as summarized in Figure 4.41.



**Figure 4.41: Respondents Participation in Cohesion Meetings (N=719)**

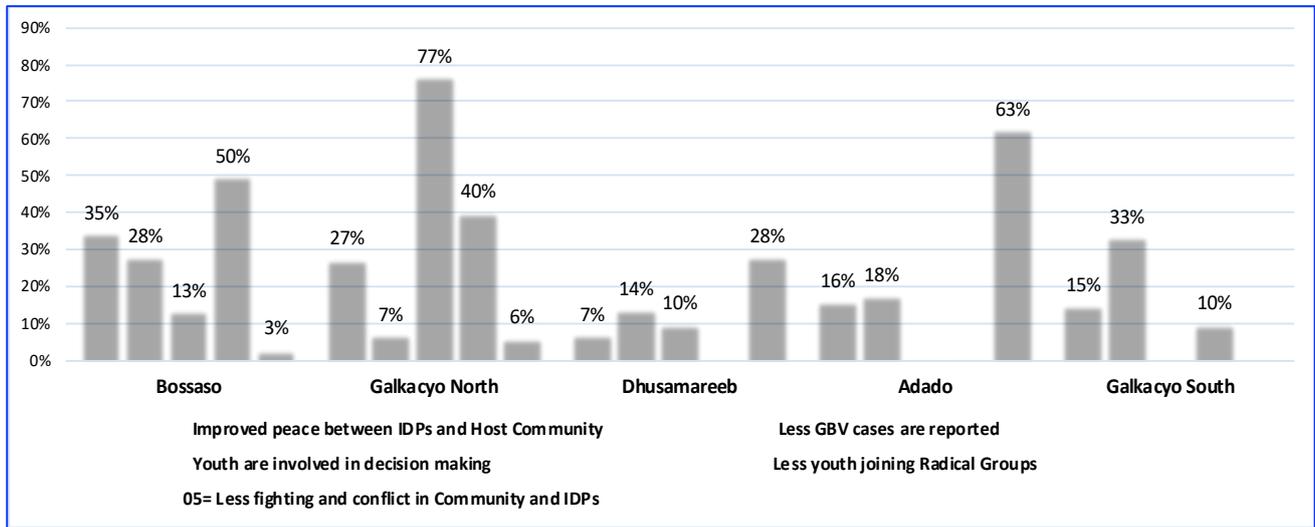
Based on the study findings, different regions had variant cohesion activities due to contextual factors. For instance, the main issue among the IDPs and host communities was the radicalization of youth to which, (80%) of dialogues were focused. There was also a focus on GBV as reported by (40%) of respondents, (33%) on peacebuilding, (18%) on youth leadership engagement, and finally (5%) of respondents were of the view that cohesion initiatives focused on conflict resolution between IDPs and host communities. In Galkacyo North, social cohesion initiatives focused on youth leadership engagement as reported by (71%) of the respondents, followed by (60%) initiatives that were focused on curbing illegal migrations, and (31%) that focused on peacebuilding dialogues, and (2%) on GBV. Galkacyo South had (51%) of respondents indicating social cohesion initiatives was on conflict resolution between IDPs and host communities, (16%) indicated focus was placed on peacebuilding initiatives, (40%) on curbing illegal migration, (20%) cubing youth radicalization, (24%) focused on GBV, and (12%) on conflict resolution between IDPs and host communities. Dhusamareeb and Adaado had the lowest social dialogue initiatives as summarized in Figure 4.42



**Figure 4.42: Types of Social Cohesion Dialogues per District (N=345)**

The impact related to social cohesion varied from one district to the other. On average, there was (50%) decrease in youth radicalization from all the five districts, and about (20%) improvement in peace and community cohesion between the IDPs and host communities. For Bosasso, decrease in youth joining radical groups was reported by (50%) of respondents, followed by (35%) who indicated improvement in peace between host communities and IDPs, (28%) reported reduction in GBV cases, (13%) reported an increase in youth participation in decision-making processes, while (3%) reported less fighting between the IDPs and host communities. For Galkacyo North, (77%) of respondents reported an increase in youth participation in decision-making processes, (40%) reported fewer cases of youth joining radical groups, (27%) noted improved peace between the host communities and IDPs, (7%) reduction in GBV, and (6%) less fighting between the IDPs and host communities. Dhusamareeb had the lowest percentage reduction in GBV cases at (14%), and (28%) less fighting between IDPs and host communities. This was followed by (10%) inclusion of youth in decision-making processes, and (7%) on improvement in peace between host communities and IDPs. On the

other hand, Adaado (63%) of respondents reported less fighting between IDPs (18%) reduction in GBV cases, (16%) in improved peace-building initiatives between host and IDPs, while in Galkacyo South, (33%) of respondents reported in GBV cases, (15%) reported improvement in peace between host communities and IDPs, and (10%) reported a reduction in youth radicalization in their regions as summarized in Figure 4.43.



**Figure 4.43: Impact of Social Cohesion Dialogues per District**

The project also supported the Tawakal Community center and with the installation of solar panels, desktop computers, office chairs, and tables. The center is currently serving as a discussion and recreation center for the different categories of the community, including youth and women. The number of those who have benefited from the center is 549 (235 male and 314 female). The project also equipped a government-run job center in Cawaale stadium. The center has been helping the youth to develop their CVs, apply for jobs, and get guidance and counselling on interviews.

**Result 4- Evidence-based replicable and scalable mechanisms established to inform policy and practice on migration, reintegration and durable solutions**

**4.9 Agreements on Area-Based Approaches**

The DSRIS project anticipated to offer support to urban planning in the five regions under project implementation. This was to be done in response to mixed migration between IDPs, refugees, returnees and host community needs through the generation of evidence to support area-based responses. Formal structured agreements with national, regional, district and city governmental actors on the application of area-based approaches were envisaged. However, this was to be actualized through policy formulation, that was to be endorsed by the local and regional governments. Despite project efforts to this end, no formalized policy had been advanced on the same. Periodic research and monitoring on DSRIS activities had provided important information on the durable solution components (health, education, WASH, GBV, and protection). Sectoral monitoring reports for each region were disseminated for consortium members and stakeholder’s consumption. These reports informed discussions with local authorities and IDPs, returnees, and host communities’ discussions and decision-making processes.

**4.10 Linkages Established with Key Humanitarian Platforms**

The establishment of linkages and partnerships with key humanitarian and developmental coordination platforms was to enhance knowledge and learning on durable solutions in the Somalia context. The DSRIS partners had established an alignment with the Regional Durable Solutions Secretariat (ReDSS), which is the information management and learning partner for all of the other EU-ReInteg consortia in Somalia. The project

partners have already disseminated baseline and mid-term evaluations based on the ReDSS framework. Additionally, a one-on-one distribution of materials and products on ReDSS Evidence-Based Learning was conducted in Mogadishu in November 2018.

The study also established that the neighbourhood information system was established in 2018 and used to collect data on teachers, medical workers, vendors, mosque caretakers and water point attendants in Galkacyo North and Galkacyo South. The extent to which the system provided significant import to DSRIS consortium partners not evidenced as such data was not referenced in any of the partners' reports, documents nor in the field evaluation study. Nonetheless, strengthening such a system is vital to suture data sharing within humanitarian partners seeking to engage service providers, or IDP communities, stakeholders or leaders within the communities for humanitarian /durable solution interventions.

## 5.0 OECD /DAC EVALUATION CRITERIA

---

### 5.1 Project Relevance

Somalia has been confronted with a range of natural hazards in addition to the arid and semi-arid. Drought and inconsistent rainfall are underlying threats, along with flooding and earthquakes<sup>1</sup>. Somalia has endured multiple severe drought episodes since 1965. The 2011 drought was one the worst in 60 years, resulting in 260,000 deaths and affecting 13 million, and over 70% of the pastoral livestock particularly in the southern regions of Somalia<sup>2</sup>. Just six years after the tragic famine (2011/2012), more than half of the Somali population- 6.7million- out of 12 million people have been at constant risk of famine and in need of immediate humanitarian assistance (2017). According to the May 2017 estimations by the FAO managed Food Security and Nutrition Analysis Unit (FSNAU), 3.2 million out of the 6.7 million people are in 'crisis' and 'emergency' humanitarian situation<sup>3</sup>. Additionally, the failure of the rains in 2016 through 2017 led to the loss of more livelihoods, scarcity of water and pasture and the displacement of more than (766,000 people-UN reports July 2017). Acute watery diarrhoea and cholera have claimed over 1,000 life. As of 31 May 2017, there had been an estimated 739,000 drought displacements with 65 per cent, the displacements being under the age of 18 (UNHCR, 31 May 2017).

Areas of Bosasso, Galkacyo, Adaado, and Dhusamareeb were significantly affected by the refugees and displacements. Some of the IDPs were displaced 30 years ago, whereas others continue to arrive in the city on a daily basis due to conflict and climate factors such as drought, floods, and famine. Alternative economic opportunities in these areas are limited. According to the UN Children's Fund (UNICEF) estimates youth unemployment to be at 67% in Somalia<sup>4</sup>, a situation that was made worse by the drought, famine, migrations, and conflict. The baseline study conducted by IMPACT in early 2017<sup>5</sup> validated studies by UNICEF and UNHCR that had indicated that the ongoing drought and instability were contributing to a serious increase in displacement, migrations, and formation of IDP camps. Secondly, in early 2017, the decision Kenyan government to a close Dadaab refugee camp in eastern Kenya led to the establishment of a voluntary repatriation scheme facilitated by UNHCR. Further, the IMPACT report had highlighted the increasing strain on local resources due to the influx of IDPs, refugees, and returnees in their settlements in Puntland and Galmudug – particularly with regard to the provision of basic services, such as food, health, education, water, and sanitation. Another issue of great concern was the high rate of unemployment among the youth – leaving them vulnerable to being caught up in violent extremism. Based on the aforementioned, the DSIRS was very relevant as there was a need for urgent humanitarian intervention to provide durable solutions that could put

---

<sup>1</sup> <http://adesoafrika.org/what-we-do/blogs/the-formation-of-the-somali-national-disaster-management-policy/>

<sup>2</sup> FSNAU, 2012

<sup>3</sup> FSNAU, 2017

<sup>4</sup> UNICEF. Education in Somalia: Summary. Available online at [https://www.unicef.org/somalia/education\\_56.html](https://www.unicef.org/somalia/education_56.html) [last accessed 12/07/2017].

<sup>5</sup> Durable solutions for Refugees and IDPs in Somalia: Baseline Assessment Report, IMPACT Initiatives, June 2017

the IDPs, refugees, and returnees on a livelihood trajectory that was sustainable, while at the same time, enhancing the capacity of local authorities, and local communities for stability and cohesion. The project relevance is also examined based on the extent to which major stakeholders were involved, and the extent to which the needs of the beneficiaries were incorporated into the project design and implementation.

### Project Design

The DSRIS project was implemented in two regions Puntland (Bosasso, and Galkacyo North Districts) and Galmudug (Galkacyo South, Adaado, and Dhusamareeb districts). The project was implemented under a consortium of five members with core areas as follows:

- ✓ **CARE:** Education, GBV, empowerment of women and youth
- ✓ **Save the Children:** Health, GBV and Child Protection, VSLA support
- ✓ **ACTED:** WASH
- ✓ **Save Somalia Women and Children:** Health, WASH, GBV
- ✓ **IMPACT:** Research.

Since CARE had ongoing programming work and offices Bosasso and North Galkacyo, it was the lead agency in these districts for ease of direct activity implementation and monitoring. Activities implemented by CARE included Education, Health, protection/GBV in Bosasso and Galkacyo North, and Galkacyo South. On the other hand, Save the Children had programming work and offices in Adaado and Galkacyo and became the lead partner in implementing project activities in the districts. SCI activities included Health, Child Protection and Livelihood components in North Galkacyo and health/child protection activities in Bosasso (to complement CARE's activities and bring specific expertise). Save Somalia Women and Children was in charge of implementing project activities in Dhusamareeb, as well as health activities in South Galkacyo in coordination with SCI. ACTED was in charge of implementing WASH activities particularly hygiene promotion, WASH in schools, and harmonizing approaches between consortium members on hygiene promotion. ACTED implemented all WASH activities in Galkacyo (North and South). IMPACT implemented result 4 activities on research and evidence-based advocacy, ensuring all products were properly distributed at the local, national level through proposed coordination bodies.

This study established that the involvement of project beneficiaries at the design phase varied based on the area of engagement as reported by the following beneficiaries:

*"... when the committee was formed, we were asked to list the needs of the school, and what we thought needed urgent attention so as to enhance more pupils access to education, and enrolment. We listed rehabilitation of the classrooms, painting of the classes, purchase of more desks, and blackboards, to which the project provided... we were directly involved in the formation of the School Improvement plan, which is a document that we are using to plan for the school development and performance, and teacher development. The project provided us with seed money to implement the School Development Plan. We were allowed the liberty to determine the school priorities to spend the funds. However, decisions on how many teachers to employ, and how much to pay them was beyond our scope, as this was an exclusive discussion between the local administration, Ministry of Education and the project partners "*

**CEC Member, Al-mmun Primary School, Dhusamareeb**

*"...As community leaders we were involved in mobilizing the IDPs and host community members for awareness campaigns on social cohesion and integration, training of community leaders. We also participated in education awareness campaigns targeting parents for enrolment of their children in school, particularly girls... currently, in most of the IDP schools the number of girls and boys who are enrolled is almost the same..."*

**Camp Leader, Bosasso**

“...the design of GBV interventions and activities were done by the CARE. We were only involved at the training level, where we received capacity building on topics like counselling, psychosocial support, dealing with survivors and their families. ...we were empowered enough as GBV focal points to make local decisions on what was best for the survivors including the referral pathways...I believe this was the intent of the project. Secondly, on the issue of health care services, we were not involved in determining the locations for the mobile clinics, but the local community leaders were involved...”

**GBV Focal Point- Hiran 2 Camp**

Key ministries from both regional states including the Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Interior (Mol), Ministry of labour and Youth Services (MoLYS), and Agencies for Water, Energy, and Natural Resources were involved in establishing project initiatives and locations. Additionally, local government and ministry staff targeted for training, and those who participated in steering committee meetings were seconded by their respective ministries or departments. Decisions made during the steering committee meetings were also implemented by the project partners.

## 5.2 Project Efficiency

**Project Budget:** The project had a well-structured budget per partner (CARE € 4,849,444.00; SCI € 3,500,000.00; ACTED € 713,556.00; IMPACT € 137,000.00; and SSWC € 800,000.00). Based on the findings, the funds were utilized well. However, activity budget allocations to some of the project programmes were not adequate. For instance, on the Health component, allocations for two mobile clinics were not adequate to cover the vast needs in all the implementation camps. The medical supplies allocations were also not adequate to cover vast needs in the camps. The health teams attached to the mobile clinics were overstretched providing daily outpatient consultations, antenatal and postnatal care, family-based care, responding to emergencies, immunization, and providing health education to the community. In as much as the project provided much-needed health services to the IDPs and host communities, the 6 staff attached to the unit were not adequate. The daily workload for the staff was overwhelming. On Education, funds allocated were utilized in school renovations, reconstruction, training of teachers, CECs and school administrators. However, for a durable solution approach, there is still a vast need for education-related interventions within the IDP camps. The classrooms built under the project were necessary, and most durable, but not sufficient for the long-term sustainability of continuous enrolment of the pupil. For instance, in Haar-Haar IDP camp, three classes were built against the current enrolment of 354. For GBV and protection services, training of GBV and protection focal points was efficiently done. The GBV focal persons were drawn from existing community health workers attached to MoH.

**On staffing:** The project relied on each partner regional strength and established offices in the respective districts to implement the project. CARE, SCI, SSWC reported adequate staffing. However, ACTED experienced staffing challenges in Dhusamareb/Adaado areas. Available funds (from DSRIS) and complimentary funds from the project was not sufficient to sustain office operations in the regions. However, the WASH manual developed by ACTED was adopted and implemented by all partners conducting hygiene and sanitation awareness and advocacy campaigns.

## 5.3 Project Effectiveness

### Education Component Indicators

**Access to Education:** The project targeted 2,560 primary school pupils for enhanced access to quality education, of which 30% were supposed to be girls. Based on the findings, the project had an enrolment of 8010 out of which 4,268 (53%) boys and 3,724 (47%) were girls supported in primary schools in Puntland,

Galmudug. Of these 1,183 (625 boys and 558 girls) dropped out/transited leaving a current enrolment of 6,803 (3,637 boys and 3,166 girls) pupils. The project targeted to construct, and or rehabilitate 36 schools (either temporary or permanent) structures. By the end of the project 97 classrooms (10 temporary classrooms constructed, 82 classrooms rehabilitated), 5 classrooms Permanent) had been achieved. Additionally, 6 school offices, 2 school fences were constructed and furnished in IDP settlements in Galmudug and Puntland. The IDP/Refugee communities had a positive perception towards opportunities provided under the project that had enhanced access to education, though, they indicated the need for education services is still vast as some of IDP children in camps not reached by the project are still out of school.

**Education Awareness Campaigns:** The education awareness campaigns reached 779 (322 male, 457 female) on the importance of information campaigns on the importance of education. There was no specific target at baseline to compare the achievement, however, the improvement in school enrolment indicators is a testament to the effectiveness of the education awareness campaigns. Prior to the commencement of the project, most of the parents within the IDP camps with school aged children did not see the importance of enrolling their children to school. Targeting this parents and IDP and host communities with education awareness campaigns was very relevant component of the project. Based on the study findings, discussed in previous paragraph, education awareness campaigns significantly contributed to increased enrolment of school aged children to school.

**Life skills training and sanitary kits:** The project targeted to reach 500 adolescent girls (grades 6 to 8) with life skills training and sanitary kits. The aim was to enhance the confidence of girls to be able to attend school without being afraid of the challenges associated with puberty transitions. Based on the findings, the project surpassed this target by (27%) as 634 adolescent girls have benefited from the project. As a result, the target enrolment of girls was higher than anticipated. The enhanced girls enrolment can also be attributed to the confidence the sanitary kits provided to the girls compared to the period before the project commenced. However, the enrolment correlation with sanitary kits might not last in the long term if the component does not receive sustainable future support.

**Teacher Training and Incentives:** On teacher training and incentives, the project provided 76 teachers (54 male and 22 female) with in-service training, out of which 4 (North Galkacyo), 13 (South Galkacyo) 18 (Adaado), and 5 (Bossaso) were supported with monthly incentives of USD 100. These initiatives were reported to have led to an 8% improvement in learning outcomes demonstrated through the average score for all grades in the supported schools. However, cumulative comparative improvement data at the beginning and end of the project to verify the 8% increment was not available at the time the study was conducted. On the other hand, the improvement of the school environment, rehabilitation, class construction was attributed to the drastic increase in the enrolment numbers in the schools.

**Community Education Councils:** The project had targeted to establish and train 24 Community Education Councils (24 CECs) to help schools improve management and performance. The findings show that all the 24 CECs were established and trained to consist of 168 members (95 male & 73 female). Out of the 24 CECs, 18 CECs were helped to develop School Improvement Plans (SIPs), while the other 8 CECs received grants of USD 2000 to utilize in school development and based on prioritized needs. All of the CECs that received capacity training on SIPs have been effective in helping school administrations to conduct education awareness campaigns, school management in terms of development prioritization, and performance. The establishment and training of CECs was also attributed to the enhanced enrolment in schools, and mobilization of parents to support teachers and school administrations to quality education to school aged children. Long term impact will be measured in terms of successful transition rates and sustained improved performance, which this study did not measure at this point.

**Capacity Building for Civil Servants:** The project targeted to train 75 civil servants within the education sector on SIPs, school management, and quality assessment and assurance in schools. The findings show that 87 civil servants - 79 (63 male and 28 female) teachers, 8 education civil servants) were trained and supported through incentive. As a result of the capacity building, Ministry of Education offices are able to support not only the project schools, but other schools to develop SIPs, in addition to offering this schools required quality

assurance services. This component was effective in the sense that it achieved desired goal, and efficient in that the available project resources resulted in more capacity training than initially designed at the beginning of the project. Therefore, capacity training for civil servants demonstrated value for money as evidenced by the findings of this study.

### **Health Component Indicators**

#### **Access to Health Care Services:**

The project targeted at least 20% of HH (29596 people) to actively access health services across all 5 districts. The findings show that by the end of the project, 23507 HH (141043) persons accessing to health care services across all 5 districts. This accounted for 377% increase in access to health services compared to initial 20% target as evidenced by number of patients that visited the facilities. The project established 8 health facilities comprising 6 Mobile Medical Units (MMUs) in Bossaso, Galkacyo North and South, and Dhusamareeb, and 2 static Primary Health Care unit in Adaado. Additionally, 1038 safe delivery kits and 115 pieces of health-related IEC materials were distributed as a way of enhancing access to health care services. The approach adopted was effective in that it enhanced IDPs and host communities' access to health services including maternal care, ante and postnatal care that were not available before the project. Project beneficiaries were grateful that the project had positively impacted their lives as they had adequate access to the health services. However, despite the mobile clinic approach enhancing access to health services, it did not meet the durable solutions criteria, particularly in Galkacyo North, Galkacyo South, and Dhusamareeb. A durable solution means that health services should be reliable and self-sustaining beyond the project period, without overreliance on humanitarian assistance. The mobile clinics under the project were handed back to the MoH, which does not guarantee the continuation of IDP centred health care services. Training and equipping of Adaado permanent clinics do meet the durable solution standard.

**Access to Health Care Services:** The project targeted at least 20% of HH (29596 people) to actively access health services across all 5 districts. The findings show that by the end of the project, 23507 HH (141043) persons accessing to health care services across all 5 districts. This accounted for 377% increase in access to health services compared to initial 20% target as evidenced by number of patients that visited the facilities. The project established 8 health facilities comprising 6 Mobile Medical Units (MMUs) in Bossaso, Galkacyo North and South, and Dhusamareeb, and 2 static Primary Health Care unit in Adaado. Additionally, 1038 safe delivery kits and 115 pieces of health-related IEC materials were distributed as a way of enhancing access to health care services. The approach adopted was effective in that it enhanced IDPs and host communities' access to health services including maternal care, ante and postnatal care that were not available before the project. Project beneficiaries were grateful that the project had positively impacted their lives as they had adequate access to the health services. However, despite the mobile clinic approach enhancing access to health services, it did not meet the durable solutions criteria, particularly in Galkacyo North, Galkacyo South, and Dhusamareeb. A durable solution means that health services should be reliable and self-sustaining beyond the project period, without overreliance on humanitarian assistance. The mobile clinics under the project were handed back to the MoH, which does not guarantee the continuation of IDP centred health care services. Training and equipping of Adaado permanent clinics do meet the durable solution standard.

**Quality of Health care:** To enhance the quality of health care services, the project envisaged to train 20 health care workers (11 male, 9 female). However, this target was surpassed as 52 health workers (11 male, 9 female): 10 mobile health staff (6 females & 4 males), 10 MoH staff (3 female and 7 male), 20 (1 male and 19 female) health workers and 12 female midwives trained on emergency obstetric and new-born care (EMONC) and Integrated Community Case Management (ICCM) for sick children were trained. Additionally, 34 (19 male, 15 female) health civil servants were supported through incentives. The approach to target and train health care workers as adopted by the consortium was very effective as midwives were reported to be using the acquired skills to help expectant mothers have safe deliveries. Secondly, the other trained health care workers acquired skills they will use for daily health care service needs towards the IDPs including diagnosis of diseases, and treatment services. This was demonstrated through the services the trained health care workers provided during the project period, which will also be used beyond the project period. However, the impact in skills and knowledge transfer to the MoH staff may not be beneficial to the IDP and host communities as the mobile

clinics through which these services were being rendered were not operational post project period. The services were now restricted to the general hospitals that restricts access due to distances involved for the IDPs to access these services post project period.

## WASH Component Indicators

**Access to Water Services:** The project targeted (5000 Households with piped water or Aqua tabs) with a potential 20% increase in access over the period of the project. The project managed to support 6961 HH that were composed of 41770 persons (20999 male, 20771 females) with piped water, and also 300 meters piping extension, and 100000 aqua tabs. On average, (97%) of respondents from the five districts had access to clean water. The provision of the piped water and aqua tabs was effective as it addressed the challenge of lack of clean water, which made the IDPs susceptible to water-borne diseases. The project had contributed immensely in creating awareness on importance of using clean water for household needs, proper use of toilets, cleaning of hands, cleaning of toilet facilities and environment in general. The awareness contributed to significant behavioural changes in the IDP camps. For instance, cases of women dumping or throwing children faecal waste by the roadside has reduced. Most roads, even in the camps rarely have faecal waste dumping. This is one of the best practices adopted as a result of the project training and awareness campaigns. The study did not document any recurrent cases of Cholera, Dysentery, or other acute water borne diseases. This does not mean the cases do not exist, but rather, the prevalence was no longer a major factor, since the IDP communities were practicing proper hygiene, sanitation and had access to clean water. However, this finding is limited to IDP camps covered under the project. Other camps might still be exposed to severe cases of water borne diseases, and this could be explored under future project interventions and studies.

**Hygiene and Sanitation Awareness Campaigns:** At baseline, the number of Households targeted for hygiene and sanitation awareness campaigns was 11,050 HH, however, by the end of the project, resources available made it possible to reach 95,478 (76587 Female and 50741 Male) people drawn both from the IDPs and host communities.

**Access to Clean Toilets and Latrines:** The project envisaged to provide IDP HHs access to dignified, safe, clean and functional excreta disposal facilities. The project targeted to provide 61 latrines (50 communal, 6 health facility and 5 schools). Findings show that by the end of the project, 110 latrines (50 communal latrines, 50 latrines in schools) and 10 institutional latrines) were constructed, 39 handwashing facilities (25 temporary and 14 permanent) and 2540 hygiene kits were distributed benefiting 5780 Beneficiaries (963 HH). On average, (50%) of respondents from the five districts had access to clean toilets and were practicing good toilet usage including defecation, and (64%) of respondents from all the five districts had access to hand washing facilities and were washing their hands using soap. The availability of low-cost local materials made it possible to exceed the project targets on clean toilets and latrines. Based on the study findings, the washing hands had contributed to a reduction exposure to bacteria and other infections associated with unclean hands. On average, (60%) of respondents reported improvement in quality of health due to WASH programme, and (40%) reported decrease in water borne diseases

**Stakeholders Training on Hygiene:** The project targeted 80 WASH volunteers, 10 Community Health Workers (CHWs), and 4 WASH committee. The findings show that a total of 331 (81 male, 250 female) CHWs and volunteers and WASH committee members benefited from evidence-based hygiene training. The training they received is currently being passed on in schools, community meetings and at household levels.

## Protection Indicators

**Access to Child Protection Services:** The project sought to have 300 cases of child protection from abuse, and reunification of abandoned, lost, or unaccompanied children. Out of which, 205 (124 male, 81 female) children were registered for tracing and were reunified with their families, which constituted (68%) of the target.

**Access to GBV/FGM Psychosocial Support Services:** The project intended to reach 200 children (survivors) with GBV and/or FGM psychosocial, medical and or legal services. By end-term evaluation, 1433 (249 male, 1184 female) children,, out of which, (69%) of the respondents recorded satisfaction with the services provided under the project. GBV and FGM survivors had been supported with psychosocial, medical and or legal services. Before DSRIS project was implemented, GBV services were hardly available in all the five district. Survivors didn't know where to seek help other than their families. Most of the IDPs are poor, and lacked adequate resources to seek medical attention in case of sexual abuse, counselling, and legal services. The impact of the DSRIS is that this services were made available under the project, which helped to reduce stigma associated with seeking psychosocial support or reporting the cases. Secondly, GBV focal point revealed an increase in referral cases they reach their desk for intervention, however, the study could not ascertain the levels of increase as the figures were not available at the time the study was conducted.

**Training of GBV Responders:** The project targeted to build the capacity of 230 (80 GBV Focal point/CWC, and 150 police) as direct responders to GBV /FGM cases affecting children. The capacity building was offered in terms of training on child protection and GBV guide/ principles. The project trained 1615 (510 male, 1108 female) child and or GBV responder/workers (foster parents, focal point/CWC, health/social workers, police, and officials, etc.) on child protection, and GBV guide/ principles. As noted in the previous section, the training had contributed to behavior change in reporting cases. GBV focal points reported having attained adequate knowledge and skills on how to deal with parents/guadians of survivors who were reluctant to seek help, or due to cultural practices, constrained and restricted survivors options for psychosocial, medical, legal and counseling help. As a result of the training, the GBV focal point had began to gain the trust and confidence of both the parents and survivors themselves in reporting cases. However, one of the most critical areas the project did not focus on was community awareness on the negative impact of GBV and FGM, particularly, targeting community elders, and parents who still uphold these practices. Effectiveness reporting will not provide a long-lasting durable solution when the vices are embraced and cherished within the society. Changing community attitudes and mindsets on harmful cultural and traditional practices should not be limited to training of GBV /FGM responders only. A more comprehensive approach should have been adopted.

**GBV Responders Incentives:** To enhance efficiency in response and support towards of GBV cases, trained GBV focal persons were supported through incentives. During the design phase, the project targeted 31 GBV focal persons. By the time the end term evaluation was conducted, 80 (30 Male and 50 Female) GBV focal point persons had been supported through incentives. Additionally, 1820 (604 male, 1216 female) child and or GBV responder/workers (focal point/CWC, health/ social workers, police and officials etc.) were trained on child protection, and GBV guide/ principles. As a result of the training, for instance in Galkacyo South, Dhusamareeb and Adado, 338 girls with different GBV concerns have been supported. The girls were mostly affected by female genital mutilation (FGM), early and forced marriage (CEFM), defilement, physical assault, attempted rape among other Gender based violence. Mostly, the services provided to them included counselling, provision of dignity kits, medical check-up and treatment, and referrals for legal assistance to agencies providing this service. Child welfare committees, GBV focal points and the Child protection working group in Adaado were instrumental in mobilizing support for these cases. Though well intended, project closure does not provide any guarantees for the continuation of these services within the community. The GBV responders were transferred to MoH. However, the ministry does not have the budget to continue providing the incentives for the GBV focal points to continue offering their services. It is very feasible for the gains made under the project to be eroded, if, and when the GBV focal points seek alternative livelihood opportunities. There is a need for future programming under any of the consortium members to consider supporting GBV responders incentives in addition to advocacy and awareness-raising towards traditional leaders and parents on the negative impact of GBV /FGM.

**Monitoring of DSRIS Project Implementation:** To ensure ownership of the DSRIS project, all the government line ministries and departments were involved in all monitoring activities. The project did not have a number of structured monitoring sessions defined at the design phase, however, this did not negatively affect structured meetings with key stakeholders, as 14 regular monitoring/supervisions visits were conducted by in with the involvement of government officials (Mol, MoLYS, MoH, & MoE). Key ministries from both

regional states including the Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Interior (Mol), Ministry of labour and Youth Services (MoLYS), and Agencies for Water, Energy, and Natural Resources were involved in establishing project initiatives and locations. Additionally, local government and ministry staff targeted for training, and those who participated in steering committee meetings were seconded by their respective ministries or departments. Decisions made during the steering committee meetings were also implemented by the project partners. The monitoring activities helped both the government ministries and consortium partners to align implementation activities, address emerging issues, and respond adequately to the dynamic nature of beneficiaries need in health care, access to water, education and hygiene and sanitation services.

## Livelihood Opportunities for Youth and Women

**Youth Access to TVET Training:** The project sought to provide support for youth to access market-driven technical skills and capacities through relevant and quality TVET programmes. The project targeted 775 (543 Male, 232 Female) students to be enrolled in local TVETs and successfully complete the courses and get certified. The findings show that 918 (564 female and 354 male) TVET learners enrolled, of these 916 (564 female and 352 male) TVET learners completed level completed. 951 (532 female and 419 male) TVET learners were enrolled in the TVET skills training programmes, of these 697 (281 male and 416 female) TVET learners completed the courses. The courses offered included: Beauty salon (161 female); Masonry (55 male), Plumbing (75 male); tailoring (249 female); Eletrical skills (85 Male); Mechanical Skills (62 male); Cooking (58 female); Capentry skills (40 Male); Nursing (6 male, 34 female); Pharmacy (29 male, 6 female), Tie and Dye (56 female). As noted by the findings, female trainees preferred soft skills training areas compared to male trainees who preferred hard technical skill areas reinforcing the male-female job preference stereotypes. The study further noted that out 697 graduates who completed their courses, 200 (73 male & 127 female) TVET trainees were trained in enterprise skills which included how to develop business plans, resources mobilization, monitoring and managing of business as well as completing legal formalities of the business, and 200 starter kits provided to them with majority of beneficiaries being selected from the following skill areas: Masonry 30 beneficiaries received Trowel, Hammer, large size Axe, Shovel, Tape, Measure, Block Molds, Nylon fishing twine No 72; Plumbing (25) beneficiaries received a pipe wrench '12', pipe wrench '10', High tension Hacksaw, Ball peen Hammer, Drill, Cutter pipe, Masonry wooden float, pipe friendly tape measure), and a toolbox; Electrical (25) beneficiaries received an electrical set toolbox kit; Mechanical (30) beneficiaries received Best Automotive Hand tool; Tailoring (30) beneficiaries received a Sewing Machine Junk-T 82, and Scissor No 11; Beauty and Salon (30) beneficiaries received Hair Style 8-in-1 (foneeye), Henna, Hair Cream, Hair 30 scissor, black Aishwaria; and finally Food Cooking (30) beneficiaries received a cooking oven, fruit blender, and cooker 2 belts. The study findings show that most of our trainees have set up shops offering dressmaking, beautification, electrical and mechanical services where some of the trainees have joined local garages to offer auto mechanical services which earns them enough money for their daily livelihood needs. The income generated out of this entrepreneurial ventures is currently being used by beneficiaries to support their families basic livelihood needs.

**Youth and VSLA Groups Trained:** The project targeted to train 1200 youth for entrepreneurship, development of enterprise groups. The project established 340 VSLA groups composed of (7589 VSLA members) were established and trained on VSLA methodologies, development of business plans, resources mobilization, monitoring and managing of business as well as completing legal formalities of the business. Further, 440 female VSLA members were trained on literacy and numeracy. In addition, the project linked 1477 (458 male, 819 female) VSLA members with startup grants and or loans. The net impact of this training as established by the study is that the VSLAs are effectively running their enterprises. For most of the VSLAs visited, they had well-kept meeting records, member contributions, banking records, and loan repayment records, which is essential for the growth and sustainability of the project, which means that the training provided to this VSLAs was relevant and effective. On average, 22% of VSLAs from the five districts reported having access to microfinance and loan opportunities as a result of the business training. The support and guidance provided by the DSRIS staff in each district made it easy for the groups to thrive. At individual level, the VSLAs have enabled members to earn income that they currently rely on to support their family livelihoods. Additionally, individual members within the groups have been able to borrow from their group to enhance

their individual businesses, and cater to other basic livelihood needs. This approach of saving and lending within the groups has expanded income opportunities and access to credit that majority of the women and youth did not have prior to the project.

### **Social Dialogue and Cohesion within and between Communities**

The DSRIS project sought to strengthen/enhance social dialogues and cohesion within and between IDP and host communities. This was to be achieved through youth/community- led dialogue sessions, and peer-to-peer networks that were focused on peace and conflict resolution, GBV, and illegal migration campaigns. Based on the study findings, 4602 individuals (1989 M, 2613 F) were reached through (youth/community- led) dialogue sessions and peer-to-peer network forums that focused on peace and conflict resolution, GBV, and illegal migration. This achievement was made possible by the training of 1146 (582 male, 564 female) community dialogue facilitator on peace education/leadership and youth engagement with focus on illegal migration and/or radicalization.

**Capacity building on rights to land Rights:** The project had 571 IDP committee members (317M &254F) trained on Housing, Land and Property (HLP) and local integration plans (and advocacy) in addition to the 12 dialogue sessions were held between IDP committee members and government stakeholders. As a result of this interventions, and local integration plans., 800 IDP households were provided with land and resettled in Galkacyo South. The resettlement and integration included IDPs having access to local schools, integration of IDPs into community businesses and way of life. The local integration mechanisms did not only promote social cohesion, but also contributed to establishehment of sustainable livelihoods of IDPs, as they are able to go about their live, share in the local community activities, and contribute to the social well-being of the community. One of the benefits of the social integration processes was the significant reduction in youth radicalization activities, reduction in illegal migrations, and an increase in youth engagement in peace dialogues and decision making within their communities. On average, there was (50%) decrease in youth radicalization from all the five districts, and about (20%) improvement in peace and community cohesion between the IDPs and host communities..

**Evidence Based Research:-** Most of the monitoring work and research included policymakers and documented factual evidence-based information, however, policy implementation was in the local and regional governments' domain. Tactical and strategic implementation of other durable solutions will borrow from DSRIS studies, lessons, and challenges so as to formulate realistic and workable durable solutions for future projects. Some of the studies conducted by IMPACT included: (1). The Impact of Social Cohesion in Galkacyo South, whose main finding noted that Self-reporting on community relations was generally positive, with 66% of host community households and 56% of IDP households reporting good relationships with households of the other community, which was at a higher rate than in Galkacyo North. They reported a high level of social cohesion which was a result of a relationship of mutual exchange of services and longer term trends, such as inter-clan marriages between host and IDP households. (2). Youth Livelihood in Adaado, Galkacyo North/South, and Dhusamareb whose main findings included The relationship between host community and displaced populations were reported to be generally good, especially because both populations shared the same culture/religion. For the youth, job opportunities were mainly casual labour, however, income sources for host community youths was almost twice as high as IDP community counterparts. The study also established that discrimination, distinct skills sets, and uneven advantages via social networks on access to start-up capital are all factors existed between differences in the livelihood of the displaced and host community youths.. (3). The Impact of Social Cohesion in Galkacyo North, the study had reported access to education was in favor of host communities (77%) and health (20%) compared to (41%) education and (17%) health care for IDP communities. This studies informed and influenced DSRIS and stakeholders planning of local integration activities and dialogues within the two communities

## 5.4 Project Impact

### Impact of DSRIS Project on Education Programme Beneficiaries

One of the goals of the DSRIS project was to enhance access to quality primary school education. The achievement of this goal was pegged on the adoption of various implementation approaches including the establishment of school CECs, Training of teachers and provision of incentives, MoE civil servants, rehabilitation of schools, the building of classes, provision of school supplies, and pupils' uniforms, provision of dignity kits to adolescent girls, and provision of toilets and latrines. The evaluation sought to examine the impact related to this project interventions. Some of this impact is documented as follows:

*Before, we migrated to Salama IDP camp here in Galkacyo North, we were living in JOWHAR. Intercommunal conflict made us to move here. At Salama camp, at the time when we moved, there was no school, we had to construct little temporary shacks, so the children can have access to schooling. The temporary structured had insufficient learning materials with no desks, water, toilets, and teachers... After the project started, we were lucky to receive adequate support. We had four of our teachers who got training, while the project helped us to have better temporary structured built, including toilets for both girls and boys. We also received financial support which we used to purchase chalks, books, teachers guide, blackboard dusters and installation of a water kiosk which has made it easier for teachers and pupils to come to school. As the school head teacher, the assistance received from the project has significantly changed the school. We have increased enrolment. Teachers incentive was very motivational, as they were very dedicated to their work. I received incentive too. I was no longer worried about how to feed my family. In Addition, my son and daughter attend this school... Most of the support we received was from CARE... The education level has improved, there is a positive relationship between teachers and pupils. The number of pupils has continued to increase in the school. The desks, books and other learning materials are still being used for teaching the pupils'...after attending training and community awareness sessions, my attitude towards being a headteacher for IDP school changed. I am very positive. I believe these pupils deserve the best quality education just like the other pupils in the host communities..."*

**Headteacher, Salama Primary IDP School, Galkacyo North**

*The durable solutions project has significantly impacted access to quality education in Galgaduud. The current target running registered schools are 172 schools in Galgaduud, the total benefiting students are 41286 in number, (Female students: 18816, Male students:22470) and for the teachers are made up to 1448 in numbers, (Female teachers:152, Male teachers: 1296). Care Invited us in launching the education program in Dhusamareeb. The project helped with the rehabilitation of our Ministry offices and equipping our conference room. The project has also provided training of teachers, construction of classes in Galgaduud primary, Ablal primary, Almaacmuun primary and Ceel dheere primary school. Each of the schools were also provided with \$2000 seed money. The money provided to teachers as incentive has increased their motivation resulting in better learning outcomes for the pupils. The capacity provided to the Ministry officials has enabled them to continue providing quality assessment of the education services, particularly guiding school CECs in developing school improvement plans. This will be replicated for all the community schools that did not take part in this project..."*

**Education Policy Planning Director, Dhusamareeb**



**Figure 4.44: Rehabilitated Dhusamareeb Ministry of Education Conference Hall**



**Figure 4.45: Inside Rehabilitated Dhusamareeb MoH Conference Hall**

## Impact of DSRIS Project on Health Care Programme Beneficiaries

As highlighted in section 4.4 of this report, the provision of Mobile Clinics has enhanced access to health care services for IDPs and host communities. More so, health awareness campaigns had reached 9,720 individuals (6,512 females and 3,208 males) with training and awareness messages on cholera outbreak prevention practices, ANC and PNC services, maternal and child health, the importance of Family Planning (FP), prevention and treatment for communicable diseases such as malaria, pneumonia, and sexually transmitted infections, and hygiene promotion leading to a reduction in reported cases. Some of the reported impact resulting from the project include;

*“...one of the most improved services under the health sector is the patient referral system. Before the project, it was difficult for IDPs to get proper diagnosis, or referral to specialized care. However, through the mobile clinics in Galkacyo, and Bosasso under my Ministry, the referral system to the general hospitals improved greatly, which I can confidently say, resulted in better health outcomes for the IDPs...”*

**Director General, Puntland Ministry of Health**

*“...before the project commenced, we did not have consistent and constant health care services within the IDP camps in Bosasso IDP camps. We did not have access to emergency ambulances stationed within the IDP camps. As a result, expectant mothers would lose their children due to lack of faster emergency response services...cases of maternal and child mortality greatly reduced ...”*

**Director General, Puntland Ministry of Health**

*“... I moved to Hiran 2 camp due to protracted conflict between the North and South Galkacyo. My husband and son were killed, and I feared I was going to lose my daughter and myself to the conflict. Just before we moved, our house was attached and destroyed by young armed men. I had been suffering for a while from diabetes and malaria, but I couldn't get treatment. My friends took me to a shop where I would bet some medication, but the situation got worse...the mobile clinic came in at the right time, otherwise I had lost hope and ready to die, but feared how my daughter was going to fair on in life. My friends took me to the mobile clinic that had visited our camp... they diagnosed me with diabetes and malaria. They immediately started treating me for Malaria and put me on a drip. Once I was stable, I was transferred to Galkacyo general hospital for diabetes specialized care. Without the project mobile health services, I could not have been able to afford the treatment. I was also given sanitary kit and mosquito net for keeping me safe from mosquito bites. I have recovered from Malaria. I have been using the nets and have not gotten the Malaria again, but for Diabetes, I was treated and allowed to return to the camp. I was given medicines and a list of things to eat and not eat. Every time the mobile clinic would come to our camp, I would go for check-up just to be sure I am well...I am grateful that CARE worked with the local government and Galkacyo referral hospital to help me and other people in the camp... however, the mobile clinic is no longer coming to the camp. I was told the project ended...I do not know what to do. I used to get my weekly medication from the clinic. It is my prayer that CARE will reconsider bringing back the mobile clinic or build a permanent clinic here in the camp. Otherwise, how else are we going to get treatment? we do not have transportation resources to be going to Galkacyo referral hospital...”*

**Halima Mohamed, Resident IDP- Haran 2 Camp**

Based on FDG and key informant interviews, antenatal and postnatal care positively impacted the lives of mothers and their children. Over and above the regular checks that ensured mothers and unborn children's health was safe, the mothers were able to access multi-vitamins, have their blood pressure checked regularly checked. In general, mobile clinics significantly improved access to health services. For the majority of IDPs and host communities, the mobile health services were the only source of health services available and accessible to them. Prior to the project, the beneficiaries often had to travel long distances to seek medical services at a cost. According to the project records, a majority of those accessing these services are women and children. For the mothers in the FGDs, they could not be more appreciative of the impact the health

services were having on the health of their children. The free medical services also mean that the beneficiaries are saving on the cost of health. Before, women who could not afford to access the hospital were giving birth to their homes with all risks involved prior to the DRIS project. In general, the project significantly improved access to health services for the IDPs.

Despite the health services' impact on the lives of the IDPs and host communities, project closure means the end of mobile clinics to the camps. This will have negative consequences as it reverses gains made by the project over the last three years. IDPs are still very poor and do not have mechanisms to travel long distances to access health care services in general /referral hospital. Mothers who relied on emergency ambulances to rush them to hospital for emergency operations are no longer going to have these services, which is a major blow to the gains made by the project, particularly, access to health care services. In as much the mobile clinics have been transferred to MoH, the local and state government lack the resources to run the mobile clinics. For sustainable durable solution, the project should have considered running mobile clinics, while at the same time, construct permanent durable clinics within the camps and the communities.

### Impact of DSRIS Project on WASH Programme Beneficiaries

Wash services provided under the project included increasing access to piped water, piping extension, provision of aqua tabs, WASH awareness campaigns, build latrines, hand washing facilities, distribute hygiene kits also provide evidence-based hygiene training. Based on the findings of this evaluation, on average, (60%) of respondents reported improvement in quality of health due to wash programme, and (40%) reported decrease in water borne diseases. Majority (65%) of Galkacyo South respondents recorded the highest decrease in child infections as a result of the project, while (49%) of Bosasso respondents recorded a decrease in water-based-diseases. In other districts like Galkacyo North, (33%) of respondents record an improvement in the quality of life, while (24%) of Adado, and (11%) of Dhusamareeb respondents reported a decrease in the prevalence of communicable diseases as highlighted in Figure 4.46.

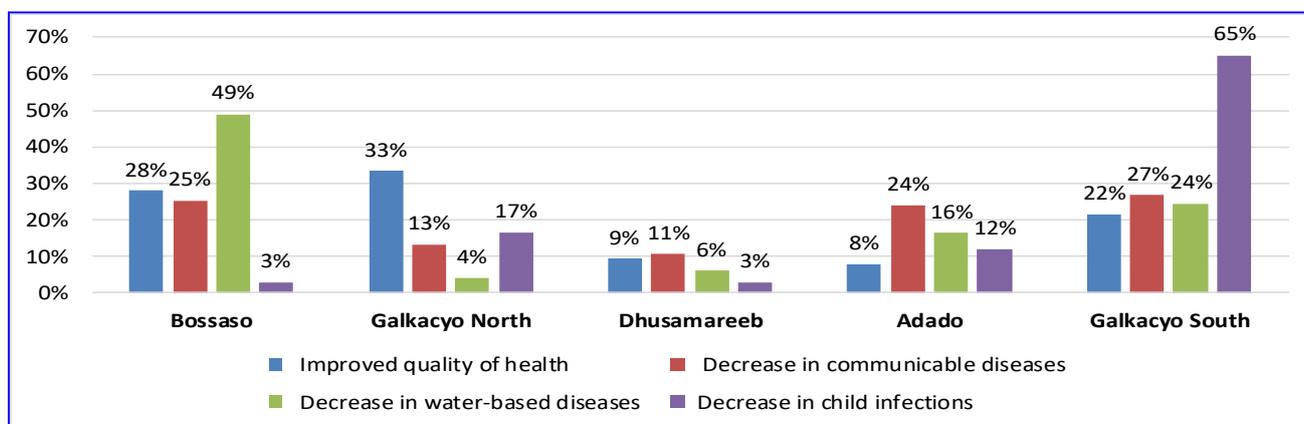


Figure 4.46: Impact of Wash on Project Beneficiaries (N=719)

Some of the positive impacts of the project on WASH services was highlighted by Galkacyo South Water committee member as follows:

*“... Galkacyo South is a very dry region. Before the project, women had to travel for long hours, covering about 16Kms just to access water points. The challenge was that these distances were too long, they would end up spending the whole day just going to fetch water. As a result, cases of women and girls being raped or sexually assaulted as they crossed the woods were rampant. For young boys, it was a choice between herding the animals, and getting them to the water access points or going to school. Of course, they could choose the later every time... NRC had established a water kiosk about 4kms from the camp, but it broke down and had never been fixed. When this project started, we were excited to be involved. The local elders and authorities called us for a meeting with CARE, where we were involved in the discussions on establishing water kiosks and piped water extension in the IDP camps. With the establishment of the water kiosks, women are able to get access to the water points easily without the fear of abuse in the buses, farmers are able to get water for their farming needs...my family lives here in the camp, so in addition to chairing the water committee, my family is a direct beneficiary of water kiosk. It is possible to clean maintain the sanitation and hygiene standards and environment as we were taught. But before the project, when we didn't have the water kiosk, it was not possible to clear. Children didn't even have access to clean drinking water, showering, or washing hands after using toilets. The water kiosk water supply has made this possible. Every member of the camp can get as much water as they need. There is no restriction...however, the kiosk is not enough to cover all the IDP camps in the area. We need pipping extension or additional kiosks so that women and girls don't jostle with young men seeking water for their animals from the same kiosk...”*

**Water Committee Chairman-Haar Haar- Galkacyo South**

Based on FDG and key informant interviews, access to clean water, toilets, and hygiene and sanitation training and awareness information has positively impacted the IDPs and communities as most are enjoying healthy lifestyles, are less susceptible to water-borne diseases such as cholera and typhoid, which was directly attributed to the project activities and interventions.

### **Impact of DSRIS Project on Child Protection and GBV**

One of the result outcome areas for the DSRIS project was to have increased child protection and GBV services for IDPs and host communities. As noted earlier, at baseline survey, there were no psychosocial or psychiatric services available treatment and counselling services for women who have experienced or are experiencing SGBV particularly in Adaado, Bosasso, and Dhusamareeb, while Galkacyo North and South did not have formalized child protection services.

*“...before coming to this DSRIS project, GBV services were not available at all...survivors didn't know where to seek help other than their families. Most of the IDPs are poor, and do not have money to seek medical attention in case of sexual abuse. The project provided free medical and psychological counselling services which the community was very pleased and satisfied...secondly, lack of awareness on GBV services, and fear of the repercussions associated with shame, and victim blaming were a big hinderance for GBV survivors speaking up...but this began to change with the introduction of this project...”*

**GBV Focal Person- Galkacyo North**

*“...A total of 338 girls with different GBV concerns have been supported. The girls were mostly affected by female genital mutilation (FGM), early and forced marriage (CEFM), defilement, physical assault, attempted rape among other Gender based violence. Mostly, the services provided to them included counselling, provision of dignity kits, medical check-up and treatment, and referrals for legal assistance to agencies providing this service. Child welfare committees, GBV focal points and the Child protection working group in Adaado were instrumental in mobilizing support for these cases. This would not have happened had the project not been implemented here in Adaado, and other districts...”*

**SCI Health Manager for Galmudug, Galkacyo South, Adaado, Dhusamareeb**

Child protection and tracking mechanism have had a significant impact on reuniting lost/ unaccompanied children with their parents and guardians. Additionally, the project provided access to GBV/FGM Psychosocial Support Services has also impacted positively on the FGM traditional practices in the communities and the IDP camps. Discussions on the subject is a big win for the project as GBV and FGM, despite the fact that it is still highly practised in all the project regions of Somalia.

### **Impact of DSRIS Project on Youth and Women Livelihood**

The empowerment of youth and women for sustainable livelihoods was meant to provide them with access to market-driven technical skills and capacities through relevant and quality TVET programmes. The aim was to have these vulnerable women and youth engage in income generation activities that will provide them with a sustainable and durable livelihood. The impact of the skills-building is noted as follows:

*“...I was trained in hair dressing, hair cosmetics, and body care at the TVET centre. I was very lucky to have been selected and supported to do the training under durable solutions project. The skills have helped me to be able to establish a business where I do hair dressing for women. The job is paying well as I have been able to train and employ two other girls who help me with the work. On average, we get \$20 dollars a day. I use the money to pay the assistants and have enough left to cater to my family needs. This is a skill I will be able to use for a very long time. It is important for the project and other future projects to target youth with skills that will be able to make them self-reliant, and able to generate enough income for their livelihood needs. This will not only reduce poverty and idleness but enable the youth to effectively contribute to community development...”*

**TVET Graduate Trainee- Galkacyo North**

*“...At Professor Adow Vocational Training Centre, I was trained on tailoring, where I graduated in January 2019. After we graduation, we (four of my fellow graduates) were given a tailoring machine, and other start up kits like fabrics, and venue for starting our entrepreneurship business. We are currently sharing the shop, and we earn about \$5 to \$15 each per day per person for tailoring services. Most of us are married and have families to take care of. As for my case, I have two children and the money is enough for now for all the food needs. Though I am hoping to grow the business, so I can be able to earn more and build a house for my family...”*

**TVET Graduate Trainee- Galkacyo South**

The net impact of this training as established by the study is that the VSLAs are effectively running their enterprises. For most of the VSLAs visited, they had well-kept meeting records, member contributions, banking records, and loan repayment records, which is essential for the growth and sustainability of the project. The support and guidance provided by the DSRIS staff in each district made it easy for the groups to thrive.

## **5.5 Project Leadership and Coordination**

Project leadership and coordination was done through the project steering committee which was the topmost coordination structure of the DSRIS project, the project oversight committee, the technical working groups, and project management units,

**1. Project Steering Committee (PSC):** The PSC was composed of Director Generals (DGs) of the MoI, MoEHE, MOH, MoLYS of both states, the Programme Manager, Migration and Durable Solutions of the EU, the Country Directors or designates from the consortium partners. The PSC had bi-annual meetings in the first year (2017), and annually for 2018 and 2019. The PSC provided overall governance of the project, strategic direction, oversight, guidance, and high-level risk management’ and ‘monitored working relationships

between the consortium partners and the government. There were no issues or challenges reported at this level. Government Ministries and departments worked seamlessly with the Consortium partners, particularly in providing necessary support to ensure plans are on schedule.

**2. Project Oversight Committees (POCs):** Initially, the project oversight meetings were designed to take place at the regional level. However, this was later changed as travelling coordination was a bit tedious for all the partners in various districts. The POCs were then redesigned to be taking place at the district level, which has been the case for the last three years of the project. The members are representatives of the target groups – IDPs, returnees and host communities – mayors; MoI representatives and consortium partner managers. The POC meetings were done quarterly. The main aim of the POC meetings was to ensure adequate representation, of the stakeholders, and beneficiaries in the project implementation. The meeting was also used to iron out challenges and other issues related to the implementation of activities and selection of activities.

**3. Technical Working Groups (TWGs):** The TWG was composed of technical specialists from each line ministry and DSRIS partners. This included technical expertise on M&E, Education, Health, WASH, Livelihoods, Child Protection, and GBV. Initially, in the first phase of the project, the groups would meet monthly, however, in the later stages, the meetings were called on a need basis to handle issues regarding (i) Harmonization of activities in districts where two or three partners were implementing the same activity. This was to ensure there were no overlaps or contradictions in messaging or delivery of project packages. (ii) advising the Steering Committee on technical programming issue (iii) sharing of successful interventions and lessons learned. There were no challenges reported at TWGs.

**4. Project Management Unit (PMU):** The PMU consortium included the coordinator from the lead agency, project managers and key technical staff from the five consortium partners. Initially, the meetings were conducted on a monthly basis for the first six months, then a quarterly basis in the next six months, and thereafter, the meetings were conducted on a need basis. The functions of the PMU were to provide project implementation support, ensuring CMs work plans and budgets are correctly implemented in coordination with line ministries who will take the lead on dialogues on durable solutions; ensure security is well managed, the project is adequately staffed, and activities monitored'. Due to geographical dispersion, it was not possible to continue having physical meetings, as this was moved to skype conferences, which worked well for all consortium members.

## 5.6 Project Sustainability

The goal of the DSRIS was to help vulnerable IDPs and host communities to build resilient, and durable livelihoods that can withstand disasters, conflict, and economic shocks. The DSRIS sought to enhance access to Education, health, WASH services, GBV and protection, and youth and women livelihoods through entrepreneurship.

**Sustainability of Education Services** Building of classes, renovation, and rehabilitation of schools under the project provided a significant boost in establishing durable, sustainable access to quality education. The training of teachers whose skills will remain relevant long after project closure, the training of Education civil servants, CECs, and the provision of school learning materials were all essential. However, the temporary structures did not meet the durable solution threshold required for such interventions. Incentives payment was also limited to the project period. This means that project closure may not guarantee the sustainability of these teachers as MoH might not be in a position to adopt them on the government payroll.

**Sustainability Health Care Services:** The 6 mobile clinics, and two permanent clinics provided much-needed access to quality health care services by IDPs and host communities. One of the sustainable aspects of the health component was the training of Community Health Workers, Health professionals, Midwives, and MoH civil servants as the knowledge and skills will remain usable within the camps and IDP camps long after project closure. For Adaado, the two permanent clinics will continue to serve the community long after project

closure. However, the design of the 6 mobile clinics was more of 'an emergency' intervention, rather than a durable solution. After the project closed, the ambulance and mobile clinics were donated to the MoH, which does not have the financial capacity to continue operating these clinics or the ambulances in the IDP camps. As such, there is a high likelihood that the access to quality health care services gained under the project might be lost.

**Sustainability WASH Services:** The project managed to support 6961 HH that were composed of 41770 persons (20999 male, 20771 females) with piped water, and also 300 meters piping extension, and 100000 aqua tabs. The water kiosks piped water taps will be in place and in use long after the project has closed. The approach adopted towards WASH, including providing hygiene and sanitation awareness campaigns was essential to this end. Additionally, in as much as they need for clean toilets and latrines is still vast. The provision of 110 latrines (50 communal latrines, 50 latrines in schools) and 10 institutional latrines constructed), 39 handwashing facilities (25 temporary and 14 permanent) is a durable and sustainable solution. Secondly, the training of 80 WASH volunteers, 10 Community Health Workers (CHWs), and 4 WASH committee will ensure hygiene and sanitation campaigns and messages are practised within the IDP camps and host communities long after project closure.

**Sustainability GBV and Child Protection Services:** The establishment and training of GBV Focal point, CWC, and police as direct responders to GBV /FGM cases affecting children was an essential component of ensuring children receive adequate care and protection beyond the life of the project. However, one of the most critical areas the project did not focus on was community awareness on the negative impact of GBV and FGM, particularly, targeting community elders, and parents who uphold these practices. Providing support services without addressing the root cause of GBV and FGM will not provide a long-lasting durable solution when the vices are embraced and cherished within the society. Challenging community attitudes and mindsets on harmful cultural and traditional practices should not be limited to training of GBV /FGM responders only, but rather, engaging the community in more comprehensive robust advocacy campaigns and awareness on the negative effects of the vices.

**Sustainability Livelihood Entrepreneurial skills for youth and Women Services:** The recruitment and training of youth in TVETs on marketable livelihood skills, and provision of starter kits upon completion was a sustainable durable solution to challenge of youth unemployment and vulnerability. However, the project only a few youths benefited in comparison to the vast need in all IDP camps and host communities. Secondly, the formation of VSLA and training of the groups on business skills, literacy skills, marketing skills, access to loans and credit facilities was an important aspect of building durable and resilient livelihood solutions. The lack of access to durable land still threatens resettlement and permanent engagement in business, or alternative livelihoods

**Sustainability of Integration and Cohesion Services:** Cohesion discussions and dialogue meetings targeting IDPs, host communities, local elders, local authorities, and the youth was an important component towards peacebuilding and conflict mitigation and avoidance. Through the processes, some of the IDPs in Bosasso and Galkacyo South have received land from local authorities and communities for permanent resettlement. However, the majority of IDPs still live on temporary land and have not been reintegrated or resettled into the local communities permanently, which makes it difficult for them to build or plan for long term socio-economic livelihood. Secondly, the dialogue sessions require funds for the forums to continue post project closure. This is a major challenge since the government does not have the resources to fund integration and cohesion services.

## 6.0 CONCLUSION

---

Based on the DSRIS end-term evaluation findings and discussions presented in this report, the study concludes that: Result 1 that sought to have increased equitable access to quality basic services for IDPs and other vulnerable groups - including women and children and strengthened the capacity of government and communities based on durable solutions and priorities set by the local administrations was achieved and

surpassed. This was done through an effective increase in access to education services, access to health care services, access to clean water and sanitation and hygiene services. Result 2 that sought to have increased self-sufficiency through sustainable and durable livelihood opportunities for youth and women (through TVET skills training and VSLAs entrepreneurship) was achieved and surpassed. Result 3 that sought to have IDPs and other vulnerable groups better protected, integrated and accepted through enhanced social dialogue, community participation and advocacy initiatives for inclusive policies and legal framework was achieved in terms of output indicators, but not as a durable solution. Access to resettlement land, effective protection mechanisms, and policy and legal frameworks that are driven by the local government were to a very large extent, yet to be implemented. Result 4 that sought to have evidence-based replicable and scalable mechanisms established to advocate and inform policy and practice on migration, reintegration and durable solutions were partially achieved. Most of the monitoring work and research included policymakers and documented factual evidence-based information. However, policy implementation was in the local and regional governments' domain. Tactical and strategic implementation of other durable solutions will borrow from DSRIS studies, lessons, and challenges so as to formulate realistic and workable durable solutions for future projects.

## 7.0 RECOMMENDATIONS

---

This section provides a general recommendation for each of the DSRIS project programme component:

### Education Component:

This section provides a general recommendation for each of the DSRIS project programme component:

#### Education Component:

1. **Permanent Classrooms:** - Durable solutions require that schools and classes under construction or rehabilitation should be done in a manner that allows access to education services sustainable and durable. There is a need to invest more in building permanent classroom structures than temporary ones
2. **Teacher Training;** - Despite the project initiatives to train and enhance the capacity of teachers on learning outcomes, more teachers need to be trained. Available trained teachers are very few in IDP camps. The project trained and incentivised 76 teachers, which is not enough to meet the vast trained teacher need.
3. **Children with Disabilities:** - Inclusivity of pupils with a disability to access to quality education must be deliberate. The DSRIS project did not exclusively make provision for this category of learners, and their respective access to school/class needs. The schools under the project did not have ramps. Toilet facilities equipped for the physically disabled, special designed desks, braille learning tools, nor hearing aid assistance devices.

### Health Component:

1. **Permanent Health Clinics** - Durable solutions require that construction, rehabilitation or provision of health care services be done in a manner that is durable and sustainable post-project period. Mobile clinics are great for emergency disaster interventions, but are not sustainable for durable long-term intervention, particularly, when mobile clinic funding relies on donor funding. Future programmes should consider establishing permanent health care centres that are accessible. There was no evidence to show the mobile clinics handed over to the MoH were operational. This was attributed to financial and budgetary constraints at the Ministry.
2. **Health Care Funding:** - The funding allocated to health care services should be in line with the needs of the beneficiaries. Despite the great achievements under the mobile clinics, it was reported that the health component was underfunded. There is a need for adequate health care funding in future programmes. Medical equipment, drugs, specialized care services, costs more than budgetary allocations provided under the project.
3. **Training of Health Care Workers:** - The training of health care workers is a durable solution that should be enhanced in future programmes. Only 52 health care workers, and 34 civil servants were trained in all the five districts, which is not enough to support the IDP and host communities in these districts.

### **WASH Component:**

1. **Water Kiosks and Taps** – Despite the installation of water taps and Kiosks, some schools did not have hand washing points. There is need to have the piping and installation of hands washing sinks /points to enhance the gains made under the project on access to clean water.
2. **Access to Toilets:** Some of the toilets constructed under the project were not durable as they were made of iron sheets and wood, which would rust after some time. It is important that all toilets under durable solutions, to be made of concrete material that enhances long term usability and sustainability.

### **Sustainable Livelihoods Component:**

1. **TVETS** – Targeting of more youth is desirable for a long-term impact on youth livelihoods, and income generation opportunities. Additionally, there is a need to target women in skills training that is male (such as masonry, carpentry, electrical and mechanical skills areas), that have adequate opportunities for sustainable income.’ Enrolment quotas should be provided for all skill training courses to ensure female trainees are adequately represented in most of the male dominated skill areas.
2. **VSLAs-** Linkages to financial institutions for loans and business credit is still low at 19% against the target of 50% of the VSLA members. Concerted efforts should focus on engaging financial providers and the private sector directly into the project

## ANNEXES

---

Annex I: Updated Log frame

Annex II: Sample Case Studies

Annex III: Cleaned data Sheet

Annex IV: TOR

Annex V: List of Documents Reviewed

Annex VI: List of KIIs and FGDs

**(Attached Separately)**