DIRISWANAAG FINAL EVALUATION

CARE INTERNATIONAL, SOMALIA

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| FINAL REPORT |

Period covered by the evaluation mission:

**1st November 2011 – 30th April 2013**

Name and position of the evaluator:

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Date of assessment:

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# EXECUTIVE SUMMARY

Purpose and Length of the Evaluation,

This report provides findings and recommendations of the final evaluation of the Diriswanaag project conducted from 1st June to 15th June 2013. The purpose of the evaluation was to provide information on the project performance against key indicators, independently assess the relevance, effectiveness, efficiency and sustainability of the project in Puntland. The evaluation will also provide specific detailed evidence-based recommendations and lessons learnt or best practices that could be replicated in future programs. The findings would provide information on specific areas of improvement in project implementation including changes needed in management and stakeholder relationship building.

Project Summary and Analysis of the Affected Area

Diriswanaag Project was formulated in response to the worst drought situation to be experienced in Somalia in 60 years. The drought affected more than 3.7 million people nationwide, displacing over 184,000 people and killing an estimated 260,000 people in the country. Fifty percent (50%) of those who died were children (UN 2013)[[1]](#footnote-1). In Puntland, the arrival in March and June 2011 of an estimated 3,500 IDPs from the South of the country worsened an already precarious humanitarian situation in the state UNHCR June 2011). Diriswanaag Project was funded by the Dutch MOFA was an 18 month (November 2011 to April 2013). However, the actual work started in February 2012 with the Emergency Food Voucher component and an extension was grated until May 31st 2013. The overall objective of the projects was to reduce the impact of conflict and natural disasters on the livelihoods of vulnerable women, men and youth in Puntland.

The project worked with two main partners (Somali Women Association and RAHMO), line ministries (Ministries of Education, and Interior), Local Authorities, private sector (vendors), 11 vocational training centers as well as local leaders and women groups in 8 targeted camps in and around urban centers of Garowe, Qardho, Baadweyn and Goldogob.

A mix of methods including desk review, Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), in depth interviews and field visits to sampled areas were employed to gather data. The data was analyzed and the report written.

Summary of Key Findings

The following is the summary of key findings on appropriateness:-

* The project was relevant because it focused on the population affected by the drought and insecurity. Its design was based on a number of assessments conducted by CARE and other agencies in the project area. These assessments showed a serious deterioration of household nutrition status and livelihood conditions due to influx of internally displaced persons (IDPs). The use of food voucher system was appropriate as it addressed household nutritional needs without interfering with the food supply and market system. Vocational skills development benefited youth and women who in most cases lack opportunities to get meaningful employment. Indeed, 80% of those who completed the various vocational skills training courses are making use of the skills. Likewise, protection activities addressed pertinent issues of abuse and insecurity among IDPs especially women. For instance, there was an 8% reduction (38% during baseline against 30% during final evaluation) in cases of gender-based violence in Garowe and Qardho because of the project interventions.
* The project was efficient in its implementation. A desk review and key interviews revealed that despite a slight delay in starting, the project completed all its planned activities within stipulated project period. According to FGDs in Baadweyn, Goldogob, Garowe and Qardho, the project resources were used relatively well and according to the project plans. Indeed, because of saving on budget allocation, the project was able cover 970 households instead of planned 900 under the food voucher component. Nevertheless, more cost effective approaches were needed in deciding on the courses offered at the vocational training centers as some of the courses offered e.g. office management, could not enable the graduates to start self-employed ventures.
* Except for food voucher component, the project was effective in achieving the planned activities, expected results and specific objectives as per project log frame. This resulted in significant changes the lives of the target population. Regarding livelihoods, all the planned 700 and 800 youth and women were trained in vocational and business skills respectively. All the 800 business skills graduates received cash grants and 340 graduates of vocation skills received start-up kits. This enabled them to use the newly acquired skills to engage in income generating activities and improve their livelihoods. For instance, the monthly income of 80% (32% female and 48% male) of trainees who completed vocational training increased from USD$ 99 to USD$ 160 (61% increase). According to FGDs, most beneficiaries used this income to buy basic needs and acquire assets. However, according to FDGs, lack of accreditation from the Ministry of Education negatively affected chances of some of the graduates to get formal employment. High capital investment required to set-up income generating activities for mechanic and cookery made it difficult for some of the graduates to establish self-employed businesses. For instance, to set-up an open-air roadside tea shop one needs between USD$ 500 and 700 USD$.
* Regarding nutrition support, 970 HHs received food basket for 6 months. This improved their daily meal intake. The baseline survey conducted 2 months after conclusion of this activity showed that 50% of the households were taking three meals and above, per day. Nutrition assessments conducted by FSNAU before and after the food voucher intervention also showed an improvement in the target population nutrition status from CRITICAL (GAM ≥ 15 percent) to SERIOUS (GAM levels of 10-14.9)[[2]](#footnote-2). According to FGDs, the improved access to food enabled some families to save money and pay for their debts. However, the final evaluation showed an apparent deterioration in household nutrition[[3]](#footnote-3). The percentage of households taking 3 or more meals per day has reduced from 50% to 4.6% and those taking one meal per day has increased from 5% to 48.7%. FGDs attributed this to the short project duration and the large number of households needing support. As concerns protection, all the planned awareness campaigns and trainings on IDPs rights were conducted - resulting in improved relationships between IDPs, host community and service providers evidenced by reduction in incidences of GBVs. The final evaluation showed an 8% reduction in incidence GBVs (from 38% at baseline to 30% at end of project).
* The sustainability of project benefits was ensured in various ways. Through capacity building, the project increase beneficiaries’ self-reliance as they can now use the increased incomes to acquire assets and rebuild their lives. Sustainability for nutrition benefits was as much as possible in-built in the project design and implementation. For example, the project targeted the same beneficiaries for both nutritional support and vocational trainings. Vocation skills trainees were also given food support and graduates, if they get employed, are expected to use some income to purchase household food. The Savings and Loans Associations are likely to be sustainable. In protection, because of the increased awareness on IDPs, rights among beneficiaries and service providers Beneficiaries can now demand for their rights and the service providers who are more aware of their roles are more likely to respond positively to these demands. Indeed, the beneficiaries’ perception towards the service providers has improved. During the baseline evaluation, IDPs complained about poor services from some of the service providers. The beneficiaries’ perception towards the service providers has improved. FDGs at the final evaluation rated services provided by the police, education department and municipal council as good.

Key Conclusions

* The beneficiary community was positive about the project performance and would like CARE to continue with similar projects. CARE and its partners have a challenge of finding innovative ways to consolidate the project results and safeguard the gains made in order to ensure the sustainability of the intervention.
* The food voucher is a good system for addressing household nutrition and food access as it limits destabilization of the local food supply and market systems. It also forms a basis for longer-term recovery interventions. However, unforeseen such a continuous arrival of IDPs and fluctuation of food items prices.
* The rights-based approach is effective in empowering the communities to demand and access justice especially for victims of GBV and rent extortions. However, this has to be accompanied by strengthening of duty bearers in resource mobilization and skills to enable them respond adequately to these demands. Local institutions often lack resources and skills.

Lessons Learnt

* An emergency project, in addition to addressing immediate pressing needs, should incorporate activities that can lead to longer-term interventions after the emergency has been addressed. This enhances complimentarity as it stabilizes the community and prepares them for longer-term recovery interventions. For sustainability, development of a good exit strategy based project outcomes is crucial.
* Provision of food to students for vocational training courses reduces drop-out rates. For example, while only a half (49%) of those who had previously undergone vocation training completed the courses, 93% of the trainees in this project completed the course.
* Imparting life skills to youth and women is a powerful tool for empowering these vulnerable groups to positively change their livelihoods and living conditions.
* The usefulness of vocation training depends on the type of skills, some skills such as tailoring and masonry can easily enable graduates to start self-employed income generating activity while others skills such as office management are only suited for formal employment - which is not easy to get. Furthermore, high investment capital required for some skills make it difficult for a fresh graduate to set-up income generating venture.
* Cultural and religious considerations are crucial in promoting household gender equity in resources utilization among the Somali, and indeed pastoralist community in general. For instance, despite the project’s efforts to increase participation of women in household budget decisions, there was a 20% increase (41% informants at baseline 61% at end of project) of households where men make decisions on budget. FGDs attributed this to the fact that culturally, men are always considered head of the family.

Key Recommendations

* Urgently facilitate the accreditation of the graduates by the Ministry of Education to enable those especially with skills that are more useful in formal employment to find opportunities. According to the Ministry of Education, vocational skills training graduates can get accreditation from the Ministry upon taking an exam from the Ministry. This process costs USD$ 30 per student. According to partners and project staff, there was no budget allocation for this cost.
* Start investing in market and business opportunity development for the graduates of vocational training to increase their chances of making use of the skills. Explore possibility of developing a system of internship where graduates offer their services to NGOs, and other employers, including private and the public in return for experience. A detailed follow-up of the graduates of the various vocational training courses is required to help establish how the graduates are making use of the skills they acquired and the follow-up support required.
* Explore innovative ways of resource mobilization for the vocational training centers in order to make them self-sustaining and reduce their dependence on NGO support. Some of the possible ways include the diversifying their services offered at the center in order to generate additional revenue. Some of the centers have already started doing this, which should be supported. Examples are a Coffee bar run by Garwo Net and radio station run by SWA.
* Continue to strengthen the Savings and Loans Groups/Associations through training, mentoring and access to financial services (e.g. micro-finance schemes). Build on the *Hagbad* system - a traditional system of loaning and saving practiced by Somali women.
* Continue supporting household nutrition to prevent the gains made so far reverting to the situation before the project. For sustainability, supporting an integrated approach linking food voucher system to livelihood and skills development is crucial. The food basket content and value should be reviewed, taking into account the culture of the sharing of food between neighbors among the beneficiaries, food preference and inflation.
* Explore the possibility of designing a long-term follow-up “weaning” phase for the project. The project should aim at consolidating the results this project and strengthening resilience and copying strategies of urban and rural populations. It should support recovery and return of IDPs and pastoral dropouts to their primary livelihoods.
* Investigate the possibility of supporting relevant line ministries in implementation policies and programs supportive of skills development, livelihoods and resilience. In the case of vocational training, support the Ministry of Education to develop and maintain a database on graduates from the training centers and ensure the quality of the courses.
* Protection activities should include enabling the beneficiaries to understand the role of service providers in disasters mitigation. Staffs are obliged to explain to the beneficiaries the project mandate and limitation on protection. Service providers such as the police, judiciary system and the local authority need more training and exposure on how to respond to incidence of violation of rights.

# INTRODUCTION

## Background to the Evaluation Assignment

This report presents the methodology; findings and recommendation from a final evaluation conducted by independent Consultant between 1st June and 15th June 2013. Two baselines studies were conducted before the commencement of the project establish benchmarks against which the project achievement was measures. These studies included one on Livelihoods and Nutrition was conducted in September 2012 by the same consultant who conducted this final evaluation. A different consultant conducted the other study on Protection in August 2012. Since the baseline study on Nutrition and Livelihoods was conducted 2 month after the conclusion of the Emergency Nutrition Component, benchmarks for this result are deduced from two Nutrition Assessments studies conducted by FSNAU in March/April 2012 and March/April 2013. The main aim of this final evaluation was:

* To provide information on the project performance against key indicators and parameters for expected result 1, 2 and 3 - disaggregating findings by Gender
* To independently assess the relevance, effectiveness, efficiency and sustainability of the project in Puntland
* To provide specific detailed evidence-based recommendations and lessons learnt and/or best practices that can be replicated in future programs and used to improve the design of on-going CARE Somalia Projects and the effectiveness of the future humanitarian operations in the region.

The consultant was expected to provide concrete recommendations on specific areas of improvement and changes to enhance quality of implementation, management and relationship with stakeholders.

## Members of the Evaluation Team

Dr. Jacob Wanyama, a private consultant conducted the Food Security, Livelihoods and Emergency evaluation. Ms. Deko Bashir Bulhan, a research assistant, assisted him. In addition, CARE identified eight enumerators who were trained and used to collect household data. Detailed evaluation team profiles are provided in annex 12.

# MAIN BODY

## DESCRIPTIONS OF METHODS

The Consultant used both participatory qualitative and quantitative methods and tools to generate and analyze data. Using the two types of data, the consultant was able to validate through triangulation, the evaluation findings. Quantitative data was analyzed and interpreted using statistical software, SPSS ver. 18. The following are the specific steps that were followed during the evaluation:

**Step 1: Document Review**

These involved reviewing various documents relevant to the project. The documents reviewed included: Project baseline study report, Project Proposal (narrative), Activity plans, Project Monitoring and Evaluation Plan, Project agreements, Project Interim Annual Report, Logical framework, Needs assessment reports, Protection workshop reports, among others. A detailed list of the documents reviewed is included in Annex 8.

**Step 2: Design Tools**

The literature review provided the basis on which the data collection tools were designed. The tools included: Semi-structured questionnaires which were administered during Focused Group Discussion (FGD) and Key Informant (KI) interviews and structured questionnaires which was administered during a household survey. Except for the protection component, the tools including the questions were designed in the same format as the ones used during the baseline study on Livelihood and Nutrition Components. This was to enable comparative analysis of the findings. For the Protection component, although the questions were not necessarily the same as those used during the baseline for Protection, the issues explored were the same allowing comparison between baseline and final evaluation.

During this step, the consultant also developed work-plans/Itinerary which was later presented and agreed on with the project team in Garowe.

**Step 3: Initial Meeting with the Project Team**

An initial briefing was held in Garowe with the field staff during which the tools, methodology and sampling strategy were presented and agreed on. The itinerary was presented, revised and agreed on.

Step 4: Training of Enumerators and Agreeing on Sampling Structure and Itinerary

Eight enumerators (including 1 woman and 7 men) were trained on tools for 1 day. The enumerators were identified by CARE field team based on previous experience in working with them. The imbalance in gender was due to the difficulties encountered by the team in identifying other women who could join the enumerators’ team. There was no field-testing of the tools as the enumerators had previous experience in the application of such tools. In addition, some of the enumerators were the same ones who participated in the baseline studies - hence they had prior knowledge of the specific tools. Nevertheless, the consultant conducted a continuous assessment of their performance during the field work to correct any mistakes made and ensure data integrity.

Figure : Focus Group Discussions in Qardho

Step 5: Field data collection

The Consultant, Research assistant and the enumerators conducted the field data collection. The Enumerators administered household questionnaires while the Consultant and the research assistant conducted the Focused Group Discussion (FGD) and Key Informants interviews (KII). Data was collected from the four project areas namely: Garowe, Qardho, Baadweyn and Goldogob. Five Enumerators and the Research assistant covered Baadweyn and Goldogob while three enumerators and the consultant covered Garowe and Qardho. In addition, the Consultant and the Research assistant conducted at least three Focused Group Discussions per district. Each Focus Group discussion represented the various project interventions as well as women, men and youth. In total, 12 focus group discussions were conducted. Table 1 below shows the details in the number of focus group discussion conducted per project area.

The beneficiaries interviewed included those for food voucher system, vocation and business skills training and protection awareness creation activities. Two CARE Staff facilitated the whole process. Details of the groups interviewed are shown in Annex 1. Annex 9 gives samples of the tools used, while Annex 10 gives the summary of roles and responsibilities of the evaluation team.

Table : Number of Focus Group Discussion Conducted

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | **Garowe** | **Qardho** | **Baadweyn** | **Goldogob** | **Total** |
| Women/Youth | 2 | 2 | 2 | 2 | 8 |
| Men | 1 | 1 | 1 | 1 | 4 |
| Total | 3 | 3 | 3 | 3 | 12 |

**Sampling for household interviews**

Sample of households interviewed was calculated using sample formula: **SS= (Z2\*(p)\*(1-p))/c2**; Where: Z = Z value (e.g. 1.96 for 95% confidence level) p = percentage picking a choice, expressed as decimal (.5 used for sample size needed) c = confidence interval, expressed as decimal (e.g., .04 = ±4)[[4]](#footnote-4).

It should be noted that while the two components, Livelihoods and Protection was implemented in all the four target districts, Nutrition component was implemented in only two districts namely; Garowe and Qardho. In addition, in all the four districts, the project targeted 70% IDPs and 30% host community. A total of 1,037 households were sampled across the project area. These included 317 in Garowe, 322 in Qardho, 198 in Baadweyn and 200 in Goldogob. These households were distributed according to the project target of 70% IDPs and 30% Host community. Table 2 below show the distribution of the project beneficiaries and table 3 shows a summary of sampling strategy used. Annex 2 shows a list of the villages and the number of households interviewed per village.

Table : Distribution of target beneficiary households by Expected Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Districts | Expected Results | | | Totals |
| ER1: Nutrition | ER2: Livelihoods | ER3: Protection |
| Garowe | 400 | 377 | 833 | 1610 |
| Qardho | 500 | 377 | 833 | 1710 |
| Baadweyn |  | 377 | 833 | 1210 |
| Goldogob |  | 377 | 833 | 1210 |
| Totals | 900 | 1508 | 3332 | 5740 |

Table : Sample size (households) for each Results and Project Site

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Nutrition** | | | **Livelihood** | | | **Protection** | | | **Total Sample Size** |
|  | **Female** | **Male** | **Total** | **Female** | **Male** | **Total** | **Female** | **Male** | **Total** |
| Garowe | 103 | 26 | 129 | 68 | 26 | 94 | 68 | 26 | 94 | 317 |
| Qardho | 126 | 14 | 140 | 57 | 34 | 91 | 57 | 34 | 91 | 322 |
| Baadweyn |  |  |  | 68 | 31 | 99 | 68 | 31 | 99 | 198 |
| Goldogob |  |  |  | 45 | 55 | 100 | 45 | 55 | 100 | 200 |
| **Totals** | **229** | **40** | **269** | **238** | **146** | **384** | **238** | **146** | **384** | **1,037** |

Step 6: Data analysis

As stated earlier, the data which was collected was both qualitative and quantitative. The qualitative data was compiled using notes from focus group discussions and key informant interviews. This data was enter into the computer in word format and compiled to form general impressions and conclusions. Quantitative data generated from household interviews was entered into a pre-prepared data entry template in Excel. This was then uploaded into SPSS Statistical software (SPP ver. 18.0) and analysed to generate cross tabulations. The cross-tabulations where then manually computed using Excel and compared with the data from the two baseline surveys to develop a comparative picture of the findings. Qualitative data from Focus Group Discussion and Key Informant interviews was used to enrich the findings from the analysed quantitative data through triangulation.

Limitations

During the evaluation process, the team encountered two limitations and challenges namely:

* **Security** – The lead Consultant could not reach two of the 4 districts namely Baadweyn and Goldogob due to security concerns. However, the research assistant was able to conduct FGD and KI interviews in these two districts and supervise the enumerators on behalf of the Lead Consultant.
* **Language barrier** – There was need for interpretation for the lead Consultant who does not speak the local Somali language. However, a translator was provided him all the time. In addition, the research assistant was a local person-so she could conduct interviews without a translator.

## PROJECT APPROPRIATENESS/RELEVANCE

The project was very relevant and appropriate as it focused on real needs of the target population. Indeed the choice the name, Diriswanaag in Somali means, “Good Neighborliness and Hospitality” helped the beneficiaries to identify with it as well as its aims and objectives. The project design was appropriate as it was based on a number of assessments that CARE conducted prior to the formulation of the project. These included the Rural drought assessment which was conducted in January/February 2011, a Needs assessment in IDP camps which was conducted in early March 2011 and completed in August 2011. The later assessment covered all the IDP camps in Garowe, Bossaso and Galkacyo. All these assessments showed that there was serious deterioration of nutrition condition among the communities in these areas because of influx of internally displaced persons and urgent intervention was required. These findings were confirmed by another assessment conducted by FSNAU that indicated that over 330,000 in urban and rural areas in Puntland alone were in crisis. The majority of these people had been displaced either after losing their animals to droughts or because of conflict in south central Somalia. At that time, many people were starving, had limited livelihoods options and lacked access to essential services such as education, health, and security. The women, especially in IDPs camps, were often exposed to abuse, violence and discrimination. The findings of the assessments led to CARE modifying its initial more recovery oriented WASH project component into an emergency nutritional support. The project relevance was confirmed during the baseline survey conducted for the project in 2012 where beneficiaries rated the level of malnutrition before the project as at 80%[[5]](#footnote-5). During this evaluation, when households were asked to rate how import the problems the project is addressing are to them, an average of 58% of the household rated the problems very important while 40% rated them as averagely important (see figure 2 below).

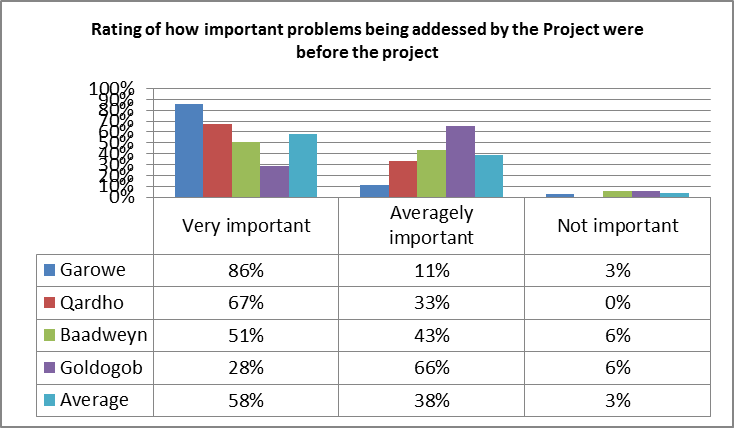


Figure : Rating of problems being addressed by the project

The three components namely Emergency Food Voucher, Livelihood and Protection appropriately addressed core problems of the target community. Furthermore, the project’s focus on youth and women was relevant. Often, these members of the community do not have opportunities to get meaningful employment to support their livelihoods. Furthermore, according to the Ministry of Labor, the youth in Puntland make up to 75% of population. The Government of Puntland, in recognition of this challenge, has a policy of encouraging development agencies operating in the state to put more emphasis on skills development for the youth. Women on the other hand, are often the most vulnerable and marginalized members of the community at the time of conflicts and calamities. For example, during the baseline assessment on 59% said they were aware of GBV carried out against women and girls.

Regarding livelihood support, focusing on “marketable” skills for the vocational training ensured that graduates easily got better employment increasing their income and enabling them to meet their household basic needs. For instance, during this evaluation 80% percent (31% female and 48% males) of trainees who completed of various vocational training courses supported by the project said they as using the skills they gained to earn a living.

Protection component on the other hand was ideal in addressing the urgent need of protecting and supporting IDPs, especially women who were encountering abuse and securities. This was confirmed by the baseline assessment on protection that established that 37% of IDP informants had experienced some kind of violence.

The project was also contributing to achievement of the Millennium Development Goals. By focusing on improving livelihoods and addressing the emergency household nutritional needs, the project was contributing to MGD goals of eradicating extreme poverty and [hunger](http://en.wikipedia.org/wiki/Extreme_poverty) as well as reducing [child mortality](http://en.wikipedia.org/wiki/Child_mortality) rates. By focusing on women, the project contributed to the MGD goal of [gender equality](http://en.wikipedia.org/wiki/Gender_equality). Although the project was not directly contributing to other goals such as improving [maternal health](http://en.wikipedia.org/wiki/Maternal_health), combating [HIV/AIDS](http://en.wikipedia.org/wiki/HIV/AIDS), [malaria](http://en.wikipedia.org/wiki/Malaria) and other diseases, and ensuring environmental [sustainability](http://en.wikipedia.org/wiki/Sustainability), the linkages established between the beneficiaries and services providers is expected to create an enabling environment to enable the beneficiaries access services delivered by the service providers in these areas.

The project implementation process was appropriate. The decision to start with emergency food voucher followed by vocational and business skills training and protection interventions ensured that the immediate needs of vulnerable communities (household nutrition) are met first before engaging them the other longer-term components. It also ensured that food voucher activities coincide with the time when conditions were worse (December, January).

The participatory approach was appropriate as it fostered transparency and accountability in accessing and use of project resources and ensured the views of the beneficiary were taken into account. For example, camp committees were set-up and empowered to resolve conflicts and monitor project implementation. This ensured that the beneficiaries through these committees take responsibilities of some of the projects decisions and actions. Similarly, the vocational training centers, which were responsible for conducting vocation skills training courses, are more likely to continue offering these courses even after the project.

## PROJECT EFFICIENCY

Desk review of project documents and key informants interviews with the project staff revealed that the project completed all its planned activities in time. However, the rate of implementation as per the project plans was slightly affected by the slight delay in commencement of some of its components[[6]](#footnote-6). The delay was partly because of difficulties experienced in staff recruitment[[7]](#footnote-7) and partly due to a strategic decision to start the Emergency Food Voucher activities during the dry season (December January). Nevertheless, most of the project targets were achieved by the 2nd Feb 2013, as it was originally planned. In addition, despite the fact that the demands sometimes outweighed the available resources, the project resources were well used. This is evident by fact that the project team was able to save some budget lines and use the balance to increase the number of household targeted for emergency food voucher from 900 to 970. Indeed the beneficiaries and partners interviewed Baadweyn, Goldogob, Garowe and Qardho during this evaluation felt that, compared to previous such projects, “this was the best implemented in their respective areas in terms of efficiency of resource use”. The staggered nature of implementation process where the most urgent component (emergency nutrition) was started earlier than the rest of the components helped to enhance the project efficiency as it promoted mutual complimentarity of the different project components. Starting with emergency food voucher stabilized the community’s urgent needs and prepared them for longer-term livelihood interventions. It also allowed the project staff to engage with the community and prepare them for other project components. The late commencement of livelihood component provided an opportunity for the beneficiaries to start earning some income and use it to purchase food - thereby sustaining their household nutritional needs even after the conclusion of the emergency Food Voucher intervention. Furthermore, the inclusion of food ration (“food for training”) during the various training sessions helped extend communities access to nutrition support from the project at the same time motivated the trainees to complete their courses.

The project was well coordinated at field level. The Area Manager was in charge of coordinating project activities related to livelihoods and coordinating with the Government line ministries, partners and community leadership. He was assisted in the field by one Project officer for the livelihoods activities, one Project officer for the Protection activities and one Senior Project officer supported by one Project Officer for in the Emergency food voucher activities.

Technically and at program level, the project results fell under two different programs namely. The Livelihood component fell under the Urban Livelihood Program and was coordinated by the Program Coordinator, Urban Livelihood while the Emergency food voucher/Nutrition component fell under the Emergency Program coordinated by the Emergency Coordinator. Figure 3 below illustrated the coordination structure during the implementation of the project.

The project staff and partners were very committed and adequately supported in terms of resources and logistics. This is evident considering the fact that the staff was able to complete all the activities in time despite the delay in commencing project activities. The implementation of project activities was based on annual and monthly plans jointly developed by partners.

Assistant Country Director

Programs

Emergency Coordinator

Program Coordinator Urban Livelihoods

Area Manager Urban Youth

(ER2)

**ER 1 & 3**

One Senior Project Officer &

One Project Officers

**ER2**

One Project Officer

Figure : Coordination structure during project implementation

## 

## PROJECT EFFECTIVENESS

As stated elsewhere, except for the nutrition component, the project achieved most of its targets as per project log-frame. The following is an analysis of the level of achievement based on indicators and bench-marks set-out in the project document and baseline surveys.

Summary of achievement of the planned activities per Expected Result

Table 4 below shows the level of achievement of the planned activities per expected results. Explanation on achievement or any variance is provided.

Table : Achievement towards planned activities

| **Expected Result** | **Planned activity** | **Achievements** | **Explanations** |
| --- | --- | --- | --- |
| **Result 1**: Nutrition | 900 Households receive food voucher for 6 month | 970 HHs including IDPs and host communities  were supported through food voucher for 6 month | The increase by 70HHs was as a result of money saved from the budget allocation. |
| **Result 2: Livelihoods** | Training 700 youth and women in vocational skills | 700 youth and women successfully completed a 6-month course of different vocation skills training | The training commenced in June 2012. Therefore, to date, the graduates have been on the market for about 5 month.  Household survey showed that 80% of these are making use of the skills. |
|  | Training 800 youth and women in business skills | 800 youth and women successfully completed 4-month course of business skills of four rounds. 200 youth and women were trained each month. | Household survey shows that more than 80% of these are making use of the skills |
|  | Participatory needs assessment | Two needs assessments were conducted by CARE  Project baseline was done in September 2012 | Needs assessments helped CARE to define the needs and how they would be addressed.  The baseline should have been done early at the start of the project. Never the less, it provided useful benchmark against which the project achievements and impacts was measured. |
|  | Provide start-up toolkit for 700 youth and women | 340 youth and women were provided with start-up toolkits | Only those who went through hard-skills have received the toolkits. Those who did courses such as office management did not require starter-kits  The type/content of toolkit depended on the skills they trained on. For example skills in Office Management did not need starter-up skills. |
|  | Provide initial startup cash grant to 800 business skills trainees | 12 youth and women were trained Saving and Loans TOT  113 Saving and Loans groups with membership ranging from 8 – 100 were form. A total 800 youth and women who were members of the Savings and Loans groups were provided start-up cash grants. Each individual member received USD$ 130. | The 12 trained youth and women were expected to train others on Savings and Loans. However, it was not possible to establish how many they have trained so far.  The total amount per savings and loans group depended on the number in the group. For example a group with 10 members received a total of USD$ 1,300. The members of a group averaged. Formation of Savings and Loans group was voluntary. After the formation, they trained in bylaws. They then signed an agreement with CARE and the Local Government. |
|  | 10 Non-Formal Education (NFE) Centers identified and facilitated to conduct literacy and numeracy training | 10 Non-Formal Education Centers were identified  35 tutors were trained in Training of Trainers. The tutors were used to conduct literacy and numeracy classes.  387 out of 400 enrolled and successfully underwent literacy and numeracy training. | The centers were situated in public schools  The training was conducted by the trained tutors.  The number of those who completed was less by 13 trainees because of drop-outs. |
| **Result 3: Protection** | 8 protection workshops | 8 protection workshops on IDPs rights were conducted | The workshops covered all targeted IDP camp committees and were aimed at training and sensitizing participants on rights of IDPs. They were also trained in psycho-social and management skills. |
|  | 5 media open talks | 6 advocacy campaigns on IDPs security and protection were carried out. | 2 advocacy campaigns were done through dissemination of IEC/advocacy materials  4 advocacy campaigns were done through media call in talks and discussion.  Advocacy and media campaign targeted 15,000 individuals. |
|  | Participatory planning for GBV and protection issues | A stakeholder forum consultation meeting was conducted. | During this consultation, it was realized that secure access to land was a major issue for IDPs. |

Detailed analysis of achievement towards the Project’s Specific objective

The following is a comparison analysis of the project achievements a per benchmarks set-up during the two baseline studies and the final evaluation using indicators in the project log frame. A summary of project achievement towards specific objective and expected results based on baseline benchmarks and end of project evaluation findings is provided in annex 6.

**Indicator**: 30% increased income above baseline for 1500 targeted HH from IDP and host community

The mean monthly income at baseline households interviewed (both IDP and host community) during baseline was USD$ 106; while that for the households interviewed during the final evaluation was USD$ 185. This is a significant increase of USD$ 79 – equivalent to 76%. The highest was in Baadweyn which registered an increase of 277% and the lowest was Garowe, which registered an increase of only 10%. The big increase in Baadweyn may be because the mean monthly income at baseline were the lowest compared to other districts - USD$ 74 (see table 5 below).

An analysis of monthly household income by gender during this evaluation show that the mean monthly income across all the four districts for male headed households was USD$ 93 and that of female headed was USD$92 as presented in figure 4.

Table : Increase in Mean Household Income in USD$

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Districts** | **Average HH Monthly Incomes in USD$ at baseline study and end of project evaluation** | | | **Percent increase** |
|  | Baseline survey | End of project Evaluation | Increase | % increase |
| Garowe | 109 | 120 | 11 | 10% |
| Qardho | 116 | 203 | 87 | 75% |
| Baadweyn | 74 | 279 | 205 | 277% |
| Goldogob | 123 | 140 | 17 | 14% |
| All Districts combined | 106 | 185 | 80 | 76% |

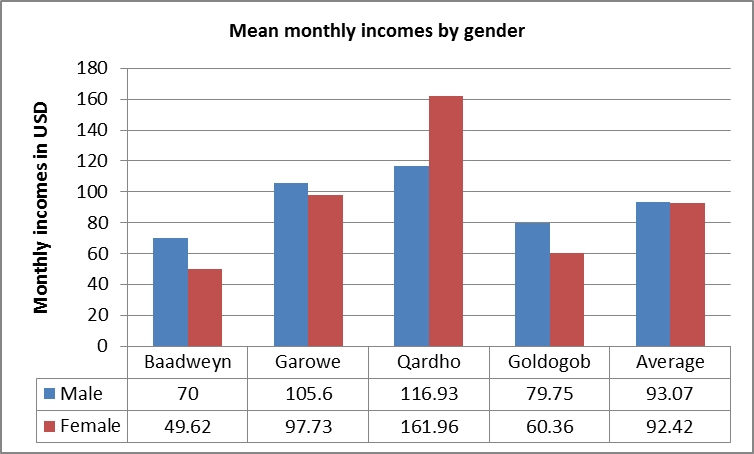


Figure : Mean HH monthly income by Gender

**Indicator:** 80% improved 900 HH nutrition status above baseline

GAM and SAM measurements were not conducted during baseline study and final evaluation. Hence, benchmarks and the achievements were determined using results from two Nutritional Analysis conducted by FSNAU in March-April 2012[[8]](#footnote-8) and March-April 2013[[9]](#footnote-9). Based on this, the Nutrition Assessment done in March-April 2012 (before this intervention commenced) classified the household nutrition status as **CRITICAL** (GAM ≥ 15 percent). In contrast, the Nutrition Survey done in March-April 2013 (FSNAU Nutritional update March/April 2013) classified the household nutrition status in Puntland as **SERIOUS** (GAM levels of 10-14.9).This was an improvement by one level up from the baseline (see also indicator for result 2). It should however be noted that in addition to the project, the climate improved from drought to above normal rains which could have contributed to this improvement. The final evaluation also noted that 12 month after the conclusion of the emergency food voucher intervention, the households reported a significant reduction in meal intake (see also findings on expected result 1 below).

**Indicator:** 50% of IDP HH indicates in post project evaluation that relationships with host community have improved as indicated by gender-disaggregated focused group discussion

The baseline assessment established that there were cases of violations and threats to IDPs by host community and in many cases, there was no action taken. According to the baseline, 27% of households asserted they were victims of violence and threats and more than half of these (57%) said no action was taken against the perpetrators. Most of the perpetrators were host community (32%), fellow IDPs (31%). During final evaluation, although more households said they were aware of incidences of conflict between IDPs and host community compared to baseline (from 27% at baseline to 40% at final evaluation), higher percentage said these incidences were successfully resolved. Thirteen (13%) percent of the informants said 10 out of 10 incidences were resolved (100% success) and 18% said 5 out of 10 incidences were resolved (50% success) – see figure 5 below for details. This contrasts with baseline where most of the incidences were not resolved.

Furthermore, during the final evaluation, participants in all the twelve focused group discussions (8 women and youth and 4 men groups) said there was improvement in relationship between IDPs and host community. They said the two communities (IDP and host) are more aware of the need to live together and there were more positive interactions between them - both at social and business level.

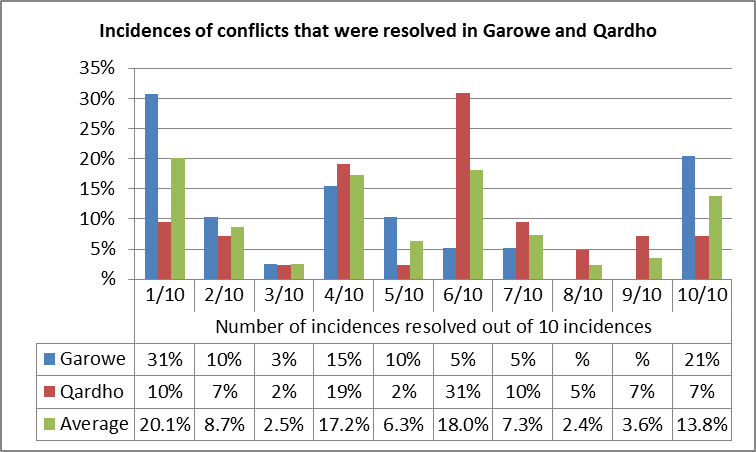


Figure : Percentage of conflicts successfully resolved in Garowe and Qardho

Detailed analysis of project achievements towards Expected results (ER)

The project had three expected results. The following is the achievement towards these expected results as per indicators in project document and the benchmarks set-out in the two baseline surveys. Please note that during the baseline survey for Livelihoods and Nutrition, new indicators were proposed. This analysis makes use of these indicators as well.

**ER1: NUTRITIONAL STATUS OF 1,500 FOOD INSECURE IDP AND HOST COMMUNITY HOUSEHOLDS IMPROVED**

**Indicator** - 900 Household Receive food baskets for 6 month

Project baseline study was conducted 2 month after conclusion of food basket distribution. Nevertheless, Post distribution monitoring was conducted during the 6-month implementation period for the food voucher in two urban centers (Garowe and Qardho). Findings from this monitoring and interviews with the project staff show that 970 IDPs and host communities households received food basket. This was 70 household more than the targeted 900 households. The increase in number of households was a result of the savings the project team made on budget allocation. Indeed, 100% of the beneficiaries interviewed during the post-distribution monitoring said they had received food the food baskets.

This was confirmed by the final evaluation, which showed that an average of 99.6% (100% IDP and 98% host community) of households in the two urban centers had received food support through the emergency food voucher intervention (see table 6).

In terms of entitlement, post distribution monitoring revealed that an average of 82% respondents (76% in Garowe and 88% in Qardho) said they did not miss anything in the food basket and all said they did not have any problem in the process.

Table : Percent of Beneficiary HHs who Received Food Basket

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Beneficiaries** | **Garowe** | | **Qardho** | | **Garowe & Qardho** | |
|  | No | Yes | No | Yes | No | Yes |
| IDP | 0.0% | 100% | 0% | 100% | 0% | 100.0% |
| Host | 2.4% | 97.6% | 0% | 100% | 1.2% | 98.8% |
| IDP & Host | 1% | 99% | 0% | 100% | 0.6% | 99.6% |
|  |  |  |  |  |  |  |

80% Improved 900 HH Nutrition Status above Baseline

Although no bench mark was set before the implementation of the emergency food voucher, during the baseline study which was conducted 2 month after the conclusion of this activity showed that nutrition status of 63% of households interviewed in both Garowe and Qardho had improved. This was emphasized during the final evaluation where 87% of household interviewed during the final evaluation said their household nutrition status improved during the implementation of the emergency food voucher activities (see figure 6 below). However during baseline, opinion was divided in the FGDs on how much improvements have occurred as a results CARE’s emergency food voucher intervention. While most (6 out of 8 FGDs) believed the situation had improved a few (2 out of 8 FGDs) felt there were still families that are malnourished. In general, they put the nutrition level at 40% - 60%. In addition, they all put the malnourishment levels, before the implementation of the food voucher, at 80%.

It should be noted that as reported elsewhere, there is an apparent reduction in household daily meal intake between baseline and final evaluation (see indicator on expected results 2 below for details). This is explained by the fact the final evaluation was conducted 12 month after the conclusion of the emergency food voucher. The reduction is indicated of the changes that have taken place since the stoppage of this intervention.

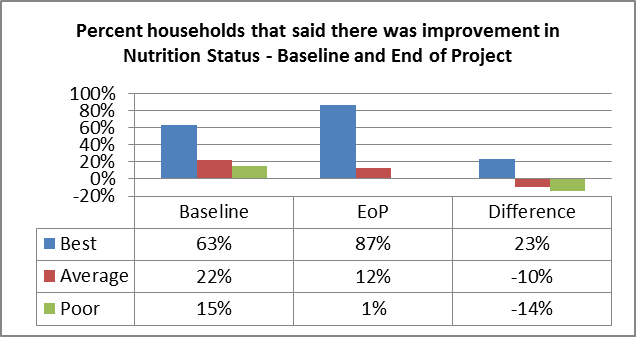


Figure : Percentage of HHs that had improvement in Nutrition status

**ER2: IMPROVED LIVELIHOODS SECURITY FOR 1,500 HH FROM IDP & VULNERABLE HOST COMMUNITY WITH EMPHASIS ON WOMEN AND YOUTH**

**Indicator:** 50% of targeted households increase from baseline the number of meals consumed per day per household over a measurement period of 2 weeks

As mentioned elsewhere in this report, the project baseline study on nutrition was conducted 2 month after the conclusion of food voucher activities[[10]](#footnote-10). During this time 50% of those interviewed said they had taken three (3) and above meals per day during 2 weeks preceding the study, while 45% said they had taken two (2) meals per day for the same period. Only 5% said they had taken one (1) meal per day. The picture was however different for the final evaluation. Only 6% of household interviewed said they had taken three (3) meals and above per day during 2 weeks preceding the study – indicating a huge reduction of 44%. Meanwhile 48.7% households said they take one (1) meal per day – a huge increase of 43.7%. There was minimum change in percentage of households that said they took two meals per day (from 45% at baseline to 45.3% at end of project evaluation) and a very slight increase of those who said they take more than three (3) meals per day (from 0% to 1.4%). Table 7 below helps to illustrate these findings. These findings show that while households who take two meals per day remained constant there was a huge reduction in those who take three meals per day (from 50% to 4.6%). This was supported by findings on changes in the type of food taken at the time of baseline and final evaluation. During baseline, 45% of households said they took a balanced diet, 32% said they take protein and starch while 22% take starch only and 1% said they take protein only. However, during the final evaluation, 35% of households said they take a balanced diet, 27% said they take protein and starch, 34% take starch only and 3% said they take protein only. This shows a slight decrease in those who take balanced diet and those who take protein and starch (by 9 and 5% respectively) and a higher increase (15) of those who take starch alone. There is also a slight increase of those who take protein alone (see figure 7).

While this seems to contradict baseline and final evaluation that indicates a high percentage (63% at baseline and 87% at final evaluation) of households that sated an improvement in their household nutrition status, it should be noted the baseline data represents the nutrition status just 2 month after the conclusion of the food voucher and the final evaluation data represents the status 12 month after. It can be concluded that the high percentage of households taking three meals per day at the time of conducting baseline is an indication improved household nutrition status as a results of project intervention. Equally, the reduction in percentage of households that take three meals per day and balanced diet and the increase in those households that take one meal per day and starch only may be an indication of a deteriorating situation of household nutrition, 12 month after the conclusion of this activity. It could also mean the nutrition status is stabilizing or that the respondents were using the opportunity to request for more support. This calls for a detailed assessment of project beneficiaries’ nutritional status and trends.

Table : Changes in number of meals taken per day

|  |  |  |  |
| --- | --- | --- | --- |
|  | One meal per day | Two meals per day | Three and above meals |
| Baseline Assessment | 5.0% | 45.0% | 50.0% |
| End of Project Evaluation | 48.7% | 45.3% | 6.0% |
| Difference | 43.7% | 0.3% | -44.0% |

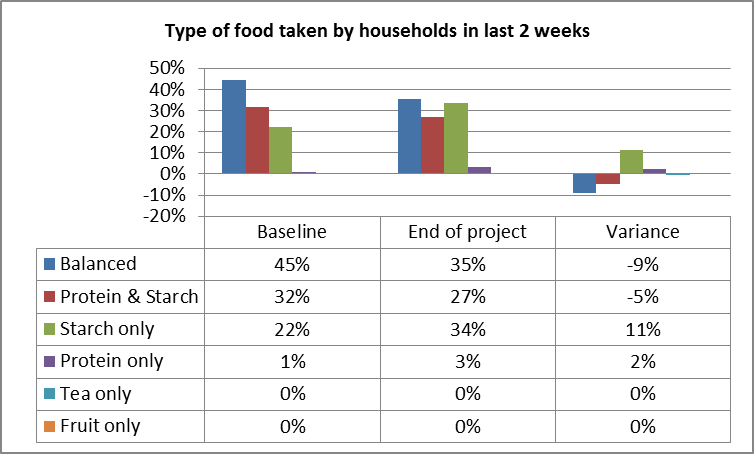


Figure : Type of food taken per HH per day for last 2 weeks

**Indicator:** 30% of women and men report improved dialogue between women and men from baseline on budgeting within the household as indicated in subsequent gender disaggregated focus group discussions

All the 8 Focus Group Discussions with both women and men separately (4 with men and 4 with women), during the baseline survey, stated that in men are the ones who make decisions on household budget in male headed household while in female headed households, female are the ones who make decisions. During this evaluation 7 (4 women groups and 3 men groups) out of 12 focus group discussions held with beneficiaries (58%) said men are the ones who make decisions on household budgets especially in a male headed households. This was confirmed during household interviews. While 41% of households interviewed during baseline said men are the ones who make decisions on household budget 61% households said the same during the final evaluation. This was a 20% increase from baseline. Similarly, while 16% household interviewed during baseline said both men and women make decision on household budget together, 12% said the same during the final evaluation – a decrease of 4%. Additionally, while 43% of households interviewed during baseline said women are the ones who make decisions on household budget, 35%) said the same during this evaluation - an 8% decrease (see figure 8 below for details). These findings show that there was a significant increase in those who said men make decisions on household budget and a slight decrease of both those who said both men and women make decisions together and those who said women make decisions. The results seem to indicate that the project has resulted in an increase in percentage of men making decisions on household budget with no improvement on joint household decision making on household budget. However, this could also mean that the responses were based on gender of the households interviewed. The decision on budget in male-headed households is more likely to be by male and that in the female household is more likely to be female.

Nevertheless, during FGDs, the informants asserted that there was a general improvement in dialogue between men and women on household budget. They said, although men make decisions, women do play important roles in the process of decision making especially in cases of expenditures on items women are responsible for such as food items. They further explained that men make decisions on household budget because according cultural norms and religious considerations, they are considered the head of the family. But in case of female headed households, female do make decisions on their household budget. These findings underscore the significance of customary and religious considerations in property ownership among the Somali community and the need to build on these when promoting household gender in resource allocation.

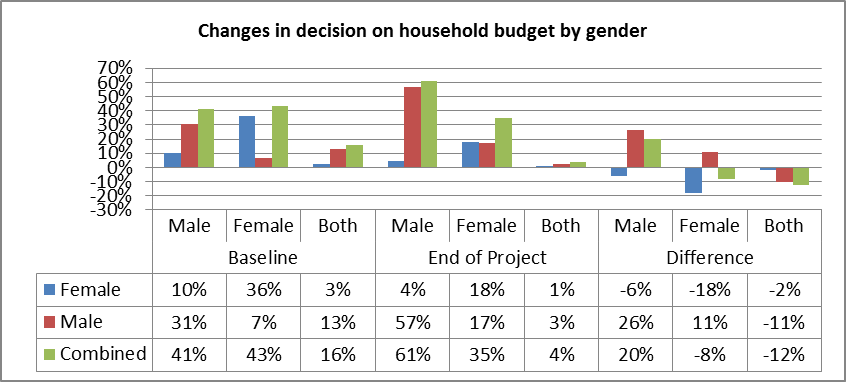


Figure : Changes in household decision on budget by gender

**Indicator:** 80% of 1500 targeted women and youth successfully complete their training

Seventy (70%) percent of households interviewed during baseline study said they completed the vocational training they had previously undergone. These included 43% male and 27% female respondents. During the final evaluation, 93% (63 male and 30% female) said they successfully complete the training courses they underwent, supported by the project. This is a 23% increase (20% male and 3% female). Furthermore, during the baseline, an average of 52% (28% female and 25% male) women and youth interviewed said they had previously undergone a vocational training while during this evaluation, 75% (30% female and 45% male) respondents across the four districts said the same. This again shows 23% increase (20% male and 2.5% female). Table 8 and figure 9 give details of these findings. These findings show that an equal number of female and male candidates successfully completed the training offered by the project. This contrasts with baseline where more men than female had successfully completed training courses.

Table : Percentage of household that underwent training

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Baseline** | | **End of Project** | | **Difference** | |
|  | Yes | No | Yes | No | Yes | No |
| Female | 28% | 21% | 30% | 16% | 2% | -5% |
| Male | 25% | 27% | 45% | 9% | 20% | -18% |
| Combined | 52% | 48% | 75% | 25% | 23% | -23% |

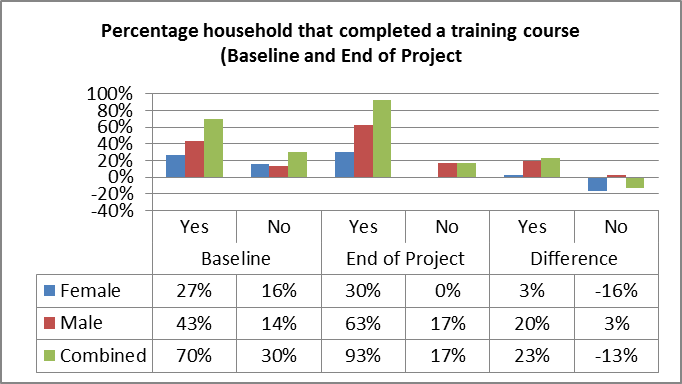


Figure : Percentage of respondents who completed vocational training courses

**Indicator:** 800 cash grants and 700 start-up kits provided to women, youth and men by the end of the project

Information from desk review and key informants interviews with CARE and Partner staff indicate that 340 youth and women were provided with start-up toolkits. The number of trainees who received start kit was less because some courses such as office management did not require start-up kits. One hundred and thirteen (113) saving and loans groups were formed and provided with cash grants. The groups’ membership ranged 8 and 100 members. A total of 800 individuals in the groups (each representing a household) received cash grant. When households were asked during the final evaluation to state on which items they used the cash grants. An average of 51% said they used it on business, 26% said they used it to purchase household items, 13% said they used it buy food and between 1% and 2% used it for other items such as paying for school fees, buying goats, shelter and paying for debts (see figure 10 below). The use of the grants on items other than business could mean the recipients used the profits made from the business they had set-up. It could also mean recipients used some the grants on more pressing needs.

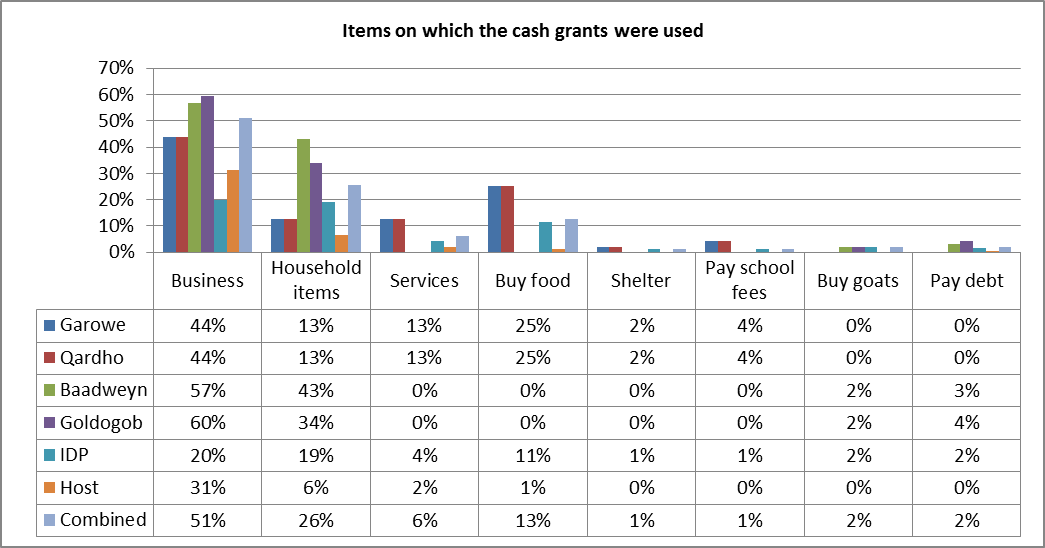


Figure : Items on which the cash grants were used

**Indicator:** 70% of targeted households report increase of income after completion of their training

During the baseline line survey, female and male respondents (53% of female and 47% males) said they had an average monthly income of USD$ 99. In contrast, during this evaluation, informants who had undergone training and were using the skills (25% female and 75% males) said they earned an average of USD$ 160 (see figure 11 below). This is an increase in income of USD$ 61 or 60%. Indeed, among the graduates of vocational skills trainings who said they are making use of the skills they gained from project’s training courses, 63% (17% female and 46% male) said their income had increased slightly while 21% (13% female and 8% male) said their income increased greatly (see table 9). These findings show that more males than females benefited from this income change. It may also mean that males were more successful in setting-up income generating activity or getting employment than females. A detailed follow-up of the graduates to find out how they are performing is advised.

Table : Changes in incomes by gender

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Responses** | **Percent respondents** | | | | | | | | | |
| Garowe | | Qardho | | Baadweyn | | Goldogob | | Average | |
| Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| **Remained the same** | 26% | 2% | 21% | 23% | 3% | 5% | 0% | 3% | 13% | 8% |
| **Increased slightly** | 26% | 35% | 19% | 26% | 19% | 52% | 5% | 71% | 17% | 46% |
| **Increased greatly** | 2% | 10% | 5% | 5% | 2% | 19% | 2% | 19% | 3% | 13% |

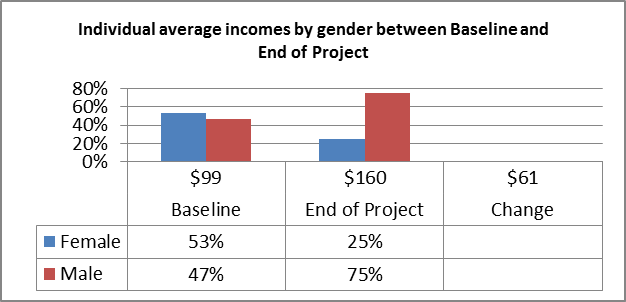


Figure : Average monthly incomes by gender for graduates of vocational training

**Indicator (Proposed at Baseline):** Increase in number of households owning assets[[11]](#footnote-11)

Although this indicator was not originally in the project document, its inclusion was proposed during the baseline study. Informants in both baseline and final evaluation stated that they owned some kind of asset. However, while during the baseline, 29% of both IDP and host community said they own a “house”, 52% of household interviewed during the final evaluation said the same. This was a 23% increase from baseline. There was a very small difference, between baseline and final evaluation, for those who said they owned other types of assets such as land and small stock. The household survey findings were confirmed by focus group discussions. FGDs during baseline revealed that while IDPs (both men and women) said they had no asset except the makeshift tents and very few chickens, host community said some community members owned some land, small stock, camels, farm etc. In contrast, FGDs during the final evaluation revealed that both IDPs and host community households now own some kind of assets. Some of the asset owned includes a “house”, land (host community) and small stock (sheep and goats). The percentage of households that said they owned a “house” increased by 21%. This is unusual especially for IDPs. It is likely that the house referred is an improved version of the-make-shift structures they reside in. Table 10 below gives details on asset ownership.

Table : Household Asset Ownership

|  |  |  |  |
| --- | --- | --- | --- |
| Asset | Baseline | End of Project | Difference |
| House | 29% | 52% | 23% |
| land | 18% | 15% | -3% |
| Camels | 2% | 0% | -2% |
| Sheep and Goats | 12% | 10% | -2% |
| House/Plastic | 0% | 1% | 1% |
| Farm | 1% | 0% | -1% |
| Bush | 4% | 0% | -4% |
| Rent | 0% | 2% | 2% |
| Gold | 8% | 0% | -8% |
| Other | 3% | 0% | -3% |
| Non | 21% | 19% | -2% |
| Car | 1% | 0% | -1% |

**ER 3: IMPROVED HOST- IDP RELATIONS IN/NEAR GAROWE, QARDHO, GOLDOGOB AND BA'ADWEYN FOR 20,000 IDP**

**Indicator:** 50% of camp leadership of the targeted camps report improvements in formal or informal agreements on land tenure and/or reductions in land rent

The baseline on protection for IDPs in Garowe, Qardho and Bossaso revealed local authorities in most cases intervened to negotiate with private landowners to allow IDPs to settle on their land. However, there were no negations on better land tenure. However, during the final evaluation, 52% of households interviewed said they have successfully facilitated agreements on land occupation and rent at least once. Forty-eight (48%) said the contrary (see table 11 and figure 12). Furthermore, FGDs during the final evaluation revealed that camp committees, which were set-up by the project, were facilitating resolving conflicts or complaints between IDPs and host community - including those caused by land disputes.

In regarding to land rent, the baseline assessment established that most settlements were on private land where, in some cases, the land owners charged them rent and in others cases no rent was charged. While seventy-seven percent (77%) households during the baseline assessment said they paid rent on the land they were residing on (this included 24% respondents in Garowe and 49% in Qardho), 69% respondents interviewed during the final evaluation said they are paying rent on the land they reside. This is a slight improvement of 8%.

The picture was different as regard to the value of the monthly land rent pay. While 63% of respondents during the baseline assessment said they paid an average monthly rent of less than USD$ 4 per month, only 42% of the respondents during the final evaluation said the same. This was a decrease of 21% of those who pay monthly rent of less USD$ 4. Nevertheless, when disaggregated by district, Goldogob had significant number of households that pay less than USD$4 per month (87% of respondents). These findings show that while the overall land rents has not changed much, the percentage of households paying rent as reduced slightly (by 8%).

Table : Percent of respondents who successfully facilitated land agreement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Responses | Garowe | Qardho | Baadweyn | Goldogob | Average |
| Facilitated | 85% | 78% | 17% | 29% | 52% |
| Not Facilitated | 15% | 22% | 83% | 71% | 48% |
| Total | 100% | 100% | 100% | 100% | 100% |

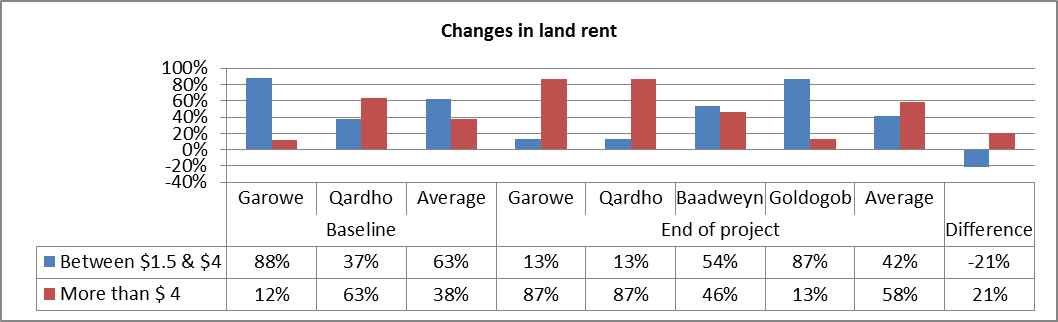
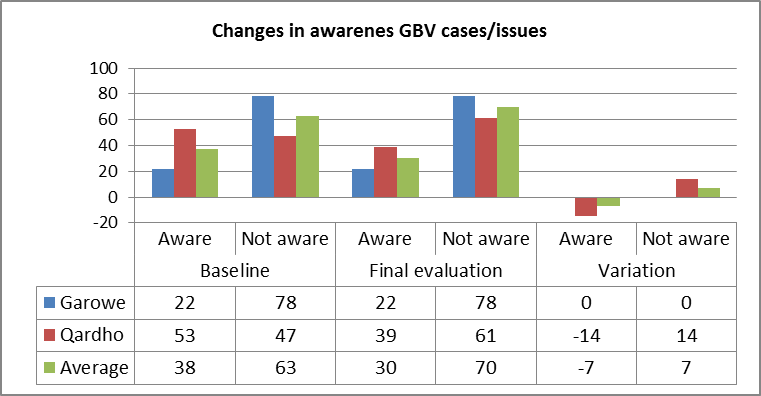


Figure : Changes in amount of rent paid between baseline and end of project

**Indicator**: % of IDP women reporting that they feel safer than before the project

During the baseline assessment on protection of IDPs established that women often encountered incidences of Gender-Based Violence (GBV). Thirty eight (38%) percent of the informants interviewed during the baseline in Garowe and Qardho said they had experienced or were aware of cases of GBV. The situation improved slightly during the final evaluation with an average of 30% of the respondents in both Garowe and Qardho saying they had experienced GBV - a 7% improvement. However, most of this improvement was in Qardho there was a reduction of 14% (from 53% to 39%). There was no change between baseline and final evaluation for Garowe (please see figure 13 below for details)[[12]](#footnote-12).

However, when asked during the final evaluation whether they feel safer than before the project, 89% of the women respondents across the four districts said they now feel safer to move around and do their daily activities. These included 92% of IDP women and 86% of host community women (please see figure 14 below). It should also be noted Bossaso, although included in the baseline assessment for protection it was not part of the project area. Hence, it is not included in this comparative analysis.



**Figure 13: Changes in percentage of HH that experienced or are aware of GBV**

Figure : Percentage of women who feel safer

**Indicator:** 8 workshops held for clan elders on protection and the rights of IDPs and women, with clearly agreed follow up plans

A desk review of project documents and key informant interviews with the project team revealed that all the planned 8 sensitization workshops and meetings on IDP Protection and Rights were conducted. This was successfully implemented as planned by the project considering there were no such workshops and meetings reported during the baseline assessment. The meetings and workshops were attended by a total 210 participants who included traditional and religious leaders, representatives of camp committees from all the 8 targeted camps and representatives from local authorities. Representatives from other development agencies that are implementing IDP protection activities also attended. They included the Norwegian Refugee Council (NRC) and International Rescue Committee (IRC). Table 12 below shows the number of meetings and workshops held per project area and the number of participants.

During the workshops and meetings, participants were trained IDP rights and how to ensure that these rights are protected. They provide an avenue for developing linkages and relationships between IDP committees, host representatives, local leaders and humanitarian aid workers and influencing service providers e.g. the local government to take-up their roles in protecting IDPs. Furthermore, the workshop and meetings provided an opportunity for discussing and resolving issues and concerns related to the implementation of overall. Action plans developed which were followed-up during subsequent meetings and workshops.

Table : Number of Sensitization workshop and meetings and the participants

| **District** | **Sensitization meeting** | | **Protection workshop** | | **Totals** | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No of Meetings.** | **No of Participants** | **No. of Workshops** | **No. of Participants** | **No. of Meetings** | **No of Workshops** |
| Garowe | 1 | 25 | 1 | 25 | 2 | 50 |
| Qardho | 1 | 20 | 1 | 20 | 2 | 40 |
| Baadweyn | 1 | 20 | 1 | 40 | 2 | 60 |
| Goldogob | 1 | 20 | 1 | 40 | 2 | 60 |
| **Totals** | 5 | 85 | 4 | 125 | 9 | 210 |

**Indicator:** 5 media open talks held through local radio stations in the target areas

Six (6) advocacy campaigns on IDPs security and protection were conducted. This was one (1) campaign more than the 5 media open radio talks originally planned. Out of the six advocacy campaigns, 2 were done through dissemination of advocacy materials while 4 were done through open media talks and drama. The open media talks involved dissemination of radio messages in local radio stations by way of drama and call-in discussions on issues affecting IDPs. One such message, which was remembered, by one of the FGDs in Qardho was a radio drama depicting a scenario where a contractor employed an IDP who performed well. The aim was to encourage contractors to give IDPs equal opportunities as the host community in employment.

The evaluation established that these messages reached a significant percentage of target audience. For instance, 96% of households interviewed during the evaluation said they had heard messages on IDP Rights and Protection. However, majority of those who heard the messages heard from local leaders (average of 34%), Public meetings (average of 28%) and NGOs (average of 24%). Only 7% and 6% said they heard the messages from the Government and the Media respectively. Table 13 below show the details of these findings.

Table : Analysis of respondents who heard messages on IDP rights and protection

| **Questions** | **Responses** | **Frequency per district and average for whole project** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Garowe** | **Qardho** | **Baadweyn** | **Goldogob** | **Average** |
| Have you heard any message on IDP Rights? | No | 2% | 1% | 8% | 5% | 4% |
| Yes | 98% | 99% | 92% | 95% | 96% |
| Where did you hear the message from? | Public meetings | 47% | 45% | 12% | 9% | 28% |
| Local leaders | 26% | 33% | 40% | 39% | 34% |
| From NGO | 7% | 15% | 39% | 37% | 24% |
| From Government | 10% | 3% | 1% | 11% | 6% |
| From Media | 10% | 5% | 8% | 4% | 7% |
| How frequent have you heard the message | Very frequent | 84% | 85% | 10% | 22% | 50% |
| Regularly | 16% | 15% | 57% | 59% | 37% |
| Rarely | 0% | 0% | 33% | 19% | 13% |

**Indicator:** Leaders and women groups in 6 out of 8 targeted camps report that linkages to water providers, municipal council, police and education and health providers have been established by the end of the project period

While during the baseline assessment, IDPs indicated that they had access to water, 81% of them said they have to buy it. Similarly, while 57% of respondents said they had access to health facilities, they complained about medical fees charged, insufficient drugs and the limited capacity of the facilities. On education, 64% of the respondent indicated that their children do not go to school. The situation was the same in case of the police where the informants said even when they report cases of violations; the police took no action. In some cases, the police were accused of being part of the perpetrators of the crimes.

The situation has however improved as demonstrated FGDs with beneficiaries during final evaluation. When 6 groups (including 3 women, 3 men and 3 youth groups) in Baadweyn and Goldogob were asked to rank on a scale of 1 – 10 (where 1 is best and 10 is very poor) how they view services they received from Municipal council, Police, Education and Health Departments, before and after the project, they ranked current performance for all the service providers at an average of 4 or 60% compared to 8 or 20% before the project. The highest ranked was the police (2 or 80% after the project compared to 8 or 20% before the project) and Municipal Council (3 or 70% after the project compared to 7 or 30% before the project)[[13]](#footnote-13). These results show an improvement in beneficiaries’ perceptions towards these service providers especially for the police and municipal an indication of improved in linkages between the service providers and the beneficiaries. For more details, please see table 15 below.

Table : Ranking of Service Providers by Women, Men and Youth FGDs in Baadweyn and Goldogob

| **Groups** | **Service Providers** | **Rating per district = 1 - 10 (Where 1 is best and 10 is worst)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Baadweyn** | | **Goldogob** | | **Average for the two district** | |
| **Now** | **Before** | **Now** | **Before** | **Now** | **Before** |
| Women groups | Municipal Council | 3 | 6 | 2 | 7 | 3 | 7 |
| Education Dept. | 3 | 5 | 5 | 7 | 4 | 6 |
|  | Health Dept. | 2 | 6 | 5 | 7 | 4 | 7 |
| Police | 2 | 5 | 2 | 9 | 2 | 7 |
| **Average** | **3** | **6** | **4** | **8** | **3** | **7** |
| Men groups | Municipal Council | 5 | 7 | 2 | 7 | 4 | 7 |
| Education Dept. | 5 | 7 | 5 | 7 | 5 | 7 |
| Health Dept. | 7 | 7 | 5 | 7 | 6 | 7 |
| Police | 2 | 9 | 2 | 9 | 2 | 9 |
| **Average** | **5** | **8** | **4** | **8** | **4** | **8** |
| Youth groups | Municipal Council | 2 | 7 | 2 | 7 | 2 | 7 |
| Education Dept. | 5 | 7 | 5 | 7 | 5 | 7 |
| Health Dept. | 5 | 7 | 5 | 7 | 5 | 7 |
| Police | 2 | 9 | 2 | 9 | 2 | 9 |
| **Average** | **4** | **8** | **4** | **8** | **4** | **8** |

**Indicator**: Survey of access to GBV services produced and disseminated

The consultant was not able to establish whether there any survey had been done and report disseminated.

Project Contribution to Improving the Living Conditions and Reducing the Vulnerability

The project was effective in addressing the identified needs and reducing vulnerability of IDPs and host communities. According to participants of all the 12 FGDs, the project effectively improved the living conditions of the beneficiaries. The Food Voucher intervention was effective in alleviating the suffering of the IDP and Host community especially during the time of its implementation. As stated earlier, 63% of households in both Garowe and Qardho during the baseline survey conducted two month after the conclusion of the emergency food voucher intervention stated that their household nutrition status had improved during the implementation of food voucher activities. This percentage increased to 87% during the final evaluation. This was confirmed by the fact that 50% of households during baseline were taking three meals per day and 45% were balanced diet. This contrast with the results of assessments prior to the start of the project which indicated the people were starving. As a result of improved the household nutrition, families were able to save some income which they used to pay their debts.

The living conditions of graduates of vocational skills trainings and business skills training who have got employed or started income generating activities has greatly improved as a results of improved income. FGD revealed that individuals and families that did not have steady income or had to work as house-help and casual laborers now can earn an income from their skills. The improvement of IDP/Host Community relationship and linkages between the IDPs and local authorities has reduced the IDP vulnerability. As stated earlier, all the groups in FGDs during the final evaluation indicated that relationship between IDPs and host community has improved. The two communities are now interacting more positively. Indeed some are doing business together.

Nevertheless, the effectiveness of the project was limited by its short duration. Although this was an emergency project, the beneficiaries and stakeholders felt for the project results to effectively improve their living conditions, the duration of whole project should have been at least two years and that of emergency food voucher should have been at least one year. They gave an example of emergency food voucher where although effective in dealing with the emergency situation, situation has already started deteriorating. The same applied to vocational trainings where the training sessions were considered by the trainees to be too short for certain courses such as Mechanics. In terms of quality of project inputs, the value and content of the food basket was considered to be requiring revision. For example, inclusion of certain food items such milk for households with family members that needed special diet needed consideration from the start. This aspect was highlighted by the beneficiaries. However, consultant was informed by the project team that this issue was had been dealt with during the project implementation. The big gap between the needs and project capacity was also highlighted as one of the factors that affected the effectiveness of the project. On food voucher, beneficiaries often shared their food basket with neighbors and relatives. This situation was aggravated the continuous arrival of new IDPs even the project had started. Beneficiaries also mentioned inflation as having affected the value food basket. Although key informant interviews with emergency food voucher team revealed that they were no significant market price variations during the implementation of the food voucher activities, an analysis of market data provided by the project team for Garowe and Qardho show some fluctuation in price of some of the major food items in the market (see figure 15 below)[[14]](#footnote-14). In case of vocational skills training, lack of issuing of Certificates was considered to have affected the effectiveness of the training courses for some of the graduates who undertook training on formal employment skills such as office management that require proof of qualification. Furthermore, some courses such as office management, which are mainly useful for formal employment, were not helpful to the graduates due to limited formal employment opportunities.

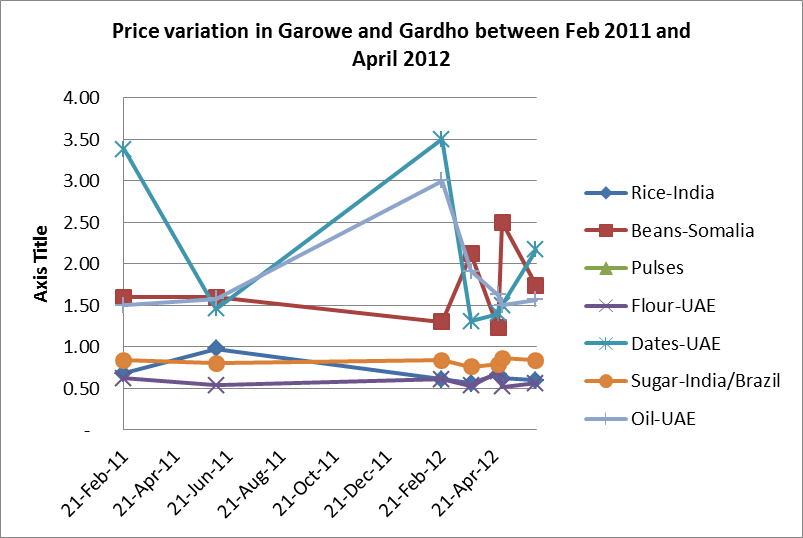


Figure : Market price variation for various food items in Garowe and Qardho (Feb 2011 - April 2012)

Extent to which the project strived to realize humanitarian accountability and quality management

The project ensured that CARE’s Humanitarian Accountability Framework is adhered to. This is evident in the transparent and accountable manner in which the activities were implemented. The project formulation was based on impartial assessments and its implementation was participatory. Indeed the selection of project beneficiaries and the implementation of all project components involved the participation of the partners, local government, line ministries, camp committees and CARE staff. There was a clear system of information sharing between CARE, Partners, Government line ministry and the beneficiary community.

Furthermore, a system was put in place to ensure that project deliverables were of high quality and reached the intended beneficiaries. In emergency food voucher, beneficiaries were issued with cards that specified their entitlement and designated the traders from which they could receive their rations. There was also a running register at the vendor’s shops to ensure that the right beneficiary received the food basket. The register was countersigned by the recipients of the food items for counter checking by the project team. A post distribution monitoring was conducted by the food voucher project team on a monthly basis to track the implementation and get feedback from the beneficiaries in terms of food quality, quantity, and the level of service delivery. Vendors were identified and appointed through a tendering process and their records maintained by the Food Voucher Project Team. Furthermore, information about entitlement was clearly displayed on billboards (see Figure 16 below). The information included the value of the food voucher, amount and type of food per voucher, the, name of the organization implementing the project and the project name



Figure : Sample Food Voucher Information Billboard

A similar system was applied on the vocation trainings where the training curricular was prepared in collaboration with Ministry of Education. The vocational training centres were selected based on an assessment jointly conducted by CARE and its partners using specific criteria. Available opportunities for training courses were advertised through the local media. The candidates were then selected through an entrance exam. However, an affirmative action to ensure that 70% of the admissions were for IDPs and 30% for host community was agreed on and applied by the project team. During the training sessions, the trainees had to sign in an attendance register. That was applied in all the other trainings and workshops. The quality of project management was assured through a competent team of project staff with experience the technical areas in which the project activities fell.

The project also conformed to the SPHERE Humanitarian Standards for emergency humanitarian intervention especially in terms of targeting and use of voucher transfer as means of addressing communities basic needs including protect and re-establish their livelihoods.

Beneficiary Complaints Mechanism

This was a very important component of accountability and quality assurance. The mechanism involved the use of two toll-free 24-hour open phone lines (090794436 and 090703648) where beneficiary could call directly key members of the food voucher project and a Senior Program Staff in Garowe. The telephone numbers were displayed on the billboard at each vendor’s premises with information urging anyone with complaints to call the number at any time. The complainant was not obliged to give his or her identity. The beneficiaries were encouraged to use the lines in case of any complains, concerns or suggestions regarding implementation of the food voucher – including entitlement. Interviews with beneficiaries in focus group discussions established that this process worked well as it enabled them to easily get in contact with the project team whenever they had any issue. The project staff member who was handling the system stated that beneficiaries and other stakeholders (local government) called them mostly at night. To ensure confidentially, those with sensitive cases were advised to use public phone lines. Some of the complaint handled included arbitrary changes in prices of food items by vendors - which the food voucher team addressed though consultations with the vendors.

Extent to Which Project Monitoring was Effective

The project monitoring was based a Monitoring and Evaluation Plan which was developed and agreed on in a workshop at the start of the project. CARE staff, Partners (RAHAMO and SWA) as well as representatives from the Local Authority, Community leaders and Ministry of Education attended the workshop. The plan indicated clearly, the activities, indicators and targets to be measured, sources of information to be collected and the frequency of collection. It also indicated the roles and responsibilities for each of the members of the project implementing team. However, it did not indicate the timeliness and outputs in terms of reporting.

Discussion with the project team, partners and line ministries indicated that project monitoring was done at different levels. At project team level, there were regular field visits and joint meetings during which activities were monitored. CARE partners regularly submitted the reports. The project team used data collection tools that had been developed for various activities, such as market price monitoring tools, post distribution monitoring tools among others. The line ministries (Ministry of Education and Ministry of Interior) and local government also carried out their independent monitoring during their participation in the project activities.

At community level, various local leaders, religious leaders and beneficiary communities were empowered to monitor project activities in terms of quality and rate of implementation through regular meetings. For example, in case of food voucher activities, the members of camp committees monitored how the system was implemented to make sure the beneficiaries received their entitlements. They were also empowered to discuss and resolve any complaints from the beneficiaries and report to the project team those that are beyond the capability. This was often followed-up with meetings between the beneficiary committees and project team. An example of some of the complaints that was forwarded by the camp committee was highlighted in Qardho where a vendor hiked the price of some of the food items in the food items in the food basket. The beneficiaries reported the matter to the Camp Committees who in turn reported to the local authorities. The local authorities then communicated with CARE Food Voucher Team who in consultations with all parties involved persuaded the affected vendor to adjust the prices. In other cases, the project team also used some of the training workshops and sensitization meetings as avenue where issues relating to project implementation were discussed and resolved.

The monitoring was documented in terms of monthly reports from partners, workshop and sensitization meeting reports. Such reports were collated into Interim Annual Report. Nevertheless, there was need for monitoring and documentation of specific aspects of the project such as the impact of vocational training. Although some vocation training centers indicated that they informally meet the graduates and discuss how they are doing after leaving the centers, there was no structured deliberate follow-up/monitoring of the graduates to find out how they are using their newly acquired skills. This would help the centers to assess the impact of their courses and determine the types of refresher course they may need to organize. Another example is of the market price data that was regularly collected by the food voucher team. Although the data was a useful tool in ensuring that vendors do not arbitrary hike prices on food items included in the food basket, there was no comprehensive analysis of this data to indicate trends and wider sharing to provide an overall picture the situation to inform decision making during and after Food Voucher intervention.

## IMPACT /EFFECTS OF THE PROJECT

The following is the analysis of the project impacts.

Project Coverage (Reaching Target Beneficiaries)

The project reached the targeted beneficiaries namely vulnerable IDP, Host Populations, women children, elderly, sick, disabled. This was achieved because of the participatory and transparent manner in which the beneficiaries were selected. When households were asked during the evaluation to state the percentage of target population the project was able to reach, 41.5% of respondents said the project reached between 61 – 80% of the target population while 25.2% said the project reached between 81-100% of target population (see figure17).

Figure : Percentage of beneficiaries reached

As stated in earlier sections, the project directly reached 970 IDP and Host community households through its emergency food voucher activities (out of the planned 900HHs). In addition, the project directly reached 1,899 individual women and youth through its livelihood activities. These included 700 individuals for the vocational skills trainings and start-kit distribution as well as 800 individuals for its business skills training; cash grant disbursements and formation of Savings and Loans Associations. It also includes 387 individuals for its literacy and numeracy training and 12 individuals for its Training of Trainers (TOT) training. The project further reached indirectly more than 96% of the households targeted for advocacy sensitization campaigns as demonstrated in the household interviews.

Project contribution to improving the lives and livelihoods of the target population

The Emergency Food Voucher intervention greatly changed the lives of the beneficiaries during the period of its implementation. Before the emergency Food Voucher intervention, families used to have one meal per day. However, during the food voucher activities, they started to take two to three meals per day. Indeed to quote from one of the beneficiaries, their: “because of the food voucher our children stopped crying”. As stated earlier, some of households were able to save money and offset debts. They also shared the food with neighbors thus extending the project benefits. However, although majority of household interviewed (86.5%) rated highly the improvement in household nutritional status during implementation period of the emergency voucher activities, the situation seems to be getting back to pre-project status (see section on Expected Result 2 and table 8). FGD revealed that more families now skipped meals. Since they could no longer support their neighbors, theft incidences were increasing.

The project increased the beneficiary’s skills (e.g. business and vocational skills), knowledge and awareness (e.g. on IDP rights and GBV). Many of beneficiaries who have been trained in various skills are now using them to increase their income and improve their lives (see figure 1). Their dignity has been enhanced as they can now afford decent jobs rather than having to washing people’s cloth and collecting garbage. For instance, 80% of graduates from the vocation training courses offered by the project got employed either on short term, long term or self-employment with an increase of mean monthly household income from USD$ 106 to USD$ 185 (see figure 18 below and section on expected result 2). However, chances of benefiting from acquired skills depend on the type of skills. For example, while 85% of those trained on electricity were said to be doing something, those who undertook courses such as office management are yet to get employed. This is because while some skills enabled the graduates to easily start self-employed income generating activity others were best suited for formal employment. In addition, some skills such as cookery require a high investment capital to start self-employed income generating activity. This makes it difficult for new graduates without enough financial support to make use of them immediately. Developing market opportunities would expand the graduates’ chances of putting some these skills into use. One possible was is explore the possibility of developing an internship program where graduates offer their services to NGOs, and other employers including private and public sectors in return for experience. Another possibility is to support formation of investment and income generating groups that would pull together resources to invest in enterprise high in income generation, require large capital. The savings and loans groups that have been formed by the project are good examples.

The improvement in the relationship between IDPs, host community and service providers due to awareness raising campaign and sensitization workshops improvement IDPs lives as they are now better understood and accepted. This was confirmed by the find that camp committees are now able negotiate for better land tenure. Indeed no cases of evictions were reported contrary to the baseline findings where evictions were common. Indeed, during the final evaluation, 52% households said they had successfully facilitated land occupation agreements. The 8% reduction in and the percentage of household paying rent reported in the household interviews is an indicator of improved relationships. This is supported by the improvised linkages beneficiaries towards service providers. This is expected to enhance IDPs and vulnerable host community access to essential services such as health and education.



Figure : How graduates are using skills acquired

Although these changes have been brought about mainly by the project interventions, there are a number of contributing factors that may have also contributed. This includes the improved climatic conditions from drought to having above normal rains. Another fact is the existence to complementary projects in the area implemented by CARE and other organizations (see section on sustainability).

Box : Beneficiary Case Study

|  |
| --- |
| **Ms. Rugio Mahamed Mahamed**   * Ms. Rugio Mahamed Mahamed is a 20 year old single mother of two daughters (2 and 3 years old) and lives with her old mother in Qardho. She was born in Qardho where she got married but separated with her husband after a while. * Ms. Rugio studied electricity course at Qardho Vocation Training Centre because the profession runs in her family. After training and receiving start-up equipment, she started to work as an electrician and since then her life has changed greatly. * Previously she did not have any income. Now she earns an income, although not regularly, ranging from USD$ 3 – USD$ 5 per day. Ms. Rugio uses this income to feed and take care of herself, her two daughters and her aging mother. In contrast with her neighbors, her family can now afford two to three meals per day. She can also afford to buy medicines and cloth for the children. * Ms. Rugio’s dream is to build her life and that of her family because she is the only one responsible for them. |

## 

## PROJECT SUSTAINABILITY, INSTITUTIONAL CAPACITY BUILDING

Project’s benefits and outcomes likely to continue

Although this was an emergency project, the strategy of investing in people’s skills (business and vocational) and providing start-up inputs and cash grant has empowered the communities to be self-reliant[[15]](#footnote-15). According to focused group discussions across the project areas, the project benefits that are likely to be there long after the project has ended include; the various skills and knowledge gained by the beneficiaries, the empowerment of women, the cash grants received and the business ventures that the beneficiaries of business skills training have initiated.

Despite the food voucher system being considered by the beneficiaries as one of the projects benefits that are not likely to continual after the project ends, the sustainability of this benefit was in-build in the project design and approach. The beneficiaries of the Food Voucher intervention were the same ones targeted for the vocation trainings. This enabled these families to continual getting food support as the trainees were provided with “food for training” as a motivation. Furthermore, provision of tools and grants after the training ensured that the trainees are able to put their acquired skills into practice and able to purchase food-further extending their families access to food. Although the number meals taken per day in a household has reduced from 3 and above meals to 1 and 2 meals per day, it is expected that once the graduates of vocational skills and recipients of cash grants set-up who currently not been employed do and start earning an income, they will use the money to buy food for their families.

Trainings and awareness campaigns on rights has empowered and enlightened community about their rights as such they can now demand for them from the duty bearers. At the same time, with service providers’ awareness (i.e. local government, line ministries and the national NGOs) of the problem faced by IDPs and vulnerable host community it is expected that the service providers will be more committed to responding to the beneficiaries demands. This rights based approach ensures that the community’s needs are continual addressed. However, as stated elsewhere, this should be supported by capacity building of the duty bearers, Government and Local NGOs, in terms of skills and resource mobilization to adequately respond to the communities’ demands. These institutions are often weak in terms of resources and skills to adequately carryout their mandate. The high level of participation by the beneficiaries and partners in the project implementation has helped to enhance the sense of ownership of the projects’ positive impacts by both the beneficiary groups and the partners – making it more likely that they continual ensuring that these impacts are sustained. The existence of complementary projects implemented by CARE and other development agencies in the project area will help enhance the sustainability of some of the results of this project. Currently, there are a number of existing and planned projects by CARE and other NGOs that complement the results of this project. Examples of existing CARE projects include the Technical and Vocational Education Training Project (TVET), which focused on entrepreneur training and advocacy through internship and “the Education is Light” Project. Other development organizations are implementing projects on Vocational training (by Mercy Corps, Danish Refugee Council Norwegian Church Aid, Save the Children and World Vision); Literacy and Numeracy (by Save the Children); Food Voucher (by Norwegian Church Aid) and Protection (by Dekonia). These projects provide an opportunity for CARE and its partners to ensure the sustainability of this projects benefit by linking the beneficiaries to these projects.

Institutional Mechanisms to Sustained Project Benefits

CAREs decision to work with National Partner NGOs and relevant government line ministries was strategic as it ensured development an institutional framework that will support the sustainability of the project results and impacts. For example, the project worked with the 11 vocational training centers during which it build their capacities by training their tutors as host trainers and providing them with training materials. The training courses were based on demand and the Ministry of Education was involved in the whole process of organizing and facilitating the trainings. This helped to promote a working relationship between the Ministry of Education and the private vocation training centers in a private-public partnership arrangement that is likely to continue. It will also ensure that the centers continual offer quality vocational skills training courses even after the end of the project.

Similarly, working with the Local government, line ministries and partners, the project has helped to build the technical capacities of these institutions to carry out interventions of this kind in future. Working with the Ministry of Interior and the Local Government, the project has created within these institutions a deeper understanding of pertinent issues on vulnerability and rights of IDPs. It is expected that these institutions will use the skills and knowledge gained during this collaboration in their future programming. At community level, the project facilitated the formation and capacity building of local leaders, religious leaders and various camp committees. This has contributed to the development of community-based institutions that are likely to continue even after the projects. The various committees that were formed through the Emergency food voucher and Protection activities can be entry points for future interventions. The Savings and Loans Associations that were formed and supporting through cash grants are institutions self-sustaining.

In addition, by strengthening linkages between beneficiaries and service providers (Local Government and National NGOs), the profile of these institutions has been raised and a good working relationship between the beneficiary groups, the local government and partner NGOs has been established. This can be built in future interventions.

However, there is still need for capacity building for all these institutions in terms of technical skills, resource mobilization and infrastructural development to ensure that they can stand on their own. The committees and savings and loans groups still need more mentoring and support in market access and financial services. Although some vocational training centers are coming-up with alternative means, of resources mobilization e.g. GTVE has a coffee bar and SWA runs a radio station (VOICE OF WOMEN), they still depend heavily on NGO funds to pay for running of the centers. They need to invest in infrastructure, human resource, and equipment to enable them to accommodate more trainees and offer a diversified portfolio of courses. Development of innovative ways of generating income devoid of NGO support would ensure that these centers are able operated sustainably.

Policies and/or Practice Change for Sustainability

Current government policies are positive towards supporting vulnerable communities and working with stakeholders to alleviation vulnerability among the IDPs and host communities. Indeed, the ministry of education is very positive on provision of vacation skills to the youth in order to alleviate the un-employment among youth in the country. This is informed by the fact that 75% of the population in Puntland state is youth and many of these lack opportunities to get meaningful employment. Currently, the ministry is encouraging the creation opportunities for these youth to get back to formal education. An example is the Accelerated Basic Education (ABE) program - for those youth who although at school going age bracket, they are too mature to fit in the normal formal school system. The program is designed such that students can cover designated classes within a shortened period. The Government however is still weak and cannot effectively implement its policies and programs without external support. The close collaboration forged by CARE is therefore a positive move towards achieving this. Some specific support requested by the Ministry of education during this evaluation include: the development of data bases for graduates of the vocational training courses, the capacity building of the Ministry staff in monitoring and quality assurance of the courses and the harmonization of training curricular.

## CROSS-CUTTING ISSUES

The project directly or indirectly mainstreamed cross-cutting issues of gender, protection, environment, disaster risk reduction, conflict, HIV/Aid and capacity building. The following is an analysis of how each of these issues was mainstreamed.

Participation

There was high level of participation by the beneficiaries, partners and line ministries in the implementation the project activities right from the start. The communities and project partners participated in the needs assessments and baseline survey, organizing and selecting the beneficiaries as well as coordinating project inputs.

Gender

The project mainstreamed gender issues through targeting women and youth. Household survey during the final evaluation established that 31.6% of the beneficiaries were female headed households (see table 15 below). In addition, out of 700 who were trained in various vocation skills, 425 were women. Most of these women are able to make use of these skills to improve their household income and livelihood. For example, out of 79% households that said during the final evaluation, they are making use of the skills attained from the vocational training courses offered by the project, 31% were female and 48% were male (see table 15 below).

Table : Gender of the household head

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender | Garowe | Qardho | Baadweyn | Goldogob | All 4 districts |
| Female | 50.5% | 47.8% | 18.2% | 10.0% | 31.6% |
| Male | 49.5% | 52.2% | 81.8% | 90.0% | 68.4% |

The project’s protection component was in fact addressing the pertinent issues affecting women – Gender Based Violence. Through training and awareness campaign on protection, there is more awareness GBV among the IDP and host community resulting in an overall reduction of 14% respondents in Qardho who said they had experienced in incidence of GBV. Furthermore, more women (89%) said the feel safer than before the project (see section on Expected Result 3 and figure 13). However, despite this improvement, household survey has shown that in a male headed household and due to cultural and religious consideration, women are still not able to participate in household decisions (see section on expected result 2 and figure 8). It should be noted that previous studies have highlighted the increasingly prominent role being played by women in Somalia in supporting their families economically (<http://genderindex.org/country/somalia#_ftn39>). Supporting skills development that enable women earn income for the household and raising awareness on this fact is still crucial for effecting household gender equity.

HIV/AIDS

Although the project did not directly focus on HIV/AIDS, the beneficiary in the focus group discussion stated that there is a high level awareness of this issue. This was as a result of the awareness campaign on rights and protection of women against GBV. However, incorporation of topics on HIV/AIDs into the various training sessions organized by the project could greatly enhance mainstreaming of HIV/AIDs. Issues such as characteristics of the HIV disease, how to take care of those affected or infected by HIV and GBV victims are crucial in mainstreaming gender issues.

Environment, Conflict and Disaster Risk Reduction

This project was a response to effects of disasters caused by conflicts and drought. IDPs and Host community migrated to urban centers due to conflicts or losing their primary livelihood due to drought. The project gave an opportunity for these groups to recover from impact of these two disasters by supporting development of alternative livelihoods. Furthermore, some vocational training courses offered by the project such as handcrafts helped to highlight the importance of environmental protection. It is expected that the trainees who have undergone these courses have been given the impetus to explore possibility of setting up commercially viable enterprises that protect environment based on for example the use of recycled plastics bags to produce valuable items. The baseline had established that solid waste management was a problem especially the disposal of plastic bags around IDP camps.

On conflict, conflict messages resolution were included in the awareness campaign and sensitization workshops conducted by the project. Many households have received messages - 96% of household interviewed said they had heard messages on IDP rights and peaceful coexistence between IDP and host community. In future, based on experience gained during this intervention, conflict sensitivity and management interventions should go beyond relationship building between IDPs and host community to programs that tackle causes of conflicts such as resource use and governance.

On Disaster Risk Reduction, the project was responding to effect of this natural disaster by providing victims alternative livelihoods. It is expected that the beneficiaries who have gained skills and increased their income, will be in a better position to cope with future disasters. However, there is need support copying strategies that are based on the primary livelihoods of the affected communities as a way of building their resilience. In case of the project area, most host and IDPs communities are either, pastoralists, agro-pastoralists, farmers or fisher-folks. Therefore, build on their traditional copying support recovery efforts of these communities to return to their primary livelihood activities while supporting diversification of their livelihoods options is crucial. Indeed, the final evaluation established that some of those who received grants invested in livestock in an effort to recover from effect of disaster. During the baseline, 53% IDPs of the respondent said they were planning to return to their place of origin incase situation improves.

For a start, vocational training centers would be encouraged to include in their training programs courses on livestock production and health, fisheries, environmental conservation, and community based disaster risk reduction and management, conflict sensitivity and management among others. Indeed the consultant noticed that some of the vocational training centers e.g. GAROWNET have environment protection as one of its strategic objectives. In addition, one of the courses offered by the centers was beekeeping.

Communities’ View of the Project

The overall perception of the project by the community is good. They appreciated how the project was implemented and the fact that it responded to their most felt needs. CARE’s decision to work directly with the community, use participatory approach and raise awareness helped to raise project profile among the community. During FGDs, informants expressed their wish to have similar projects implemented among them.

## PARTNERSHIP WITH NATIONAL PARTNERS

Effectiveness of Partnership

As stated elsewhere, the CARE worked with two main local NGO partners, the Ministries of Education and Interior, 11 vocational training centers, Local Authorities and vendors. In addition, the project linked up with the wider community of development agencies through its participation in Cluster Forums as Protection Cluster Forum. This approach was effective as it capitalized on various capacities and experiences with these organizations. The partners and the line ministries played a crucial role in beneficiary identification and helped CARE to delivery of the project outputs beyond its reach. In addition, partners contributed mutually in their individual technical and organizational capacities. Considering the security situation in the project area, this was the best mode of effectively delivering the project results.

This was confirmed in all the Focus Group Discussions where the beneficiaries were positive with the performance of the project partners. Furthermore, discussion with representatives of the local government, ministry of interior revealed that they particularly appreciated the fact that they were involved in the monitoring the projects to ensure quality of deliverables. This was due to participatory and transparent manner in which the project was implemented. The main limitation however was resources to enable partners certify the need of the beneficiaries. For example, vocation training centers were not able admits all the applicants who qualified for the courses they were offering because of limited capacity and resources.

Upholding the Spirit of the ‘Principles for Partnership”

The partnership was based on CARE’s partnership policy. Under this policy, the partnership was based on a partnership agreement signed between CARE and the two partners. It was also based on shared goal, mutual respect, transparency, accountability, honesty and openness. There was joint planning, implementation and monitoring of the project activities. The roles were clearly defined and partners were given the all-necessary documentation including donor guidelines, CARE’s sub-contract policy, CARE’s Procurement policy and CARE’s sub-contracting Policy. Conflicts were minimized through staff training and consultations. Project staffs were trained on partnership and how to deal with conflicts. All the partners interviewed were very positive about the partnership. They appreciated the free open manner in which information was shared and funds allocated.

## RECOMMENDATIONS, CONCLUSIONS AND LESSONS LEARNT

Individual Lessons Learnt and/or Best Practices that can be replicated in Future Programs.

* Protection is crucial in enabling communities under stress of dislocation to integrate into the host communities and start earning their own livelihoods and changed their lives.
* It is important that an emergency project address the immediate pressing needs before embarking on a longer term interventions.
* Provision of food to students for vocational training courses reduces dropout rates.
* The balance between number of beneficiaries’ compared to the total population affected by an emergency is crucial for the success of any project emergency project.
* Imparting life skills to youth and women is a powerful tool for empowering these vulnerable groups to positively change their livelihoods and living conditions.
* Effectiveness of awareness raising and sensitizing communities importance gender equity in household resource access and utilization dependent on understanding and the role culture and religious considerations in decision making and leadership. This explain the fact that despite the project’s effort to promote dialogue and joint decision making on household income, were still considered decision makers on household budget use.

Specific Areas of Improvement to Enhance Quality of Implementation and Impact

1. Vocational Training, Skills Development and Livelihoods

* Urgently facilitated the accreditation of the graduates of vocation skills training. It important that this group especially who underwent Office Management and Computers operation are issued with Certificates to facilitate them get into formal employment. It was understood that lack of budget was the reason why Certificates were not issued[[16]](#footnote-16). The Ministry of Education provides the accreditation required USD$ 30 per student to organize for the accreditation exams. CARE and its partners are encouraged to explore innovative ways of mobilizing resources to facilitate the processing of the Certificates. One such way is encouraging cost sharing arrangement for those graduates who can afford either in cash or in kind.
* A detail follow-up of the graduates of the various vocational training courses is urgently required. This will help establish how the graduates are making use of the skills they acquired and determine the type of follow-up training support they require to enable them upgrade their skills. This will also help the Vocational Training centers to development their individual a database of their graduates and determine how to improve their training courses.
* Start investing in developing market opportunities for the graduates to increase their chances of making use of the skills. Such investment could be in terms of building graduates’ entrepreneurship, creating enabling environment for development of savings and loans schemes and improving access to micro-financial support. Supporting formation of investment and income generating groups will enhance the rate of at which graduates start utilizing their skills.
* It should be noted that some skills such Tailoring, Auto-mechanic, Beauty salon and Cookery require big capital investment making it difficult for one to self-employment venture. As such, the mode of providing start-kits should be reviewed and possibility of providing group starter-kits where more than one graduate share one or a group of starter kits should be reviewed for future programming.
* A system of internship where graduates offer their services to NGOs and other agencies in return gain experience should be explored - especially for skills such as office management which although popular, it’s more difficult for a graduate to set-up a self-employed income generating venture,
* Expansion of the admission capacity of the training centers for future trainings is advised. This is so to enable to cope with the increasingly overwhelming demand for vocational training courses and the high prevalence unemployment among the youth. The current admission capacity of the training institutions is very limited[[17]](#footnote-17).
* The current course offered by the training centers should be reviewed in terms of duration and content. For example, the mechanic course duration should be extended from the current 6 month. In addition, courses such as office management need to be complemented by computer operation lessons.
* Follow-up program of refresher courses for each of the courses being offered by the centers is encouraged. Furthermore, as it has been showed that supplying food to trainees helps reduces drop-out, it is recommended that this approach is institutionalized and applied whenever emergency food voucher system is implemented (e.g. “food for skills” or “food for training”).
* In order to facilitated sustainability and reduce the training centers dependence on NGO support, innovative ways of raising resources should be explored. The possibility of the centers running privately sponsored courses for those trainees who can afford should be investigated. Diversification of services offered at the centers in order to generate additional income as some centers have already started doing is encouraged.
* The savings and loans group whose formation was facilitated by the project should be strengthen through training, mentoring and facilitating them to access financial and business development support. It should be noted some of these groups are already operating as *hagbad* – a traditional savings and loans groups. Building on this initiatives and supporting them to operate fully as Village Savings and Loans Associations (VSLA) through providing more training on group dynamic and peer learning and mentoring (through exchange learning visits for example) and enhancing their access to financial services would be worth pursuing. Furthermore, for future support to such groups, it is advised that the amounts of cash grants are increased.

1. Emergency Food Voucher and Nutrition

* An urgent need for continued support on household nutrition is needed to avoid the household reverting to the situation before the project. A “consolidation phase” that integrated long-term livelihood interventions with emergency food voucher through linking the food voucher to recovery activities and asset building activities is useful. This approach could also be linked to infrastructural and capacity building support to vocational training centers with the aim enhancing independence of these institutions from NGO support.
* Future Food Voucher interventions should run for more than 6 month to enable the households to completely recover from food deficiency. Furthermore, determination of the food basket and its content should take into account factors such as the beneficiary culture of sharing food between neighbors, the diet preference and its appropriateness to the different household members, the impact of inflation on the value of food voucher and continuous changes in household membership due to new arrivals. Employing the services of a nutritionist and using a participatory approach would be useful.

1. Protection and Rights Approach

* Protection of IDPs and Vulnerable host community should go beyond raising awareness on rights and improving relationships to enabling them understand the role of other service providers in disasters mitigation. Staffs are obliged to explain to the beneficiaries the project mandate on protection.
* In rights-based approach, raising awareness on rights should go hand in with capacity building and support for the duty bearers to ensure that they adequately respond to demands from the community. Service providers such as the police, judiciary system and the local authority need to be capacitated (through training) to enable them to respond adequately to incidence of violation of rights.

1. Future Programming

* A follow-up “weaning” project is recommended. Such project should consolidate and build on lessons learnt and the gains made by this project and continue to work with the same beneficiaries. It should aim to link urban and rural livelihoods around concept of “urban-rural disaster risk reduction”. Some of the issues it should address are how to encourage and facilitated willing rural urban migrants to return to their primary livelihoods through capacity building and production asset building. This approach will help reduce pressure on urban centers and mitigate escalating rural urban migration.
* Develop strategy that ensures continuation of the specific long term interventions initiated during any emergency project. This will safeguarded the gains made during emergency period and ensure that the emerging longer term community priorities such as Education, Water, (WASH) and access to services are addressed.
* Explore ways of providing more capacity building for all the institutions that have been supported by the project. In addition to technical skills, the capacity building should focus on resource mobilization and infrastructural development to ensure that these institutions are able to continue operating with minimum external support. Continued to support, through mentoring and peer learning, of the committees and savings and loans groups in management and running their groups is encouraged. The vocational training centers need support in com-up with sustainable way of resource mobilization to reduce their overreliance on NGO funds to pay for running of the centers. They need to invest on infrastructure, human resource, and equipment to enable them to accommodate more trainees and offer a diversified portfolio of courses.

1. Gender and HIV/AIDS

* In addition to, raising awareness, incorporate GBV and HIV/AIDs messages into the vocational training curricular and directly support GBV victims through prioritizing them for direct project benefits.

Changes need in implementation methodology, management, stakeholder relationships

1. Coordination and Harmonization of Approaches

* Enhance CAREs involvement and participation in all the relevant the thematic clusters in Puntland. This will not only provide an avenue for advocacy and policy influencing, but also enhance the sharing of best practices and harmonization of different approaches between CARE and other development agencies.
* Continue using partnership approach in all the project components. Finding or build the capacity of current National NGO partner in Protection and Emergency food voucher is advised. Project did not have a National NGO partner for these two components. Working with National NGOs Partners in these two components will ensure that certain local capacity is built especially in the area of policy advocacy, rights-based approach and emergency intervention.
* Find mechanism for harmonizing the different approaches being applied by different agencies in Vocational trainings, Emergency food voucher system and Protection to avoid confusion at the community level. Crucial areas that need harmonization includes; training curricular, food basket (contents and value), cash grants and starter-kits.
* Consider supporting formal education to complement vocation skills development. Already the ministry of education is promoting the a unique program named Accelerated Basic Education (ABE) program which ensures that big (14 – 15 years) but school going youth can still access normal school education. Building on lessons learnt from such approach is advice.

1. Project Management, Monitoring and Evaluation

* Encourage collating and analysis of monitoring data. For future projects, it is advised that a baseline study cover all project components to ensure that benchmarks developed a coherent and usable during the final valuation. Two baselines were conducted separately for this project with different benchmarks developed making comparison with final evaluation difficult.
* Streamline coordination of different projects components that fall under more than one program and/or thematic areas. The overall responsibility of such project including budget line management should fall under one Area Manager with others only providing technical back-stopping.

1. Policy Development and Implementation

* Lobbying and support the formulation and implementation of Government policies that rights bases approach, community empowerment as well as youth and women skills development. Develop the capacity of the Ministry of Education to develop a national wide database on graduates of vocational trainings, monitor and ensure quality of the courses offered and develop a harmonized Curricular.

# ANNEXES

## Annex 1: Objectives, Expected Results and Objectively Verifiable Indicators

|  |  |
| --- | --- |
| Objective/Expected results | Objectively Verifiable Indicators (OVIs) |
| Specific objective: Improved living conditions and reduced vulnerability of 3,333 IDP and 1,900 vulnerable host communities in 4 urban areas and their rural surroundings of Garowe, Qardho, Baadweyn and Goldogob | 30% increased income above baseline for 1500 targeted HH from IDP and host community  80% improved 900 HH nutrition status above baseline50% of IDP HH indicate in post project evaluation that relationships with host community have improved as indicated by gender-disaggregated focused group discussion |
| ER1: Nutrition status of 900 HH food insecure IDP and host community households improved | 80% improvement in HH nutrition status  1,500 HH receive food basket for 6 month |
| ER2: Improved livelihoods security for 1,500 HH from IDP and vulnerable host community with emphasis on women and youth | 50% targeted HH increase from baseline the number of meals consumed per day per HH over measured period of 2 weeks.  30% women and men report improved dialogue between women and men from baseline on budgeting within HH as indicated by subsequent gender disaggregated focused group discussion  80% of 1,500 targeted women and youth successfully complete their training  800 cash grants and 700 startup kits provided to women, youth and men by end of the projects  70% of targeted HH report increased income after completion of their training |
| ER3: Improved host –IDP relations in/near Garowe, Qardho, Baadweyn and Goldogob for 3,333HH (20,000 individuals.) | 8 Workshops held for clan elders on protection and the rights of IDPs with clearly agreed follow-up plans in the target areas  Leaders and women in 6 out of 8 targeted camps report that linkages to water providers, municipal councils, police and education and health providers have been established by end of the project period  50% of camp leadership of target camps report improvements in formal agreements on land tenure and/or reduction in land rent.  Percentage of IDP women reporting that they feel safer now than before the project.  5 media open talks held through local radio stations in the target areas  Survey of access to GBV services produced and disseminated |

## Annex 1: List of people interviewed

|  |  |  |
| --- | --- | --- |
| Date | Name | Responsibility/Relation to the Project |
|  | BENEFICIARIES FOOD VOUCHER |  |
| 6/6/2013 | Halima Warsama Hersi | Jawal IDP camp |
|  | Halima Abdikadir | Head of Gender and IDP Camps-Garowe |
|  | Ardo Salad Farah | Host Community-Hordan, Garowe |
|  | Sacdey Jamal Mohamed | Host community – Wariberi |
|  | Mohamed Nur | Vendor - Dini General Store |
| 7/6/2013 | Xalima Abdi Ducale | Host – Cookery Skills |
|  | Xalima Ahamed Abdile | Host - Cookery Skills |
|  | Iftin Ali Ahmed | IDP Camp – Tailoring |
|  | Hamed Abdilahi Abubakar | IDP Camp – Tailoring |
|  | Igra Abdulahi Yusuf | HiranIDP – Tailoring |
| 8/6/2013 | C/karim Abdulahi Abdi | IDP Marko – 25 years old |
|  | C/Nor Farax | IDP Shabelle – 26 years old |
|  | Sagal Nur Elmi | Host Community Wajir – 26 years old |
|  | Salmo Abdulahi Ali | Host Community Hodan – 18 years old |
| 8/6/2013 | Faadumo Yusuf Ahamed | AYan Camp – FV-Qardho |
|  | Hawo Isse Abdi | Shabelle Camp – FV Qardho |
|  | Mimco Ahamed Yusuf | Tawalakal Camp – FV Qardho |
|  | Rage Rabic Kabara | Shabelle Camp – FV Qardho |
|  | Sacdiy Yusuf Culow |  |
|  | Ahamed Ibrahim Hassen | Shabelle – FV Qardho Male |
|  | Ahamed Ibrahim Muse | Shabelle – FV Qardho – Male |
|  | Wehel Mohamed Sallad | Shabelle – FV Qardho – Male |
|  | Sacad Cadaawe Hassan | Shabelle – FV Qardho – Male |
| 10/6/2013 | Abdikadir Said Mohamed | Host – Office Management skills |
|  | Mohamed Abdirashid Said | Host – Office Management Skills |
|  | Ahamed Osman Fara | Host – Office Management |
|  | Mohamed Xanuba Abdi | IDP – Electrical |
|  | Mohamed Ahamed Ismail | Host – Office Management |
|  | Mohamed Ibrahim | Host – Electrical |
| 10/6/2013 | Rugio Mohamed Hamed | Host – Electrical – Girl - GTVC – Qardho |
|  | Fodumo Sicii Yusuf | Host – Beekeeping – Girl – GTVC – Qardho |
|  | Samsam Mahamed Cilmi | IDP – Beekeeping – Girl – GTV \_ Qardho |
|  | Sucal Cali Bare | IDP – Office management – Girl – GTVC – Qardho |
|  | Xamdi Sicid | Host – Office |
|  | Fradowso Ali Omar | IDP – Tailoring – Garowenet – Qardho |
|  | Fowsiyo Mahamed Ali | IDP – Tailoring – Garowenet – Qardho |
|  | Abasax Adan Ahmed | IDP – Tailoring – Garowenet – Qardho |
|  | Saliro Xaji Mahamud | IDP – Tailoring – Garowenet – Qardho |
|  | Sailyo Mahamed Hasin | IDP – Handcraft – Garowenet – Qardho |
|  | PROJECT STAFF |  |
| 2/6/2013 | Mohamed Yusuf | Area Manager – Diriswanaag Project |
| 3/6/2013 | Abshir Mohamed Adan | Project Officer – Livelihoods, Diriswanaag Project |
| 4/6/2013 | Zainab Suleiman | Project Officer – Protection, Diriswanaag Project |
| 7/6/2013 | Abdikadir | Project Officer – Food Voucher intervention, Diriswanaag project |
| LAST DAY | Armed Omar Jama | Senior Project Officer – Diriswanaag Project |
|  | PARTNERS |  |
| 7/6/2013 | Mr. Abdirashid Issa Abdi | I/C- Social Affairs – Ministry of Interior |
| 7/6/2013 | Mr. Ayaule Awil Hassan | SWA Project Officer |
| 10/6/2013 | Maxamed Maxamed Shire | Executive Secretary – Local Authority – Qardho |
|  | Awil Mohamed Ali | District Consultant |
| 10/6/2013 | Mr. Jumale Ali Isse | Qardho Vocational Training Centre (GTVC – Qardho |
| 10/6/2013 | Ms. Valimo Mahamad Jasfar | Director – Garowenet |
| 12/6/2013 | Ms. Barbi Issee Ahamed | Director – Ministry of Labor |
|  | Mr. Hamed Ali Muse | Ministry of Labor |

## Annex 2: Sites visited

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A. LIVELIHOOD & PROTECTION** | | | |  |
| **GAROWE** | | | **QARDHO** | | |
|  | **Name of village** | **No of HH visited** |  | **Name of village** | **No of HH visited** |
| 1 | 1st August | 4 | 1 | Ayaan Camp | 6 |
| 2 | Ala-Amin | 1 | 2 | Caampo Village | 3 |
| 3 | Buundada | 1 | 3 | Campo Tawalkal | 4 |
| 4 | Camp Silifa | 2 | 4 | Kambo | 6 |
| 5 | Hanti Wadaat | 10 | 5 | New camp | 13 |
| 6 | Hodan Village | 5 | 6 | Qaawansare | 1 |
| 7 | Horseed Village | 7 | 7 | Qornacad | 8 |
| 8 | Israal Village | 1 | 8 | Shabelle | 12 |
| 9 | Kamal-Amin | 1 | 9 | Shimbiraalle Village | 4 |
| 10 | Lafabarkato | 3 | 10 | SYSF | 21 |
| 11 | Mubaarak | 8 |  |  |  |
| 12 | Mustaqbal | 7 |  |  |  |
| 13 | Shabelle | 1 |  |  |  |
| 14 | SWA | 21 |  |  |  |
| 15 | Tougstor Village | 1 |  |  |  |
| 16 | Waaberi | 16 |  |  |  |
| 17 | Waashtoon | 1 |  |  |  |
| 18 | Wadajir | 3 |  |  |  |
| 19 | Washitoon | 1 |  |  |  |
|  | **Total No. of HH** | **94** |  | **Total** | **78** |
|  |  |  |  |  |  |
| **AADWEYN** | |  | **GOLDOGOB** | |  |
|  | **Name of village** | **No of HH visited** |  | **Name of village** | **No of HH visited** |
| 1 | Bacaadweyn | 35 | 1 | Goldogob | 3 |
| 2 | Margago | 64 | 2 | Salaama | 70 |
|  |  | **99** |  | **Total No. of HH** | **73** |
|  | **B. NUTRITION** | | | |  |
| **GAROWE** | |  | **QARDHO** | |  |
|  | **Name of village** | **No of HH visited** |  | **Name of village** | **No of HH visited** |
| 1 | Allan aumin | 9 | 1 | Ayaag | 16 |
| 2 | Buundo | 4 | 2 | Banaadir | 4 |
| 3 | Camp four | 1 | 3 | Gacar ubaax | 12 |
| 4 | Camp Riiga | 14 | 4 | Gafune | 2 |
| 5 | Camp siliga | 15 | 5 | Kaambo | 4 |
| 6 | Four | 5 | 6 | Kubo | 1 |
| 7 | Hiiran | 3 | 7 | New camp | 21 |
| 8 | Hodan | 8 | 8 | Qoryacad | 10 |
| 9 | Horsed village | 8 | 9 | Shabelle | 36 |
| 10 | I Augole | 8 | 10 | Shimbiraale | 8 |
| 11 | Israac | 10 | 11 | Tawakal | 1 |
| 12 | lafabar kato | 10 | 12 | Tuulo foda | 8 |
| 13 | Marka | 4 | 13 | Wadajir | 3 |
| 14 | Qoldheere | 6 | 14 | Xingoog | 12 |
| 15 | Rootille | 2 |  |  |  |
| 16 | Shabeela | 5 |  |  |  |
| 17 | Waalzeni | 11 |  |  |  |
| 18 | Wadajir | 6 |  |  |  |
|  | **Total NO. of HH** | **129** |  | **Total No. of HH.** | **138** |

## Annex 3: Terms of Reference

Description: care_logo CARE SOMALIA

Terms of Reference for Final Evaluation of Diriswanaag Project

1. Project Information Summary

|  |  |
| --- | --- |
| Title | Final Evaluation |
| Location | Puntland state of Somalia – Nugaal, Mudug and Karkar regions |
| Contract Duration | 24 days |
| Start date / End Date | 1 November 2011 to 30 April 2013 |
| Project Title | Diriswanaag |
| Donor | Dutch Ministry of Foreign Affairs (MOFA) |

2. Background

In 2011, Somalia experienced the worst drought in 60 years with 3.7 million people in crisis nationwide. The UN declared a famine in 5 regions in South Central Somalia at the beginning of August 2011, and similar food insecurity and shortages spread to other regions by October, 2011. Famine conditions have led to massive population displacements mainly to Kenya, Ethiopia and to the north in Puntland and Somaliland. Over 184,000 people fled the country in search of assistance and refuge in neighboring Kenya and Ethiopia. In Puntland, an estimated 3,500 IDPs arrived from the south between months of March to June 2011[[18]](#footnote-18). The increasing number of IDPs placed extra pressure on the already precarious situation of the existing IDPs and poor host communities in Puntland state of Somalia.

In response to the above emergency, CARE implemented an 18 month’s project (Diriswanaag) with funding from Dutch MOFA. The project has three components: emergency food voucher, livelihoods and protection issues. The project was approved in November, 2011 but actual work kicked off in January, 2012 with food voucher component for the first six months. Building on this phase, the project engaged the beneficiaries for a longer term livelihood recovery. The project worked with 2 partner NGOs, the Government line ministries and the private sector to address the deteriorating conditions of the IDPs and poor host communities in Puntland.

**The overall objective of the project is**: Reduced impact of conflict and natural disasters on the livelihoods of vulnerable women, men and youth in Puntland.

The specific objective of the project is: Improved living conditions and reduced vulnerability of 5,358 displaced households (32,150 individuals) and 3,325 vulnerable host community households (2250 individuals) in the 4urban areas and their rural surroundings of Garowe, Baadweyn, Qardho and Goldogob.

SPECIFIC OBJECTIVE INDICATOR:

* 80% improvement in household nutritional status above baseline
* 30% increase in household income above baseline for 1500 targeted households from IDP and vulnerable host communities
* 50% of IDP households indicate in a post-project evaluation that relations with host communities have improved as indicated by gender disaggregated focus group discussions

To achieve the goal and the specific objective of the project, three expected results were developed.

Expected Results:

1. Nutritional status of 900 food insecure IDP and host community households improved

Indicators:

* % improvement in nutritional status (GAM and SAM)
* 900 households receive food basket for six months

1. Improved livelihood security for 1500 households (9,000 individuals) from IDP and vulnerable host communities with emphasis on women and youth

Indicators:

* 50% of targeted households increase from baseline the number of meals consumed per day per household over a measurement period of 2 weeks
* 30% of women and men report improved dialogue between women and men from baseline on budgeting within the household as indicated in subsequent gender disaggregated focus group discussions
* 80% of 1500 targeted women and youth successfully complete their training
* 800 cash grants and 700 startup kits provided to women, youth and men by the end of the project
* 70% of targeted households report increase of income after completion of their training
* Improved host- IDP relations in/near Garowe, Qardho, Goldogob and Baadweyn for 20,000 IDP

Indicators:

* 8 workshops held for clan elders on protection and the rights of IDPs and women, with clearly agreed follow up plans
* 5 media open talks held through local radio stations in the target areas
* Leaders and women groups in 6 out of 8 targeted camps report that linkages to water providers, municipal council, police and education and health providers have been established by the end of the project period
* 50% of camp leadership of the targeted camps report improvements in formal or informal agreements on land tenure and/or reductions in land rent
* % of IDPs and service providers have an improved understanding of women’s rights and GBV issues
* Survey of access to GBV services produced and disseminated

However, this evaluation will only address the last two results as the food voucher component was evaluated under the CARE emergency Real time evaluations that were done at the start of the project and also as one of the emergency response project to the crisis in Somalia. Reports of these two evaluations are available upon request.

The purpose of the evaluation:

* To provide information on the performance of the project against key indicators and parameters for expected results 2 and 3 above, disaggregating findings by gender.
* To independently assess the relevance, effectiveness, efficiency, and sustainability of the project in Puntland;
* To provide evidence-based recommendations and lessons learnt to improve the design of on-going CARE Somalia projects as well as the effectiveness of the future humanitarian operations in the region;

The findings of this evaluation will be shared with to all partners and stakeholders in this project including the donor, beneficiaries, government and local administrations, INGOs and LNGOs. Results will be used also by CARE for enhancing its future project design, planning, and implementation strategies.

3. Specific Objectives

Assess project performance/achievement in terms of:

Appropriateness/Relevance

* Did the project focus on the real needs of the target population?
* Assess the extent to which project performance has contributed to MDGs, poverty and vulnerability of the target population.

Efficiency

* Closely look at the efficiency of project implementation considering timing, cost effectiveness, targeting, technical solutions and community involvement.
* To what extent the provision of project inputs contributed to the effectiveness of the intervention? How effective were project activities undertaken?
* To what extent did the project utilize its human and financial resources and time efficiently?

Appropriateness & Relevance

* Study the appropriateness of the project design in respect to the core problems identified in the project document, defined needs and priorities and the activities, purposes and results, while taking into account the physical and socio-economic environment in which the project operated.
* Examine the process used by the project to identify target groups
* Assess the extent to which the equality of access to project resources was addressed
* Suggest how can the overall design of the project be improved to better meet the needs and priorities of the target populations

Effectiveness

* Examine the project achievements against results with reference to the project log-frames as set out in the project proposal document taking into consideration the project assumptions and risks.
* Assess the contribution of the project to improving the living conditions and reducing the vulnerability of the displaced families and host communities around the regions through food vouchers, livelihood and protection interventions.
* Using CARE’s Humanitarian Accountability Framework and other international standards, evaluate the extent to which the project strived to realize humanitarian accountability and quality management.
* Assess issues around beneficiary complaints, what mechanism are in place and how the project addressed community complains
* Examine the effectiveness and project activities. The evaluation will document what has worked well /not worked well and why.
* To what extent, was the project monitoring effective? Did the project staff have an effective system (monitoring protocol) in place for collecting, compiling, and reporting the data against the specific log frame indicators? Did they make use of the monitoring protocol to report progress throughout the project? Specifically analyse the role of the different stakeholders particularly CARE Staff, contractors, village committees and cash facilitators in ensuring quality control?
* Whether the partnership between the agency and its national partners and Government line ministries were effective in delivering the required assistance to the target population?

Immediate Impact

* Analysis of the project coverage i.e. if the project reached the intended targeted beneficiaries (IDP, Host populations, women children, elderly, sick, disabled)
* To what extent the project contributed to improving the lives of the target populations (both positive/negative outcomes and impact) in relation to objectives set out in the project proposal.
* Assess the contribution of the project to the target communities’ well-being and livelihood situation; how change come about; how much of the change can be attributed to the projects’ interventions as opposed to other external factors.

Project sustainability

* The degree to which the project’s beneficial outcome will continue after completion of project activities. While this is an emergency project, the sustainability will focus on the level of attainment and existence of complementary projects to ensure sustainability of the project.
* Are institutional mechanisms in place for ensuring benefit of project activities even after project support ends?
* How are these mechanisms developed? What are these institutional and, and how would they sustain the initiative in the long run?
* What policies and/or practices have been influenced or changed by the project to help ensure sustainability of positive outcomes?
* What support would be needed?

Cross-cutting issues

* Analyze the extent of mainstreaming the cross-cutting issues such as protection, gender, community participation, environment, disaster risk reduction, capacity building
* Particular attention will be given to gender, conflict and consideration for HIV AIDS
* The evaluator should assess the communities’ view of the project
* Provide recommendations, conclusions and lessons learnt.

Partnership with national partners

* Was the partnership between the agency and its national partners effective in delivering the required assistance to the target population?
* Has the spirit of the ‘Principles for Partnership’ been upheld?
* Recommendations: Provide specific, detailed recommendations on:
* Individual lessons learnt and or best practices that that can be replicated in future programs;
* Concrete, specific areas of improvement needed to enhance quality of implementation and impact;
* Changes that need to be made in method of implementation, management, including relationship with the stakeholders;

4. Methodology

4.1 Review of documents

Dutch MOFA regulations, Project proposal, activity plans, project agreement, progress reports, log frame, EIA report, financial reports, evaluation guidelines and any other relevant documents.

4.2 Conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)

Conduct focus group discussions and/or key informant interviews with CARE, beneficiaries, government and key stakeholders (with both men and women represented)

4.3 Hold In-depth Interviews

In-depth interviews will be held for high profile stakeholders who may not be available for the FGDs and KIIs

4.4 Project field visits to sampled areas

Project areas will be visited to observe evidence of the intervention

***Note:*** It is expected that the consultant(s) will come up with innovative ways of combining various research tools and methodologies to get the right and accurate information. During the study, the consultant(s) will interview stakeholders as agreed upon at the initial briefing; CARE staff in the field and other actors including local and international NGOs in the region. The team should triangulate and validate information, assess and describe data quality in a transparent manner (assess strengths, weaknesses, and sources of information). Data gaps (if any) should also be highlighted.

5. Reporting and feedback

The outputs of the evaluation should include a presentation in Nairobi to CARE Somalia and a report, which documents the main findings, lessons learnt and recommendations. A draft report shall be submitted to the Urban Youth Program Coordinator on DATE. The second draft report incorporated comments by the project team shall be submitted by DATE. The final evaluation report shall be submitted by DATE. A summary of the report should be prepared to share with project participants and other stakeholders.

The consultants will produce the following specific outputs:

* Review the suggested TOR and reference documents and develop and present an outline of the methodology, to present to CARE within first day of the evaluation. This should include their understanding of the task and include a work plan based on the proposed tentative time schedule.
* Develop and share data collection tools for review and feedback, with CARE staff signing off on the final version of the tools in Somali
* Prepare a preliminary assessment in the field outlining main findings and recommendations and debrief the same among the project staff. Compile their feedback and incorporate it in the draft evaluation report.
* Prepare a draft evaluation report and present the main findings to CARE. Incorporate comments from CARE and produce a final report. Payment will be tied to the quality of the report and is conditional upon acceptance by both CARE and Dutch MOFA. The reports should include illustrative charts and figures, with data disaggregated by gender.
* Prepare a summary version of the report for sharing with project participants and other external stakeholders.
* Submit 3 hard copies of all reports produced plus 3 electronic copies in Adobe Acrobat and MS Word on CD of the final report.

Key Tasks

* Elaborate an analytical framework for the evaluation
* Undertake data collection and analysis
* Prepare evaluation report

**6.5 Work plan and time schedule**

A total of 22 days of actual work and 2 days - travelling to and from Somalia (a total of 24 days) are allocated to the evaluation. Consultant should develop a detailed work plan in consultation with the field staff prior to commencement of the assignment. This should be based on sampling technique and related logistic and security consideration. The propose breakdown is as follows:

3 days – Document review and development of instruments

2 days travel

12 days – Field trips and Data collection in Puntland

7 days – Data analysis, designing and report writing

6.1 Required outputs

* Provide an inception report for the evaluation. The report shall detail evaluation methodology, evaluation questions, proposed sources of data, and data collection tools
* The consultant(s) will share preliminary findings of the evaluation report with CARE Urban Program Coordinator and possibly, other stakeholders for comments prior to submission of a final report
* Information should be presented in a clear and concise manner, compiling and analyzing all relevant information, listing key conclusions and making relevant recommendations for the future

6.2 Report Submission Guide

* Report should be between 20- 30 pages long
* Concise with executive summary not exceeding 3 pages
* Additional materials can go in the annex.
* Use of illustrative tables and charts to summarise the evaluation results is encouraged and should be accompanied by clear explanations and show the differences between male and female responses.
* Only relevant additional data should be included in the Annexes.
* Comments will be provided within 10 working days of draft submission and evaluator will be responsible for making appropriate revisions prior to producing a final report.
* CARE is responsible for ensuring that the final report is of acceptable quality
* An **electronic copy** of the report **including all annexes** must be submitted together with hard copies of final report
* The evaluator is expected to use simple, clear language and draw clear conclusions and recommendations and must follow the structure provided by the organization.
* All areas listed in the TOR must be covered
* The report must be written in Standard English with **proper spelling and grammar**.

Terms and Conditions

* Daily consulting rate is negotiable, although it will be commensurate with CARE consultancy terms and standards
* The Consultant will be contracted on a CARE Consultancy Contract.
* CARE shall pay the consultancy fee as per the agreement between CARE and the selected consultant.

8.0 Responsibilities of the client

* In support to the consultant to undertake the assignment, CARE Somalia will:
* Provide assistance in facilitating visas for Somalia, travel expenses (Visa, taxi) upon presentation of receipts.
* Make payment in US Dollars at an agreed rate (depending on experience).
* provide all relevant/available materials pertinent to study
* provide logistical support for field activities
* provide transport to and from Somalia during the consultancy period
* Provide accommodation and transportation in Somalia, in case this is not provided while on field trip CARE will pay per diem based on its rates in the country.

9.0 Consultant’s responsibilities:

* At the end of the consultancy, the consultant will be expected to produce the outputs outlined above.
* During the period of carrying out this assignment, the consultant will need to establish close coordination arrangements with CARE sub-offices in Garowe.
* In particular, the evaluator(s) will be expected to work closely with the Area Manager –Garowe and Urban Youth Program Coordinator
* The consultant(s) under this assignment will: -
* Commit to complete a fully satisfactory end product within the agreed time frame;
* Is required to comply with security procedures of the organization;
* Ensure completion of all field travel, activities and consultations within the specified duration;

10.0 Evaluator Profile & Selection Process

Collectively, the team of consultants should have at least 7 years of experience in monitoring and evaluation of emergency and early recovery projects in developing countries, including previous work experience in Somalia;

Previous evaluations, especially under Livelihood projects will be an added advantage

All consultants should have:

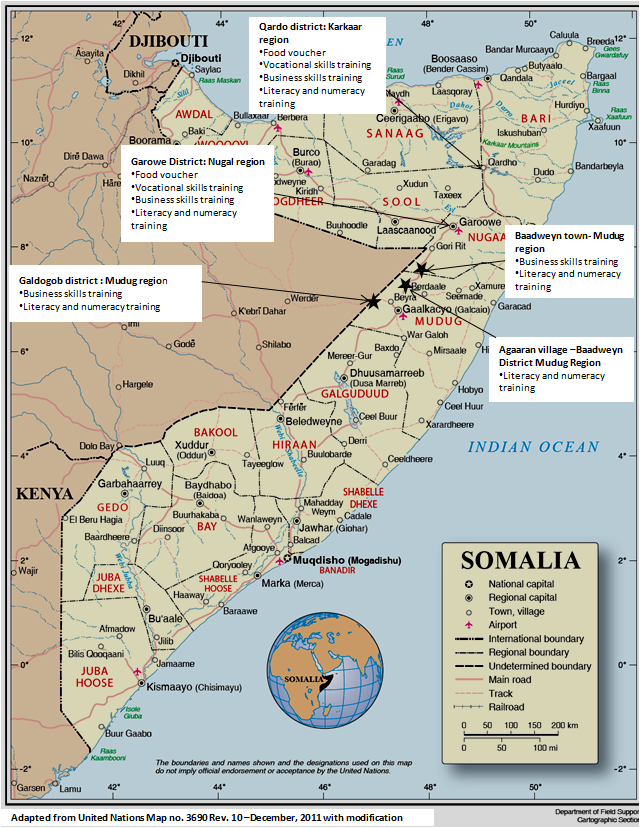
* Demonstrated experience in carrying out research, baseline surveys, and evaluations specifically for EC/ECHO and other donors including Dutch MOFA funded projects for a minimum 5 years.
* Comprehensive experience of Project Cycle Management.
* A minimum of Post-graduate training in relevant livelihood field.
* Demonstrated experience in community development, emergency interventions including community targeting, rapid rural appraisal.
* Specific knowledge in research methodologies and application of various tools including practical experience in assessments, planning, implementation, monitoring and evaluation of community based interventions;
* Excellent report writing, research and analysis skills.
* Ability to analyze the relationships between different key areas of the livelihood sector.
* Knowledge of relevant computer packages.
* Physical fitness and ability to undertake field visits in difficult environments and remote locations.

Indicative start date: 12th May2013

## Annex 4: Abbreviations/Acronyms

|  |  |
| --- | --- |
| ECHO | European Commission of Humanitarian Office |
| FGD | Focus Group Discussion |
| FSNAU | The Food Security and Nutrition Analysis Unit |
| Garwo Net | A Vocational Training Center in Qardho |
| GBV | Gender Based Violence |
| HH | Households |
| IDP s | Internally displaced persons |
| IRC | International Rescue Council |
| KI | Key Informant |
| LG | Local Government |
| MGD | Millennium Development Goals |
| MoE | Ministry of Education |
| NGO | Non-Governmental Organization |
| NRC | Norwegian Refugee Council |
| QTVC | Qardho Technical and Vocational Training Centre |
| RAHMO | Local NGO in Puntland |
| SC | Save the Children |
| SPHERE | Humanitarian Charter and Minimum Standards in Disaster Response |
| SRC | Somalia Red Cross |
| SS | Sample Size |
| SWA | Somali Women Association |
| ToT | Training of Trainers |
| UNHCR | United Nations High Commission For Refugees |
| UNICEF | The United Nations Children's Fund |
| USD/USD$ | United State Dollars |
| VCT | Vocation Training Centre |
| WFP | World Food Program |

## Annex 5: Map of the operation areas



## Annex 6 Summary of Project Achievements Towards Specific Objective and Expected Results.

| Objective/Result/OVI | Baseline values | End of Project Values | Achievements |
| --- | --- | --- | --- |
| **Objective: Improved living conditions and reduced vulnerability of 3,333 IDP and 1,900 vulnerable host communities in 4 urban areas and their rural surroundings of Garowe, Qardho, Ba’adweyne and Goldogob** | | | |
| 30% increased income above baseline for 1500 targeted HH from IDP and host community | Average household monthly income was USD$ 105.5 | Average household monthly income was USD$ 185.5 | Monthly income increased by 80USD$ which is 75.8% increase |
| 80% improved 900 HH nutrition status above baseline | FSNAU classified the household nutritional status as **CRITICAL** (GAM ≥ 15 percent) for Dery – Oct/Nov 2011. | FSNAU Nutrition Assessment Feb-April 2013 classified the household nutrition status for Garowe and Qardho as **SERIOUS** (GAM levels of 10-14.9) | Improvement of one step higher. |
| 50% of IDP HH indicates in post project evaluation that relationships with host community have improved as indicated by gender-disaggregated focused group discussion | No action was taken in 57% of cases of violations and threats and in to IDPs. | All 12 FGDs (8 women/youth and 4 men) said relationship has improved.  13.8% of households said all incidences were resolved and 18% said 5 out of 10 incidences were resolved. | Successful conflict resolution improved from none to 13.8%.  Beneficiary groups assert the relationship has improved |
| **ER 1: Nutritional status of 1,500 food insecure IDP and Host community households improved** | | | |
| 80% improved 900 HH nutrition status above baseline | FSNAU classified the HH nutritional status for Garowe and Qardho as CRITICAL (GAM ≥ 15 percent) for Oct/Nov 2011. | FSNAU Nutrition assessment March/April 2013 classified HH nutrition status for Garowe and Qardho as **SERIOUS** (GAM levels = 10-14.9) | Nutrition status improved by one step (from Critical to Serious) |
|  | 63% HHs said their nutrition status improved during implementation of food voucher activities | 87% household said nutrition status had improved during the implementation of the food voucher | 23% increase |
| 900 Household Receive food baskets for 6 month | 24% households said they had received food basket before CARE started to implement | 970 households out 900 received food voucher. 99% households interviewed said they had received food voucher. | 77% increase |
| **ER2: Improved livelihoods security for 1,500 HH from IDP & vulnerable host community with emphasis on women and youth** | | | |
| **50%** of targeted households increase from baseline the number of meals consumed per day per household over a measurement period of 2 weeks | 50% take three meals/day  45% households take two meals/per day  45% household take one meals/day | 6% take three (3) or more meals per day  45.3% HH take two (2) meals per day  48% take HH one (1) meal per day | 43.3% reduction in HHs taking three meals per day  43% increase in HHs taking one meal per day  HHs taking two meals per day remain constant |
| 30% of women and men report improved dialogue between women and men from baseline on budgeting within the household as indicated in subsequent gender disaggregated focus group discussions | 16% HHs said both man and woman decide together on HH budget  41% HHs said men now decide on HH budget  43% HHs said woman decides on HH budget. | 4% HHs said both man and woman decide together.  35% said women decide  61% HHs said men decide | 12% decrease of those who said both man and woman decides together on HH budget  20% increase of those who said men decide on HH budget  8% decrease those who said women decide on HH budget. |
| 80% of 1500 targeted women and youth successfully complete their training | 70% HHs said they completed the courses  52% trained in vocational skills before the project | 93% successfully complete trainings supported by project  75% trained in vocation skills | 23% increase in those who completed training.  22% increase in those trained in vocational skills |
| 800 cash grants and 700 start-up kits provided to women, youth and men by the end of the project | 700 individuals planned for start-up kits  800 individuals planned for Cash Grants | 340 youth and women provided start-up toolkits  800 individuals received at USD$ 130 per person. | 360 less individuals for start-up kits  100% achievement in provision of cash grants. |
| 70% of targeted households report increase of income after completion of their training | Average monthly income for households who had undergone training was USD$ 99 | Average monthly HH income those trained is USD$ 160  63% said their income had increased slightly and 21% said their income increased greatly. | Monthly HH income increased by USD$ 61 which is 60%.  63% graduates said their income had increased after training by the project |
| (Proposed at Baseline): Increase in number of households owning assets | 29% of both IDP and host community HHs said they owned some properties. | 52% households said they owned some property including a “house”. | 23% increase in asset ownership |
| **ER 3: Improved Host- IDP relations in/near Garowe, Qardho, Goldogob and Baadweyn for 20,000 IDP** | | | |
| 50% of camp leadership of the targeted camps report improvements in formal or informal agreements on land tenure and/or reductions in land rent | Local authorities negotiate with private land owners allow IDPs to settle but no negations on land tenure.  77% (24% Garowe and 49% Qardho), IDPs paid land rent  63% IDPs paid average rent of less than USD$ 4 per month  Evictions were frequent | 52% HHs said they successfully facilitated agreements on land occupation and rent at least once.  Camp Committees resolving conflicts and complaints.  69% HHs pay rent on the land they reside.  42% HHs pay land rent of less than USD$ 4. | Increased participation of IDPs committees in negotiating land rents.  8% decrease of those paying land rent.  21% decrease in those paying less than USD$4.  There has been no evictions |
| % of IDP women reporting that they feel safer than before the project | 37% informants said they had suffered some form of violations and threats including GBV | 20% respondents said they had experienced GBV  89% women said they feel safe to move around. | 17% reduction in incidences of GBV and increased sense of security.  Victims received psycho-social training |
| 8 workshops held for clan elders on protection and the rights of IDPs and women, with clearly agreed follow up plans | No sensitization workshops on IDPs and women rights.  8 Sensation workshops planned by the project | 8 sensitization workshops and meetings on IDP Protection and Rights were conducted. | 100% achievement  210 Traditional and Religious leaders, Camp committee members and local government representatives trained |
| 5 media open talks held through local radio stations in the target areas | No media campaigns on IDP rights.  5 media talks were planned by the project | 6 advocacy campaigns on IDPs security and protection carried out (2 through dissemination of advocacy materials and 4 through media/local radio | One extra campaign above baseline  Messages reached 96% of beneficiaries. |
| Leaders and women groups in 6 out of 8 targeted camps report that linkages to water providers, municipal council, police and education and health providers have been established by the end of the project period | 57% HHs access health facilities but cannot afford medical fees and facilities are poor.  Children of 64% Households do not go to school.  Police do not act when cases of violations are reported. | On a scale of 1 – 10 (where 1 is best and 10 is very poor) 6 out of 12 FGD, gave an overall rank 3 or 70% on performed of Municipal Council, Health, Education and Police after the project and 8 or 20%) before the project.  . | Service provision by providers improved. |

## Annex 7: Timetable

| Dates | Activity | No. of Interviews |
| --- | --- | --- |
| Mon 3rd Jun 2013 | Training enumerators  Planning appointments and mobilizing beneficiaries |  |
| Tue 4th Jun 2013 | 3 Enumerators + Research Assistant + one CARE staff travel to Baadweyn in morning and collect data in afternoon. |  |
| KI - Research assistant and CARE Staff | Do KI |
| FGD – Research assistant and CARE Staff | None |
| HH – Enumerators | 13 HH |
| 5 Enumerators + Consultant + one CARE staff conduct interview in Garowe |  |
| KI - Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 2 Groups |
| HH – Enumerators | 63 HH |
| Wed 5th Jun 2013 | 3 Enumerators + Research Assistant + one CARE staff continue to conduct interviews in Baadweyn/Margaga |  |
| KI - Research Assistant and CARE Staff | Do KI |
| FGD – Research Assistant and CARE Staff | None |
| HH – Enumerators | 25 HH |
| 5 Enumerator + Consultants + one CARE staff continue to conduct interviews in Garowe |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 63 |
| Thur. 6th Jun 2013 | 3 Enumerator + Research Assistant + one CARE Staff continue to conduct interviews in Baadweyn/Margaga |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 25 HH |
| 5 Enumerators + Consultant + one CARE Staff continue to conduct interviews in Garowe |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 63 HH |
| Fri. 7th Jun 2013 | 3 Enumerator, Research Assistant one CARE Staff continue to conduct interviews in Baadweyn/Margaga |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 25 HH |
| 5 Enumerators + Consultant + one CARE Staff continue to conduct interviews in Garowe |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 63 HH |
| Sat 8th June 2013 | 5 Enumerators + Consultant + CARE Staff travel to Qardho and conduct interviews in afternoon. |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 30 HH |
| 3 Enumerators + Research assistant + CARE Staff conduct interview in Baadweyn in the morning and travel to Goldogob. In the afternoon. |  |
| KI – Research Assistant and CARE Staff | Do KI |
| FGD – Research Assistant and CARE Staff | None |
| HH – Enumerators | 13 HH |
| Sun 9th Jun 2013 | 5 Enumerators + Consultant + One CARE staff continue to conduct interviews in Qardho |  |
| KI – Consultant and CARE Staff |  |
| FGD – Consultant and CARE Staff | 1 Groups |
| HH – Enumerators | 60 HH |
| 3 Enumerators + Research Assistant + one CARE Staff continue to conduct interviews in Goldogob |  |
| KI – Research Assistant and CARE Staff | Do KI |
| FGD – Research assistant and CARE Staff | 1 Groups |
| HH – Enumerators | 25 HH |
| Mon 10th Jun 2013 | 5 Enumerators continue to conduct interviews in Qardho  The Consultant \_ CARE Staff conducts interviews in the morning and travel back to Garowe in the afternoon. The 5 enumerators remain behind. |  |
| KI – Consultant and CARE Staff | Do KI |
| FGD – Consultant and CARE Staff | None |
| HH – Enumerators | 60 HH |
| 3 Enumerators + Research Assistant + one CARE Staff continue to conduct interviews in Goldogob |  |
| KI – Research Assistant and CARE Staff |  |
| FGD – Research assistant and CARE Staff | 1 Groups |
| HH – Enumerators | 25 HH |
| Tues 11th Jun 2013 | 5 Enumerators continual to conduct interviews in Qardho |  |
| HH – Enumerators | 60 HH |
| 3 Enumerators + Research Assistant + one CARE Staff continue to conduct interviews in Goldogob |  |
| KI – Research Assistant and CARE Staff |  |
| FGD – Research assistant and CARE Staff | 1 Groups |
| HH – Enumerators | 25 HH |
| Consultants concludes key informants interviews with high-profile stakeholders in Garowe, starts to compile report and prepare for debrief. |  |
| Wed 12th Jun 2013 | 5 Enumerators continual continue conducting interviews in Qardho and travel back to Garowe in the afternoon |  |
| HH – Enumerators | 30 |
| 3 Enumerators + Research Assistant + one CARE Staff continue to conduct interviews in Goldogob in the morning and travel back to Garowe in the afternoon. |  |
| KI – Research Assistant and CARE Staff | Do KI |
| FGD – Research assistant and CARE Staff | None |
| HH – Enumerators | 13 |
| Consultant concludes preparing for debrief and receives household questionnaires from enumerators and prepares for debriefing. |  |
| Thur. 13th Jun 2013 | Consultant debriefs the CARE and Partner staff |  |
| Fri 14th Jun 2013 | Consultant travels from Garowe to Nairobi. |  |

## Annex 8: Sources/bibliography

1. Diriswanaag Log frame
2. Diriswanaag Proposal (Narrative) – CARE Netherlands, April 2011 (updated August 2011)
3. Diriswanaag Project Monitoring and Evaluation Plan
4. CARE International Humanitarian Accountability Framework, Policy Statement and Guidelines note, Pilot version, Feb 2010
5. Diriswanaag Assessment Report on Vocational Skills host-trainer selection.
6. Diriswanaag Project Interim Annual Report (1st Nov 2011 – 30th June 2012)
7. List of activities by Results.
8. SPHARE Standards on Food Security and Nutrition.
9. Qardho IDP Sensitization Meeting minutes 23th Oct 2012
10. Garowe IDP Sensitization meeting minutes 18th Oct 2012
11. IDP Protection workshop for Community Elders and Religious Leaders – Baadweyn Community Centre, 21st -23rd 2013.
12. IDP Protection workshop for community leaders and religious leaders 27th – 28th March 2013, Goldogob Community Centre.
13. Meeting on sensitization of IDP rights in Margago IDP settlement, 23rd Feb 2013.
14. Minutes of meeting on strengthening conflict mitigation and peaceful coexistence between IDPs and Host communities in Bosaaso.
15. Protection workshop for host community representatives and IDPs, 30th – 31st March 2013 at Goldogob Community Centre.
16. FSNAU Quarterly Brief on Post Deyr 11/12 Season – Early Warning, Food Security and Nutrition, Dec 116th 2011
17. FSNAU Post GU 12 Presentation, Central Region, Jan 22nd 2013.
18. FSNAU Cost of minimum expenditure basket (CMB)
19. FSNAU Market data Series, Sept 2011 – April 2013
20. FSNAU Post Dery 2012/13 – 1st Feb 2013
21. FSNAU Food Security and Nutrition Analysis, Post GU 2012 Technical Report, No IV.48, Oct 18th 2012.
22. FSNAU Technical Release – Somali Food Security Eases but Acute Malnutrition Remain High.
23. UN Report, Somalia one year later; “How we responded”, 17th July 2012.

## Annex 9: Evaluation Material (questionnaires etc.)

Diriswanaag Livelihood Final Evaluation Questionnaire

A2). Tool for IDPs and Host HH: NUTRITION

Questionnaire No \_\_\_

Interviewer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IDP/Host\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview. \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (DD MM YY)

Camp’s/Village Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time: \_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Note to interviewer:* As you fill out the guide, questions in bold are to be read to the household member. Other notes are to provide guidance to you on how to ask the question and record the response using the “data entry” column of the questionnaire. Good luck!

Introduction statement to be read out before interview begins: "We are carrying out a Livelihood Baseline Study of the Diriswanaag Project which implemented by CARE. The study will help us understand important pieces of information about the status of lives of people in this community. We will not record your name as the information we collect will be anonymous, and will remain confidential. Please be aware that no special support will come to your household as a result of your responses to the questions. We are not conducting a targeting exercise, and these questions are for research only. As such, please do your best to be as open and honest as possible. Are you willing for us to spend about 30 minutes with you carrying out an interview?

Thank you”

SECTION 1: BACKGROUND

| # | Question | Data Entry | |  |
| --- | --- | --- | --- | --- |
|  |  | Circle numbers in data entry column not responses | | |
| 1 | Please record the sex of the household member you are interviewing. | 1 | Female | |
| 2 | Male | |
| 2. | How many people are in your household?  Please explain the definition of a household as “a group of people who live together most of the time and share food and income” | \_\_\_\_\_\_ | Write the number of people in the household | |
| 3. | Is the head of household female or male? | 1  2 | Female  Male | |
| 4. | Are there any members of your household that have been forced to move from their homes in other parts of Somalia to live with you in the last six months? | 1 | Yes | |
| 0 | No | |
|  | If no, skip to Question 6 | |
| 5. | How many members of your household fit this description? | \_\_\_\_\_\_\_\_\_ | Write number of people displaced in last six months | |
| 6 | Which livelihood category best describes the primary livelihood activity of your household? | 1 | Agro-pastoral | |
| 2 | Pastoral (livestock only) | |
| 3 | Agricultural | |
|  |  | 4 | Labor (examples: manual or skilled) | |
|  | Please read out the list and ask the household member to select the best option. Please circle only ONE response | 5 | Trader (examples: petty trade, shopkeeper, trader)  Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_) | |

SECTION 2: NUTRITION STATUS

| # | Question | Data Entry |  |
| --- | --- | --- | --- |
|  |  | Circle numbers in data entry column not responses | |
| 7 | Which are the three major problems in your daily life? | 1  2  3  4  5  6  7 | Little or no food  Little or lack of income  Poor living conditions  Disputes with host community  Frequently ill  Other problems­­­­ (Specify\_\_\_\_\_\_\_\_\_\_)  No problems |
| 8 | What is the source of your household food? | 1 | Buy from market |
|  |  | 2 | From Humanitarian organization |
|  |  | 3 | Offer by friends and neighbors |
|  |  | 4 | Others (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 9 | How many meals did you have per day in your household for the last two weeks? | 1 | One meal |
| 2 | Two meals |
|  |  | 3 | Three meals |
|  |  | 4 | None |
| 10 | What does your meal consist of? | 1 | Balanced (Protein, Starch, Vitamins), |
|  |  | 2 | Protein and Starch |
|  | (Do not read list, circle all options that apply) | 3 | Starch only |
|  |  | 4 | Protein only |
|  |  | 5 | Vitamins only |
|  |  | PLEASE NOTE THAT:  Protein is contained in Meat, milk, fish, beans  Starch (or Energy) is contained in Rice, Maize, Pasta, Anjera, Bread, Tea etc.)  Vitamins is contained in – Fruits, Vegetables (Cabbage, spinach etc.) | |
| 11 | On average, how many meals your household used to take before CARE project started to implement the food voucher system? | 1  2 | One meal  Two meals |
| 3 | Three meals |
|  |  | 4 | More than three |
|  |  | 5 | None |
| 12 | What did the meal consist of then? | 1 | Balanced (Protein, Starch, Vitamins), |
|  |  | 2 | Protein and Starch |
|  | (Do not read list, circle all options that apply) | 3 | Starch only |
|  |  | 4 | Protein only |
|  |  | 5 | Vitamins only |
|  |  | PLEASE NOTE THAT:  Protein contained in Meat, milk, fish, beans  Starch (or Energy) contained in Rice, Maize, Pasta, Anjera, Bread, Tea etc.)  Vitamins contained in – Fruits, Vegetables (Cabbage, spinach etc.) | |
| 13 | On a scale of 1 – 3 how do you rate the improvement in nutrition in your household since CARE started to implement food vouchers | 1 | Best |
| 2  3 | Average  Poor |
| 14 | Do you have children of age 2 – 4 years? | 1 | Yes |
|  |  | 0 | No |
|  | If no, skip to Question 21 |
| 16 | On average, how many meals did your 2 – 4 years months old child eat for the last 2 weeks | 1 | One |
| 2 | Two |
|  |  | 3 | Three |
|  |  | 4 | Others (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  |  | 5 | None |
| 18 | On average, how many meals did other adult members of your household (more than 4 years) for the last two weeks | 1 | One |
| 2 | Two |
| 3 | Three |
|  |  | 4 | Other (Specify\_\_\_\_\_\_\_\_\_\_\_) |
|  |  | 5 | Do not have adult members of household |
| 19 | Has food voucher/cash transfer been implemented in this camp/village in the last 18 months? | 1 | Yes |
| 0 | No |
|  | If no, skip to Question 21 |
| 20 | Who implemented it? | 1 | CARE |
|  |  | 2 | Other Organization (Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | Please read list and circle best option. |  |  |
| 21 | Have did you receive any food voucher from CARE? | 1 | Yes |
| 0 | No |
|  |  |  | If no, skip to Question 26 |
|  | Which month and year did you receive food voucher from CARE | \_\_\_\_\_\_\_\_ | Please write month |
| 22 | What food and non-food items you use the voucher for? | 1 | Pay debts |
| 2 | Clothing |
|  |  | 3 | Food Items |
|  | Please circle all answers that apply. | 4 | Gifts to others |
|  |  | 5 | Loan to others |
|  |  | 6 | Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 23 | For how long (in month) did you receive the food voucher from CARE |  | Write the month |
| 24 | What was the value of the food voucher per day? | \_\_\_\_\_\_\_\_ | Write the value in USD$ |
| 25 | How adequate was the value of the food voucher? | 1 | Very adequate |
|  |  | 2 | Averagely adequate |
|  |  | 3 | Not adequate |
| 26 | On a scale of 1 to 3, how did perform in terms of timeliness, amount and transparency? | 1 | Very Good |
| 2 | Good |
| 3 | Average |
| 4 | Poor |
| 27 | Has the CARE food voucher system improved the nutrition status of household? | 1  2 | Yes  No (Please give one main reason if No) |

SECTION 3: OVERAL PERFORMANCE OF THE PROJECT

| # | Question | Data Entry |  |
| --- | --- | --- | --- |
|  |  | Circle numbers in data entry column | |
| 37 | How important are the problems the project was addressing currently? | 1 | Very important |
| 2 | Averagely important |
|  |  | 3 | Not important |
| 38 | How important were the problems the project is addressing at the start of the project? | 1 | Very important |
| 2 | Averagely important |
|  |  | 3 | Not important |
| 39 | Comparing to other projects that have been implemented in your village/camp, how do you rate performance in terms of timeliness and resource use? | 1 | Very good |
| 2 | Good |
| 3 | Average |
| 32 | What percentage of the project benefits has your community received compared to the expected? | \_\_\_\_\_\_\_\_ | Please write the percentage |
| 33 | What percentage of the population in your village/camp did the project reach? | \_\_\_\_\_\_\_\_ | Please write percentage |
| 34 | What percentage of the intended project target beneficiaries did the project reach? |  | IDP, |
|  | Host, |
|  |  | \_\_\_\_\_\_\_\_ | Women, |
|  |  | \_\_\_\_\_\_\_\_\_ | Youth |
|  |  | Please write percentages | |
| 35 | Which project benefits are likely to be there after 10 years? | \_\_\_\_\_\_\_\_ | Please write one most important benefit |
| 36 | Which project benefits are not likely to be there after 10 years | \_\_\_\_\_\_\_\_ | Please write one most important benefit |
| 37 | If this project was to be implemented again, what one activity/component would you suggest to be improved | \_\_\_\_\_\_\_\_ | Please write the response in short. It should be only one component. |

THANK YOU FOR YOUR TIME!

Diriswanaag Livelihood Final Evaluation Questionnaire

A2) Tool for IDPs and Host HH: LIVELIHOOD

Questionnaire No \_\_\_

Interviewer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IDP/Host\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview. \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (DD MM YY)

Camp’s/Village Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time: \_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

Note to interviewer: As you fill out the guide, questions in bold are to be read to the household member. Other notes are to provide guidance to you on how to ask the question and record the response using the “data entry” column of the questionnaire. Good luck!

Introduction statement to be read out before interview begins: "We are carrying out a Livelihood Baseline Study of the Diriswanaag Project which implemented by CARE. The study will help us understand important pieces of information about the status of lives of people in this community. We will not record your name as the information we collect will be anonymous, and will remain confidential. Please be aware that no special support will come to your household as a result of your responses to the questions. We are not conducting a targeting exercise, and these questions are for research only. As such, please do your best to be as open and honest as possible. Are you willing for us to spend about 30 minutes with you carrying out an interview?

Thank you”

SECTION 1B: BACKGROUND

| # | Question | Data Entry |  |
| --- | --- | --- | --- |
|  |  | Circle numbers in data entry column not responses | |
| 1 | Please record the sex of the household member you are interviewing. | 1 | Female |
| 2 | Male |
| 2. | How many people are in your household?  Please explain the definition of a household as “a group of people who live together most of the time and share food and income” | \_\_\_\_\_\_\_\_\_ | Write the number of people in the household |
| 3. | Is the head of household female or male? | 1 | Female |
| 2 | Male |
| 4. | Are there any members of your household that have been forced to move from their homes in other parts of Somalia to live with you since the start of this project? | 1  0 | Yes  No  If no, skip to Question 6 |
| 5. | How many members of your household fit this description? | \_\_\_\_\_\_\_\_\_ | Write number of people displaced in last six months |
| 6 | Which livelihood category best describes the primary livelihood activity of your household now? | 1 | Agro-pastoral |
| 2 | Pastoral (livestock only) |
|  | Please read out the list and ask the household member to select the best option. Please circle only ONE response. | 3 | Agricultural |
| 4 | Labor (examples: manual or skilled) |
| 5 | Trader (**examples**: petty trade, shopkeeper, trader) |
|  |  | 6 | Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_) |
| 7 | What was your livelihood category before the start of the project | 1 | Agro-pastoral |
| 2 | Pastoral (livestock only) |
|  |  | 3 | Agricultural |
|  |  | 4 | Labor (examples: manual or skilled) |
|  |  | 5 | Trader (**examples**: petty trade, shopkeeper, trader) |
|  |  | 6 | Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_) |

SECTION 2: LIVELIHOOD AND VULNERABILITY

| # | Question | Data entry |  |
| --- | --- | --- | --- |
|  |  | Circle numbers in data entry column not responses | |
| 8 | On average, how many meals did you have in your household per day for the last two weeks | 1 | One meal |
| 2 | Two meals |
|  |  |
|  |  | 3 | Three meals |
| 4 | More than three |
| 5 | None |
| 9 | What does your meal consist of?  (Do not read list, circle all options that apply) | 1 | Protein, starch, and vitamins |
| 2 | Protein and Starch |
| 3 | Starch only |
|  |  | 4 | Protein only |
|  |  | 5 | Fruit only |
|  |  |  | PLEASE NOTE THAT:  Protein is contained in Meat, milk, fish, beans  Starch (or Energy) is contained in Rice, Maize, Pasta, Anjera, Bread, Tea etc.)  Vitamins is contained in – Fruits, Vegetables (Cabbage, spinach etc.) |
| 10 | On average, how many meals your house hold used to take before CARE project started to implement the food voucher system? | 1 | One meal |
| 2 | Two meals |
| 3 | Three meals |
|  |  | 4 | More than three |
|  |  | 5 | None |
| 11 | What did the meal consist of then? | 1 | Protein, Starch and Vitamins |
|  |  | 2 | Protein and Starch |
|  |  | 3 | Starch only |
|  |  | 4 | Protein only |
|  |  | 5 | Fruits only |
|  |  |  | PLEASE NOTE THAT:  Protein is contained in Meat, milk, fish, beans  Starch (or Energy) is contained in Rice, Maize, Pasta, Anjera, Bread, Tea etc.)  Vitamins is contained in – Fruits, Vegetables (Cabbage, spinach etc.) |
| 12 | What assets do you have? | 1 | House |
|  |  | 2 | Land |
|  | (Please circle appropriately) | 3 | Camels |
|  |  | 4 | Cattle |
|  |  | 5 | Sheep and goats |
|  |  | 6 | Other\_\_\_\_\_\_\_\_\_\_\_\_(please list) |
|  |  | 7 | None |
|  |  | If None skip to question 10 | |
| 13 | When did you acquire these property/properties? | 1 | Before the CARE Project |
| 2 | During the CARE Project |
| 14 | Do you have any income | 1 | Yes |
|  |  | 0 | No |
|  |  | If No skip to Question 24 | |
| 15 | How many members of your household has some income | \_\_\_\_\_\_\_\_ | Please write number |
| 16 | How much is the income in a month for the husband in your household? | \_\_\_\_\_\_\_\_\_ | Please write amount in US dollar |
| 17 | How much is the income in a month for the wife in the household? | \_\_\_\_\_\_\_\_\_ | Please write amount in US dollars |
| 18 | Has your income increased since the start of CARE Project? | 1 | Yes |
| 2 | No |
|  |  | 3 | I am not sure |
|  |  | If 2 or 3 skip to Question 20 | |
| 19 | By what percentage has your household income increased? | \_\_\_\_\_\_\_\_\_ | Please write percentage |
| 20 | On what items do you spend on? | 1 | Rent |
|  |  | 2 | Pay debts |
|  |  | 3 | Clothing |
|  |  | 4 | Savings |
|  |  | 5 | Food Items |
|  |  | 6 | Gifts to others |
|  |  | 7 | Loan to others |
|  |  | 8 | Human Health |
|  |  | 9 | Animal Health |
|  |  | 10 | Business capital |
|  |  | 11 | Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_) |
| 21 | Out of your monthly income, how much (percentage) do you spend on food expenses? |  | Please write amount in US dollars and percentage |
| 22 | Currently in in your household, is the person who decides how to use the cash a man and female? | 1 | Male |
| 2 | Female |
|  |  | 3 | Both |
| 23 | What changes has taken place during the course of this project in terms of household budget decision making? | 1 | Man is now taking more responsibility |
| 2 | Woman is taking more responsibility |
|  |  | 3 | Both are making decision together |
|  | (Do not read list, circle all options that apply) | 4 | Nothing has changed |
|  |  | 5 | Don’t know |
| 24 | Do you get support from relatives and friends | 1 | Yes |
|  |  | 0 | No |
|  |  | If no, skip to Question 26 | |
| 24 | What kind of support do you get | 1 | Loan |
|  |  | 2 | Cash contribution |
|  |  | 3 | Food contribution |
|  |  | 4 | Others (Please Specify\_\_\_\_\_\_\_\_\_\_\_) |
| 26 | Do you have any debt | 1 | Yes |
|  |  | 0 | No |
|  |  | If no skip to next Question 29 | |
| 27 | How much is the debt | \_\_\_\_\_\_\_\_\_ | Please write amount in US dollars |
| 28 | What was debt for | 1 | Buy food |
|  |  | 2 | Buy nonfood items |
|  |  | 3 | Pay school fees |
|  |  | 4  5  6 | Pay medical bills  Pay fine  Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 29 | Do you belong to any savings and loans association/group | 1 | Yes |
| 0 | No |
|  |  |  | If No skip to Question 35 |
| 30 | If yes, how is it performing | 1 | Good |
|  |  | 2 | Fair |
|  |  | 3 | Bad |
| 31 | Have you and your group (if applicable) ever received any grant from CARE? | 1  0 | Yes  No  If no skip to Question 31 |
| 32 | How much was the grant for the group? |  | Please write amount in US dollars |
| 33 | What did you use the grant for? | 1 | Business |
|  |  | 2 | Purchase household items |
|  |  | 3 | Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 34 | Have you got any profit on the grant? | 1 | Yes |
|  |  | 2 | No |
| 35 | Have you under gone any type of training from this Project? | 1 | Yes |
|  |  | 0 | No |
|  |  |  | If no skip to Section 3 |
| 36 | What training was it on? | 1 | Auto-mechanic |
|  |  | 2 | Electrician |
|  |  | 3 | Beauty saloon |
|  |  | 4 | Carpentry |
|  |  | 5 | Masonry |
|  |  | 6 | Tailoring |
|  |  | 7 | Other (please specify:\_\_\_\_\_\_\_\_\_\_\_) |
| 37 | Did you complete? | 1 | Yes |
|  |  | 0 | No |
| 38 | Are you making use of the skills? | 1 | Yes |
|  |  | 0 | No |
|  |  |  | If no skip to next section |
| 39 | How are you making use of the skills? | 1 | Short term hire |
|  |  | 2 | Long term Employed |
|  |  | 3 | Self employed |
|  |  | 4 | Other (Please State\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 40 | How has your income changed after the training? | 1 | Remained the same |
|  |  | 2 | Increased slightly |
|  |  | 3 | Increased greatly |
|  |  | 4 | Don’t know |

SECTION 3: OVERAL PERFORMANCE OF THE PROJECT

|  |  |  |  |
| --- | --- | --- | --- |
| # | Question | Data Entry | Circle numbers in data entry column |
| 41 | How important are the problems the project was addressing currently? | 1 | Very important |
| 2 | Averagely important |
|  |  | 3 | Not important |
| 42 | How important were the problems the project is addressing at the start of the project? | 1 | Very important |
| 2 | Averagely important |
|  |  | 3 | Not important |
| 43 | In comparison with other projects that have been implemented in your village/camp, how do you rate implementing of this project in terms of timeliness and use of resources? | 1 | Very good |
| 2 | Good |
| 3 | Average |
| 44 | What percentage of the benefits has your community received from the compared to the expected benefits? | \_\_\_\_\_\_\_\_ | Please write the percentage |
| 45 | What percentage of the population in your village/camp did the project reach? | \_\_\_\_\_\_\_\_ | Please write percentage |
| 46 | What percentage of the intended project target beneficiaries did the project reach? | \_\_\_\_\_\_\_\_ | IDP,  Host, |
|  |  | \_\_\_\_\_\_\_\_ | Women, |
|  |  | \_\_\_\_\_\_\_\_\_ | Youth |
|  |  | Please write percentages | |
| 47 | Which project benefits are likely to be there after 10 years? | \_\_\_\_\_\_\_\_ | Please write one most important benefit |
| 48 | Which project benefits are not likely to be there after 10 years | \_\_\_\_\_\_\_\_ | Please write one most important benefit |
| 49 | If this project was to be implemented again, what one activity/component would you suggest to be improved | \_\_\_\_\_\_\_\_ | Please write the response in short. It should be only one component. |

THANK YOU FOR YOUR TIME!

Diriswanaag Livelihood Final Evaluation Questionnaire

A3). Tool for IDPs and Host HH: PROTECTION

Questionnaire No \_\_\_

Interviewer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IDP/Host\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview. \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (DD MM YY)

Camp’s/Village Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time: \_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Note to interviewer:* As you fill out the guide, questions in bold are to be read to the household member. Other notes are to provide guidance to you on how to ask the question and record the response using the “data entry” column of the questionnaire. Good luck!

Introduction statement to be read out before interview begins: "We are carrying out a Livelihood Baseline Study of the Diriswanaag Project which implemented by CARE. The study will help us understand important pieces of information about the status of lives of people in this community. We will not record your name as the information we collect will be anonymous, and will remain confidential. Please be aware that no special support will come to your household as a result of your responses to the questions. We are not conducting a targeting exercise, and these questions are for research only. As such, please do your best to be as open and honest as possible. Are you willing for us to spend about 30 minutes with you carrying out an interview?

Thank you”

SECTION 1: BACKGROUND

| # | Question | Data Entry |  |
| --- | --- | --- | --- |
|  |  | Circle **numbers** in data entry column not responses | |
| 1 | Please record the sex of the household member you are interviewing. | 1 | Female |
|  |  | 2 | Male |
| 2. | How many people are in your household?  Please explain the definition of a household as “a group of people who live together most of the time and share food and income” | \_\_\_\_\_\_ | Write the number of people in the household |
| 3. | Is the head of household female or male? | 1 | Female |
|  |  | 2 | Male |
| 4. | Are there any members of your household that have been forced to move from their homes in other parts of Somalia to live with you in the last six months? | 1 | Yes |
| 0 | No |
|  | If no, skip to Question 6 |
| 5. | How many members of your household fit this description? | \_\_\_\_\_\_\_\_\_ | Write number of people displaced in last six months |
| 6 | Which livelihood category best describes the primary livelihood activity of your household? | 1 | Agro pastoral |
|  | 2 | Pastoral (livestock only) |
|  | Please read out the list and ask the household member to select the best option. Please circle only ONE response. | 3 | Agricultural |
| 4 | Labor (examples: manual or skilled) |
|  |  | 5 | Trader (**examples**: petty trade, shopkeeper, trader) |
|  |  | 6 | Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_) |

SECTION 2: HOST-IDP RELATIONSHIP

| # | Question | Data Entry |  |
| --- | --- | --- | --- |
|  |  | Circle numbers in data entry column not responses | |
| 7 | Do you know any rights that IDPs have**?** | 1 | Yes |
|  |  | 0 | No |
| 8 | Please name some of the writes? | 1 | Right to protection against abuse |
|  |  | 2 | Right to food, |
|  |  | 3 | Right to basic services (Health, |
|  |  | 4 | Education etc.) |
|  |  | 5 | Right to land |
|  |  |  | Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 9 | How do you rate the level at which these rights been provided to IDPs | 1 | Good |
| 2 | Fair |
|  |  | 3 | Poor |
|  |  | 5 | Don’t know |
| 10 | Do you consider the IDP as marginalized? | 1 | Yes |
|  |  | 2 | No |
|  |  | 3 | Don’t know |
| 11 | If yes, what has the project been doing to address this? | 1 | Advocate for good policies |
|  |  | 2 | Create awareness |
|  |  | 3 | Empower the IDPs |
|  |  | 4 | Other (please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  |  | 5 | Don’t know |
| 12 | How many cases of GBV have occurred in your camp/village/town in the last one month? | 1 | None |
| 2 | One case |
|  |  | 3 | Four cases |
|  |  | 4 | More than 10 cases |
|  |  |  | If None skip to Question 14 |
| 13 | Were they resolved/addressed? | 1 | Yes |
|  |  | 2 | No |
| 14 | How many times have you received assistance/support from neighboring IDP/Host household? | 1 | One time |
| 2 | Four times |
|  |  | 3 | More than 10 times |
|  |  | 4 | None |
| 15 | Have you had any incidences of conflict between IDP and host community? | 1 | Yes |
| 0 | No |
|  |  |  | If No, skip to Question 19 |
| 16 | What is the common cause of such conflicts? | 1 | Sharing of resources (land, water etc.) |
|  |  | 2 | Cultural differences |
|  |  | 3 | Criminal |
|  |  | 4 | Other (please state\_\_\_\_\_\_\_\_\_\_\_\_) |
|  |  | 5 | Don’t know |
| 17 | How many such incidences have occurred in the last one month | 1 | One incident |
| 2 | Four incidences |
|  |  | 3 | More than 10 incidences |
|  |  | 4 | Don’t know |
| 18 | In case of 10 incidences how many are resolved? |  | Please write the figure |
| 19 | Have you heard any messages promoting peaceful coexistence between IDP and Host community? | 1 | Yes |
| 0 | No |
|  |  |  | If no, skip to Question 23 |
| 20 | Where did you hear it from? | 1 | Public meetings |
|  |  | 2 | Local leaders |
|  |  | 3 | From NGOS |
|  |  | 4 | From Government |
|  |  | 5 | From media (Radio and Newspaper) |
| 21 | How frequent have you heard these messages? | 1 | Very frequent |
|  |  | 2 | Regularly |
|  |  | 3 | Rarely |
| 22 | How have you used these massages | 1 | I have put into practice the messages |
|  |  | 2 | I have told a friend/neighbor |
|  |  | 3 | I did nothing |
| 23 | Do you receive any services from the following institutions? |  |  |
|  | Municipal council | 1 | Yes |
|  |  | 0 | No |
|  | Educations department | 1 | Yes |
|  |  | 0 | No |
|  | Health Department | 1 | Yes |
|  |  | 0 | No |
|  | Police Department | 1 | Yes |
|  |  | 0 | No |
|  |  |  | If no skip to Question 26 |
| 24 | On a scale of 1-5, how do you rate the services rendered by each of these institutions? |  |  |
|  | Municipal Council |  | Please explain: 1 stands for best and 5 for very poor) |
|  | Education department |  | Write the score in the space. |
|  | Health Department |  |  |
| 25 | Compared to the situation before the project how do you rate (in percentages) the improvement of these services |  | Please write percentages |
|  | a) Municipal Council |  |  |
|  | b) Education department |  |  |
|  | c) Health Department |  |  |
| 26 | Has there been any land disputes between IDP and Host community? | 1 | Yes |
| 0 | No |
|  |  |  | If no skip to Question 30 |
| 27 | How many land disputes have occurred in last one month? | 1 | One dispute |
| 2 | Four disputes |
|  |  | 3 | More than ten disputes |
| 28 | How many were resolved? | 1 | All |
|  |  | 2 | 50% of disputes |
|  |  | 3 | More than 50% of the disputes |
|  |  | 4 | None |
| 29 | Have you facilitated or been part of land agreements? | 1 | Yes |
|  |  | 2 | No |
|  |  |  | If answer is No please |
| 30 | How do you rate the improvement in the effectiveness of dispute resolution since the project started (in percentage) | \_\_\_\_\_\_\_ | Please write percentage |
| 31 | What is the current land rent? |  | Please write amount in US dollars |
| 32 | How have the land rate changed since the start of the project? | 1 | Reduced/improved |
| 2 | Worsened/Increased |
|  |  | 3 | Remained the same |
|  |  | 4 | Do not know |
| 33 | What dangers currently face women and girls | 1 | GBV |
|  |  | 2 | Discrimination |
|  |  | 3 | Other (Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 34 | How many incidences of abuse to women have occurred in the last one month? | 1 | One |
| 2 | Four |
|  |  | 3 | More than 10 |
|  |  | 4 | None |
| 35 | How many were resolved? | 1 | All |
|  |  | 2 | 50% of the incidences |
|  |  | 3 | More than 50% of the incidences |
|  |  | 4 | None |
|  | How have the incidences increased or reduced over the last 18 month | 1 | Increased |
|  | Reduced |
|  |  |  | Remained the same |
| 36 | Do you consider yourself (in case of woman interview) and the women (in case of male interviewee) safe? | 1 | Yes |
| 2 | No |
|  |  | 3 | Do not know |
| 37 | How do you rate the relationship between IDPs and Host community | 1 | Very good |
| 2 | Good |
|  |  | 3 | Average |
|  |  | 4 | Poor |

THANK YOU FOR YOUR TIME!

Question Guide - B

*FGD with Beneficiaries (Women, Youth, Men)*

General Project Performance

1. **Appropriateness/relevance**

* What problems is the project trying to address?
* How important are the problems the project is trying to address currently? How important were they at the start of the project?
* How was the project design responding to the core problems and needs of your community?
* If the project was to be implemented again, where would you like the emphasis to be?
* How were you identified/ selected as beneficiaries? How you have liked it done differently?

1. **Project Efficiency by log frame indicators, timetable and resources**

* Were the planned activities implemented in time as planned? What were the main causes of any delay?
* In comparison with other projects implemented in your village/camp, how do you rate cost of implementing project activities? Why
* How would the cost of implementing project activities be improved?
* If the project was to be implemented again, what aspects of the approach would you recommend?

1. **Project Effectiveness**

* What benefits do you considered the project has delivered to your community?
* What level of the benefits has your community received compared to the expected benefits?
* How has project improved the living condition and reducing vulnerability of your community?
* How does the project address complain from the community in your village/camp?
* What project activities have worked well and what did not work well?
* How was the project activities monitored?
* Has the project experienced and unexpected disruption. If so how was it handled?

1. **Immediate impact of the intervention on beneficiary observed at the household level**

* What percentage of the population in your village/camp did the project reach?
* What percentage of the intended project target beneficiaries did the project reach (IDP, Host, women, children, elderly, sick, disabled)
* In what way has the project reduced human suffering especially vulnerable groups
* How has the project improved or negatively affected the lives of the population in your village/camp in relationship with nutrition, livelihoods, protection?
* In what ways has the project changed the lives of community members in this village/camp?
* In what way did the project improve your relationship with other community members (IDP and Host)?

1. **Project Sustainability of the project**

* Which project benefits are likely to be there after 10 years? Why?
* Which project benefits are not likely to be there after 10 years and why?
* How many other complementary projects existence in this village/camp?
* What is the level of participation by the beneficiaries in the implementation and decision making on project activities
* What changes have taken place among the beneficiaries and the community at large in in this village/camp terms of practicing what the project has been promoting? Why has this happened?
* What is the communities’ overall perception of the project implementation and ownership?

1. **Analyze the extent of mainstreaming the cross-cutting (CARE, Partners, Beneficiaries).**

* What changes have happened in terms of gender relationships and roles as a result of the project activities and why?
* What changes have happened in terms of IDP-Host relationship and protection and conflict management?
* What is the level of awareness among the beneficiaries and project staff on HIV/AIDS and its implication on the project impacts?
* What is the communities’ view of the project in relation to protection, gender, participation, environment, disaster risk reduction, capacity building, conflicts and HIV/Aids?

1. **Specific, detailed recommendations (All)**

* What lessons can you draw from this project?
* What went well which can be replicated in future programs?
* What went badly which could be adjusted in future?
* What specific areas of improvements to enhance quality of the project and its benefits?

1. **Specific Project performance by Result**

*Nutritional Status*

* What is the main type of food consumed in this village/camp?
* What is the main source of food for residence of this village/camp?
* On a scale of 1 – 5 how would you rate the level of malnourishments in this village/camp? Why?
* How do you compare this with the situation before the project?
* Which category of the population is most affected? (Men, Women, Youth, Children, Infants). Why is this so?
* In general how many meals per day does the residence of this village/camp take? How do you compare this with the situation before the project?
* Has food voucher been implemented in this village/camp? Who implemented it? How did it perform? Why did perform that way?
* What are the main problems related to food availability and access in this area? Why?
* How has the CARE Food voucher helped you in addressing your household food deficit?

*Livelihood Conditions and vulnerability*

* What are the main assets owned by the residents of this village/camp? Why?
* What is the main source of income for residence of this village/camp? Why?
* Which items do households spend their income on?
* What percentage goes to food?
* In general, in the household, who decides on the household budget will be spend? Why?
* In this village/Camp, how are vulnerable households/individuals supported? What are the main causes for support? How effective is the system of support?
* How has the CARE Project impacted on this system?
* Does this village/camp have any savings and loans associations/groups?
* How was it formed?
* How do you rate their performance/usefulness of this association?
* What type of have has your village/camp acquired during the implementation of this project? How were they acquired?
* What was the role of this project in the acquisition of these skills
* What is your view on the identification of the skills and the beneficiaries of the training?
* How have these skills benefited the individuals and community at large? How?
* How adequate are these skills compared to the market demand now and in the future?
* If you were to have this project activity again, how would you improve it?

*Host-IDP Relationship*

* What rights do IDP’s have?
* What level of these rights do they receive? Why?
* Do you consider IDPs as marginalized people? How? And Why?
* What is the main type of abuse on IDP’s rights?
* How common are Gender Based Violence? Which ones are they? How have they been resolved?
* What other incidence of abuse to women and children occur in the village/camp? How are they resolved?
* How has the Diriswanaag Project supported you in dealing with issues or right, marginalization and abuse?
* How has the relationship between IDPs and Host Community Changed? What was the cause of this change?
* How have incidences of conflicts/disputes between host community and IDPs changed since the start of the project? How have incidences and resolving of conflicts due to access to land changed since the start of the project?
* How many IDP households have been supported or assisted by local community? How were they assisted?
* Which organizations deal with rights of IDP’s in this village or camp? What do they do?
* What is the role of the government as regards to IDP rights? How has this changed since the start of the project? How did the Project contributed to this change?
* What services are provided to IDP camps/Host community? Who provides them? How adequate are they? What improvement do you notice as a result of this project?
* What other services still needs to be provided to the IDP/host community?
* On a scale of 1 – 10, how do you rate their performance of the following service providers before the project and now:
  + Municipal Council (Now\_\_\_\_\_ Before project\_\_\_\_\_\_)
  + Education Dept., (Now\_\_\_\_\_ Before the project\_\_\_\_\_\_\_)
  + Health Dept. (Now\_\_\_\_\_\_\_ Before the project\_\_\_\_\_\_\_\_\_)
  + Police (Now\_\_\_\_\_\_\_\_ Before the project\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question Guide – C1**

**KI with CARE Staff and Partner Staff**

**General Project Performance**

***Appropriateness/relevance***

* Currently, how important are the problems the project is trying to address?
* How important were these problems at the start of the project?
* Do what extend does the project contribute to achievement of Millennium Development Goals (MDG). NOTE: The MDGs include: Reduction of Extreme Poverty, Attainment of Universal primary education, Gender equality, Reduction of Child mortality, Provision of Maternal healthcare, and Combating HIV/AIDS.
* How accurately was the project design responding to the core problems identified in the project document defined needs and priorities?
* If you were to redesign the project, where would you put the emphasis?
* How could the overall design of the project be improved to better meet the needs and priorities of the target population
* How did you ensure accurate and transparent identification of the target groups?
* How was the quality of access to project implementation and resources utilization ensured?

***Project Efficiency by log frame indicators, timetable and resources***

* What targets and outputs have been achieved?
* How much of these targets have been achieved in comparison to the original plan?
* When were the targets and outputs achieved in relation to the project plans?
* What was the rate of resource utilization in relationship with the activity plans?
* Was the implementation timeline adhered to?
* How much resources have been spent per outputs in relation to the original budget?
* If you were to implement same activities, how would you improve on the cost to achieve the same results?
* If you were to implement the same project again, what technical solutions would prefer.
* If you were to implement the same project again, how different would target the beneficiaries.
* What was the level of human resources (personnel working on the project) in relation with project implementation time and plans?

***Project Effectiveness***

* What are the project benefits?
* How to the project benefits relate to the cost of implementing related out puts? Was the cost too high compared to the benefits? Would have achieved the same benefits with less cost?
* How has the project contributed to improving the living condition and reducing vulnerability of the IDPs and host community?
* According the project log frame, what is the level of achievement of the outputs based on the identified indicators.
* How has the project ensured adherence to CAREs **Humanitarian Accountability and Quality Framework** and other international standards such as **SPHARE**
* How does the project address complain from beneficiaries/communities?
* Which project activities have worked well and which ones did not work well?
* How do you rate the quality of activity planning, budget management and risk contingency implementation? How were the project’s operational work plans and budget made and risk managed?
* How was the project activities monitored? What project monitoring system was used? How did the staff members adhere to the use of this system? (collecting, compiling and reporting against specific LF indicators)
* What was the role of different stakeholders (CARE staff, Contractors, village committees and cash facilitators in ensuring quality control?)
* Has the project experienced and unexpected disruption. If so, which one and how was it handled?

***Immediate impact of the intervention on beneficiary observed at the household level***

* What percentage of the population did the project reach?
* What percentage of the intended project target beneficiaries did the project reach (**IDP, Host, women, children, elderly, sick, disabled**)
* In what way has the project reduced human suffering especially for vulnerable groups?
* How has the project improved or negatively affected the lives of the target population in relationship with nutrition, livelihoods and protection?

***Project Sustainability of the project***

* Which outputs, impacts and benefits are likely to be there after 10 years? Why?
* Which outputs/impacts and benefits are not likely to be there after 10 years and why?
* What aspects of the project are supported by the local authorities and/or local community? Which once are not and why?
* What aspects of the project have been replicated by other organizations?
* How many other projects existing in this area that can complementary this project activities?
* What institution mechanisms are in place to ensure continuation of its benefits after support ends?
* How were these mechanisms developed? And will they be sustained in the long run?
* What policies and/or practice are have been influenced or changed by the project to support sustainability of the positive outcomes.
* What changes have taken place among the beneficiaries and the community at large in terms of practicing what the project has been promoting? Why has this happened?
* How have the processes and lessons learnt been documented and disseminated?
* What is the role of stakeholders in the management and implementation of the project
* What is the level of participation by the beneficiaries in the implementation and decision making on project activities?

***The extent of mainstreaming the cross-cutting***

* What changes have happened in terms of gender relationships and roles as a result of the project activities and why?
* What changes have happened in terms of IDP-Host relationship and protection and conflict management?
* What is the level of awareness among the beneficiaries and project staff on HIV/AIDS and its implication on the project impacts?
* What is your view of the project in relation to gender, participation, environment management, disaster risk reduction, capacity building, conflicts and HIV/Aids?

***The level and effectiveness of partnership with National Partners***

* What is your perception of partnership and collaboration in the project towards the delivery of the project benefits?
* How useful was partnership between CARE and its national partners in delivering the required assistance to the target population?
* How have the partners adhered to the principles of partnership (mutual respect, being heard, equal strength, no judgment, shared power, continuous learning)

***Specific, detailed recommendations (All)***

* What are your main conclusions and recommendation for future regarding the project formulation, implementation and benefits?
* What individual lessons learnt and best practices that can be replicated in future programs?
* What specific areas of improvements would you suggest in order to enhance quality project Management, Implementation, Stakeholder Relationship and impact for future similar projects?

***Specific Project performance by output***

General issues

* Which the main problems in the areas you operate?
* What are your intervention strategies and program on food security, livelihoods and protection?
* What has worked based for you?

Food security and nutrition

* What is the level of nutrition, food security, livelihood security, conflict in your project area?
* How strategies are you using to address this?
* What gaps need to be filled
* What is your perception of the performance of CARE emergency food voucher system?

Host-IDP Relationship (protection)

* What rights do IDPs currently have?
* How has access to these rights changed? Why?
* Do you consider IDPs as marginalized people? How? And Why?
* What is the main type of abuse on IDP’s rights?
* How has the guarantee for IDP rights changed during the course of this project?
* How common are Gender Based Violence? Which ones are they? What other incidences of abuse to women and children occur in the village/camp? How are they resolved?
* What changes have taken place in terms of incidences and of Gender-based violence during the course of this project?
* How has the relationship between IDPs and Host Community Changed during the course of this project? What is the reason for these changes?

**Question Guide – C1**

**KI with Government and other Stakeholders**

***General Project Performance***

Appropriateness/relevance

* Currently, how important are the problems the project is trying to address to the community you work with?
* How important were they at the start of the implementation of this Project?
* Do what extend does the project contribute to achievement of Millennium Development Goals? (MDG – Reduce extreme poverty, Provide universal primary education, Ensure gender equality, Reduce child mortality, Ensure maternal health and Combat HIV/AIDS)
* How was the project design responding to the core problems, needs and priorities of the Community your work with?
* If you were to be a member of the team that would redesign the project, where would be the emphasis?
* How could the overall design of the project be improved to better meet the needs and priorities of the target population
* What is your perception on the process used in identifying the target community/groups/beneficiaries?

Project Efficiency by log frame indicators, timetable and resources

* What are your perceptions on the rate at which the project activities were implemented in relation to plans and the quality of the activities?
* How do you rate the level of achievement of this project compared to other projects that have been implemented in your area?
* Was the implementation timeline adhered to?
* In your opinion, how would you improve on the cost of achieving the same results the achieved?
* If a similar project was implemented in your area, what technical solutions would advise to be emphasized? And how different would target the beneficiaries be identified?
* How has the project utilized its human resources in relation with time/plans?

Project Effectiveness

* What do you consider as the most important benefits the project has brought the community?
* What level of these benefits has been achieved compared to the needs of the community in your area.
* How has the project contributed to improving the living condition and reducing vulnerability of the IDPs and host community (through livelihoods and protection intervention
* How accountable and transparent has the implementation of this project?
* How do you rate the quality of the activities in relation to the prevailing standard?
* What has been your/role of the role of different stakeholders in ensuring quality control during the project implementation?

Immediate impact of the intervention on beneficiary

* What percentage of the population in your area did the project reach?
* In what way has the project reduced human suffering especially vulnerable groups
* How has the project improved or negatively affected the lives of the target population.
* What behavioral change has taken place among the community the project is working with as a result of this project? How did this change come about?
* Would you say project improve your relationship with other community members (IDP and Host)? How?

Project Sustainability of the project

* Which outputs, impacts and benefits of this project are likely to be there after 10 years? Why?
* Which outputs/impacts and benefits of this project are not likely to be there after 10 years and why?
* What aspects of the project are supported by the local authorities and/or local community? Which once are not and why?
* What aspects of the project have been replicated in your area?
* How many other complementary projects are in existence in your area?
* What policies and/or practice are in place that can support sustainability of the positive outcomes of this project?
* What changes can you see among the community in your area in terms of practicing what the project has been promoting? Why has this happened?
* What was the role of stakeholders in the management and implementation of the project?
* What is your overall perception of the project implementation and local ownership of this project and/or it outcomes?

The extent to the mainstreaming the cross-cutting

* In your own observation, how you rate the projects influence on and/or integration of gender relationships participation, environment, disaster risk reduction, capacity building, conflicts and HIV/Aids?

The level and effectiveness of partnership with National Partners

* What is your perception of the project in terms of collaborating and partnership delivery of the project benefits?
* How useful was project partnership with other stakeholders and government in delivering the required assistance to the target population?

Specific, detailed recommendations

* What lessons would you say has come out from the implementation of this project?
* What specific areas of improvements would you propose to enhance quality implementation and impact of any similar project?
* What changes would suggest in future in terms of project implementation and stakeholder relationship?

***Specific Project performance by output***

Food security and Nutrition

* What are the main problems in achieving food security and nutrition and in the country?
* How has the food security and nutritional situation changed for the last two years?
* What programs/strategies are in place in your organization to address this situation?

Host-IDP Relationship (Protection)

* What rights do IDPs have? What level of these rights do they receive? Why?
* Do you consider IDPs as marginalized people? How? And Why?
* What is the main type of abuse on IDP’s rights?
* What do you suggest as the best way to ensure IDP’s rights are guaranteed?
* How has your organization/department addressed this issue of IDP rights?
* How has the project supported you in addressing this issue?
* What is your organization/department’s role as regards to ensuring IDP rights?
* Which organizations deal with rights of IDP’s in this area? What do they do?
* What is the role of your organization/department in ensuring that services provided to the vulnerable members of the population such in IDP camps and Host community?
* What do you recommend for future in terms of ensuring services is provided to the IDP and Poor Host Community?

Livelihoods

* What life skills and services are in high demand in this area?
* How could these skills be imparted to the population? What do you see as your role in this?

Policies and programs

* What policies and program do you have in place regarding: 1). Food Security, Nutrition and Livelihood, 2). Service provision and Protection, 3). IDPs and refugees?
* How have these policies changed in the last two years? How much of these changes can be attributed to the implementation of this project?

## Annex 10: Roles and Responsibilities of evaluation team and sources of information

Field Data Collection Assignments

* Enumerators administered HH questionnaires
* 5 Enumerators covered Garowe and Qardho and 3 Enumerators covered Baadweyn and Goldogob.
* Consultant administered FGD and KI in Garowe and Qardho
* Research Assistant Administered FGD and KI in Baadweyn and Goldogob.
* Continuous checking and correction of errors questionnaires done by Consultant and Research Assistant
* Coordination was done by two CARE Staff.

Sources of information

|  |  |
| --- | --- |
| Information | Sources |
| A. Project Performance of the project against key indicators and parameters | HH Interviews |
| B. Relevance, effectiveness, efficiency and sustainability | FGD with Beneficiaries  KI with Staff, Partners, Beneficiaries |
| C. Evidence-based recommendations and lessons learnt | All above |

Data collection strategy

|  |  |
| --- | --- |
| Tool/Implementer | Target Group |
| HH - Questionnaire  Enumerators – 8 | IDPs Camps - Households |
| Host villages - Households |
| FGD Guide  Consultant & Research Assistant | IDPs Camps - Women, Youth Beneficiary Groups |
| Host villages - Women, Youth Beneficiaries Group |
| Key Informant Guide  Consultant & Research Assistant | Partners - SWA, RAHMO, VTCs |
| Government/stakeholders - Municipal Council, Min of Youth and Labor, Ministry of Interior, Min of Education |
| Other NGOs/Agencies - ??? |

## Annex 11: Scope of the evaluation

| Scope | Specific questions |
| --- | --- |
| Appropriateness/  Relevance | Did the project focus on the real needs of the target population |
|  | What extend did it contribute to MGDs |
|  | Was the design appropriate for the core problems identified in PD – needs and priorities |
|  | What process was used to identified the target groups |
|  | What extent quality of access to project resources was addressed |
|  | How can overall design of project be improved – better meet priorities of target population. |
| Efficiency – using indicators | How efficient was project implementation – timing, costs, effectiveness, targeting, technical solutions |
|  | Extend provision of inputs contributed to effectiveness |
|  | Extend of utilization of human resource and financial resources and time efficiency. |
| Project Effectiveness | What are the project achievements of Results – assumptions? |
|  | What was contribution of the project to improving living conditions and reducing vulnerability of IDP and Host |
|  | What extend the project strived to realize humanitarian accountability and quality management – Accountability |
|  | What mechanism - does project address beneficiary complains? |
|  | How effective project activities – what worked/what did not |
|  | What extend was project monitoring effective? – Effective system of monitoring – did the staff use? |
|  | What was the role of different stakeholders (CARE, Contractors, Village committees and cash facilitators) |
|  | How effective was partnership |
|  | Extend of utilizing human & financial resources & time efficiency. |
| Impact on household level | What was the projects coverage – did it reach indented beneficiaries? – IDP, Host, women, youth) |
|  | What extend project contributed to improving lives of target population (Positive and negative) |
|  | What project contribution to the target well-being and livelihood |
|  | What behavioral changes has taken place as result of project |
|  | How did the change come about – project contribution |
| Sustainability | What degree of project beneficiary outcome will continual |
|  | What level of attainment and existence of complementary projects to ensure sustainability –lesson sharing |
|  | What institutional mechanism to ensure benefits after project. |
|  | What policy and or practice project influenced |
|  | What support is needed |
| Extend of mainstreaming cross-cutting issues | What extend cross-cutting issues (gender, participation, conflicts and HIV/Aids) |
|  | What is communities view of project |
|  | Recommendation and conclusions on lesson learnt |
|  | How spirit of partnership principles been upheld |
| Specific detailed recommendations on: | Individual lessons learnt and best practices for replication |
|  | Concrete specific areas of improvement needed to enhance quality of implementation and impact |
|  | Changes needed in methodology of implementation management – include relationship with partners. |

## Annex 12: Evaluation team profiles

### Jacob Wanyama – Lead Consultant

Dr. Jacob B. Wanyama. Jacob Wanyama has over 7 years’ experience in project studies, baseline surveys, development, implementation, evaluation and impact assessments in the Horn of Africa and Southern Africa Regions. Most of the project evaluated have component of emergency and early recovery. Some of the countries Jacob Wanyama has worked carried out the assignments include Somalia (including Puntland, Somaliland and South Central). Jacob Wanyama has carried out over many 30 consultancy assignments in the conflict prone regions of Horn of Africa. Jacob Wanyama has carried assignments for project funded by major donors such as EC/ECHO, DFID, USAID, and Dutch among others. He has vast experience in in Project Cycle Management. Jacob Wanyama has experience in community development and emergency interventions including concept of community targeting and use of rapid rural appraisal and Livelihood Assessment.

Jacob Wanyama has vast experience in use of both qualitative and quantitative study methodologies including analysis and presentation. He has designed and implementing a number participatory studies some which he has published. This has provided him with solid experience in analyzing and compiling both qualitative and quantitative data including stakeholder analysis and use of various data entry, analysis and storage software.

Jacob Wanyama has proven capacity to write clear concise reports and publication as he has published a number of books and over numerous papers and articles. He has a Bachelor’s of Veterinary Medicine Degree and is currently admitted (but deferred for a while) to pursue Master’s Degree on Climate Change and Development at the University of Sussex, UK.

### Ms. Deko Bashir Bulhan- Research assistant

Ms. Deko Bashir Bulhan has worked with the Ministry of Education in Puntland State for over a year ( from march, 2012, up to date ) where she worked as human resource assist where she was responsible for facilitating information sharing, development of coordination among stakeholders, monitoring and evaluation, reporting, data and information management, staff motivating and performance management. During this period, Ms. Deko Bulhan had gained a lot of on hands experience in human resource management, interpersonal skills, working with teams, managing associations and interacting with the local community. Ms. Deko Bulhan has also worked as a commissioner during her time at the Kampala International University in Uganda during which she was responsible for record keeping and organizing meetings.

Ms. Deko Bulhan is strong analytical, conceptual and strategic thinking as well as partnership management, training and facilitation skills. She is also good at managing computer-based Information Systems for data analysis. Ms. Deko Bulhan has a Bachelor of Human Resource Management (upper Division) and a Certificate of Matriculation with majored in Economics and Islamic Religion Studies from Kampala International University, Uganda.

Ms. Deko Bulhan is a Somali National with good command of Somali and English languages.

1. According to FAO’s Food Security and Nutrition Analysis Unit for Somalia (FSNAU) and the USAID-funded Famine Early Warning Systems Network (FEWS NET) study (2013), some 133,000 of the Somalis perished and about half were children under five. [↑](#footnote-ref-1)
2. FSNAU Nutrition updates March/April 2012 and March/April 2013. [↑](#footnote-ref-2)
3. The final baseline survey was conducted 2 month after the conclusion of food voucher intervention and the final evaluation 12 month after. [↑](#footnote-ref-3)
4. Ref: <http://www.surveysystem.com/sample-size-formula.htm> [↑](#footnote-ref-4)
5. Diriswanaag Livelihood Project Baseline Study Final Report October 2012. [↑](#footnote-ref-5)
6. Nutrition component stated 2 months after official start date and the other two components started 6 months after the official start date. [↑](#footnote-ref-6)
7. Recruitment of the Area Manger was conducted twice as the first one resigned. [↑](#footnote-ref-7)
8. FSNAU Nutritional Update March-April 2012 [↑](#footnote-ref-8)
9. FSNAU Nutritional Update March-April 2012 [↑](#footnote-ref-9)
10. The food voucher ended in July 2012 and the baseline was conducted in September 2012 [↑](#footnote-ref-10)
11. This indicator was not in the original log frame. However, it’s inclusion was proposed during the baseline survey [↑](#footnote-ref-11)
12. It should be noted that comparative analysis on incidences of GBV is only possible for Garowe and Qardho - since these are two districts that were covered in both baseline and final evaluation. [↑](#footnote-ref-12)
13. For ease of demonstration, the ranks are averaged and converted into percentages. Thus, 2 becomes 80% and 8 becomes 20% [↑](#footnote-ref-13)
14. This was based on a few entries a detailed analysis and monitoring is advised. [↑](#footnote-ref-14)
15. The trainees on completion of the course were given tools based on the skills they were trained on. For example, those who trained in tailoring were given tailoring machine and those who trained in mechanics were given tools. [↑](#footnote-ref-15)
16. Processing of a Certificate by the Ministry of Education cost about 30 USD per certificate per trainee [↑](#footnote-ref-16)
17. For example, in one of the training centers, it said out of 1,000 applicants any particular course only 50 are admitted. [↑](#footnote-ref-17)
18. UNHCR June2011 [↑](#footnote-ref-18)