



**CARE SOMALIA / SOUTH SUDAN**

**End of Project Evaluation of the USAID / OFDA Funded Recovery and Emergency Assistance for Somalia Project (REASP 2)**



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## EXECUTIVE SUMMARY

Somalia experienced a severe and prolonged drought that begun in 2007 and extended into 2010. The prolonged drought compounded by on-going conflict and displacements in the country had disrupted peoples coping strategies and access to food, health care and clean water. In 2009, FSNAU estimated that about 3.4 million people, including 1.4 million IDPs, were in crisis and needed humanitarian assistance. With funding from OFDA/USAID, CARE responded to the humanitarian crisis in the country. In September, 2007, the first phase of the project, Recovery and Emergency Assistance for Somalia (REASP 1) that aimed to address emergency needs of disaster-affected population was launched. REASP 1, which covered south central Somalia, Puntland and Somaliland, ended in September 2009. Due to the problems of access to most parts of the country, the first phase ended with 30% unspent funds. REASP 2 continued funding for a further one year with the remaining funds from REASP 1 and covered Puntland and Somaliland

In January 2011, CARE commissioned an external evaluation of REASPII with the following objectives:

- To assess the performance/achievement of the program in terms of its relevance, effectiveness and efficiency of the interventions in Somaliland and Puntland.
- To assess the impact of the program on the target population
- To provide 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 area.

The 20 day evaluation included 3 days of document review and development of data collection tools, 10 days for data collection and 5 days for analysis and preparation of the evaluation report.

REASP 2 covered two main sectors: (a) Water supply, Sanitation and Hygiene promotions (WASH) and (b) Provision of Non-Food Items (NFI) to drought and conflict affected IDPs. Due to a direct threat to CARE in south central Somalia, the second phase was moved to the relatively secure northern regions of Somaliland and Puntland where CARE was able to operate. The program worked in partnership with local organizations operating in both states. The program's goal was to rapidly identify and respond to humanitarian needs arising from natural disasters and chronic complex emergencies (conflict & displacement) in three regions of Northern Somalia – Mudug, Sool and Sanaag. Due to delays in approval of partner proposals, project implementation took place over a five to eight month period, rather than the one year specified in the project proposal. The majority of partner projects were completed within five months, with 2 partner requesting no-cost extensions to complete a number of construction activities and distribution of NFIs to 500 households. Activities implemented directly by CARE took place over an eight month period; activities for the month of January 2011 included the rehabilitation and construction of 19 water points and distribution of NFIs to 300HHs<sup>1</sup>.

At the time of the evaluation, REASP2 had rehabilitated or constructed 104 water structures, conducted 49 training events and distributed 1,650 NFI kits, reaching a total of 103,531 individuals.

NFI kit distribution benefited 1,650 conflict and drought affected households, providing much needed assistance to mitigate the effects of displacement and to provide protection against hazards. CARE provided a standard kit that contained shelter, water storage, food preparation and vector control items; these had a positive effect on project beneficiaries. Plastic sheets, blankets, mosquito nets and sleeping mats provided privacy and protection from the elements and mosquitoes, although a significant minority felt that the quantities provided did not provide for thermal comfort or privacy as required. Given the much cooler weather at other distribution sites it is likely that for a greater number of beneficiaries at these sites, shelter and bedding did not adequately meet their needs. A key gap in the composition of the kits was the lack of bar soap and sanitary cloth; both items are essential for household hygiene. The sanitary cloths are essential for the health and comfort of women and girls and given the project's focus on women should have been included as a matter of course.

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<sup>1</sup> REASP 2 Monthly Report.CARE,.December 2010

The project has improved and expanded provision of water, hygiene and sanitation services for the most vulnerable population segments in target areas. Over 102,532 persons have gained access to water supplies. Consistency of water source has also improved after rehabilitation of shallow wells, *ballehs* and boreholes. Water collection time and distance to water points have also been significantly reduced at sites rehabilitated or constructed by the project. Though daily household water usage increased from 53 litres to 74 litres, the per capita quantities fell below the 15 litres per person per day (for average 6 household members) of SPHERE standards. In addition, water quality monitoring was not carried out as advocated for by SPHERE's *Minimum Standards in Water Supply, Sanitation and Hygiene Promotion* and WHO's *International Standards for Drinking-water*. The international standards and guidelines as well as REASP II project proposal and Performance Monitoring Plan envisaged water quality monitoring with 0 coliforms per 100ml of water at delivery points. However, water sampled and tested at Yagori village indicated faecal contamination with coliforms ranging from 9 to 20 TTC per 100ml. Turbidity of water sampled at Halabookhad IDP camp, Harfo and Yagori villages ranged between 50 and 100 NTU against the standard of less than 5 NTU.

Construction of latrines at Halabookhad IDP camp increased access to sanitation services for the displaced community, with latrine coverage surpassing the SPHERE standard of 20 persons per latrine. The minimum number of latrines built should have been 82 to serve a total of 273 households (initial figure) with an average 6 persons per household. This translates to a project success of 158.5% in sanitation service provision at Halabokhad IDP camp. However, due to influx of more IDPs into the camp, latrine use increased to 11 persons per latrine.

The hygiene programme design was observed to have either missed or sidestepped the essential step of basing project interventions on evidence gathered through the KAP survey conducted earlier in the project phase. The survey findings should have been used to address identified key hygiene risks of public health significance. Nevertheless, the hygiene trainings were a good entry point for initiating and promoting good hygiene behaviours among community members. While the baseline KAP survey found 83% of households not washing hands prior to food handling, the project evaluation team found cumulative hand washing practice of 68.9%. In general, it was noted that the project's hygiene promotion efforts registered significant steps in influencing both personal and environmental hygiene and sanitation practices. The increased access to water, construction of latrines, improved solid wastes management practices and the hygiene trainings have all contributed to the improving overall hygiene situations in project sites.

Cash for work activities had a number of positive effects on project beneficiaries, chief among these being the fact that the provision of cash allowed them the freedom to decide how to meet their own needs, with the majority of beneficiaries choosing to use most of the cash earned to pay off debts. Respondents had an average debt of USD 92, 73% stated that this was borrowed from traders. Over 70% of respondents were able to repay part of this debt and to borrow again, estimating that they would be able to extend their credit for an average of 3 more months. Debt is a key coping mechanism for pastoralist households during dry seasons and prolonged drought; as a result of cash for work projects, beneficiaries' capacity to cope with shocks and stresses has been strengthened. The positive effects of this activity are not limited to direct beneficiaries as the injections of cash into local economies extended the effects of this project.

Recommendations for future interventions include:

- Future projects that include an NFI component should also provide training for staff and partners on SPHERE standards and post distribution monitoring.
- Future projects with construction or rehabilitation activities at this scale should provide for two project engineers or at the very least, one engineer on a full time basis rather than 50%.
- Alternatively, CARE could empower partner organisations that carry out construction works to ensure compliance with technical designs and specifications, eliminating monitoring at each stage of the construction process.
- OFDA should reconsider its policy on funding latrine construction, particularly in light of the heightened risk of diarrheal outbreaks faced by host and drought IDP families who cannot afford to construct their own latrines.

- To ensure future projects sustain the gains made through REASP 2, CARE should design and implement an integrated hygiene education and behaviour change strategy, over and above the hygiene and sanitation trainings. This will continuously remind people of their hygiene obligations and sustain adoption of good hygiene behaviours.
- Hygiene and sanitation surveys conducted should be shared with partners and used as baseline for development and implementation of hygiene and sanitation interventions. This means making interventions evidence-based and focusing on risks of greater public health importance rather than implementing general hygiene awareness creation activities.
- Implement periodic water quality monitoring at water sources either rehabilitated or constructed by CARE Somalia. Though portable field monitoring kits were bought for this undertaking, the kit was never used. It is also important to train and assign key project staff the responsibilities of ensuring water is monitored. Such monitoring should concentrate on basic and essential parameters such as pH, thermo-tolerant coliforms, residual chlorine and turbidity.
- Work with local partners and other international agencies to encourage point-of-use treatment of drinking water. Drinking water is exposed to contamination during fetching, transportation and storage thus it is essential that water is safe for drinking at the point where it is used. The project could partner with local NGOs to promote products (e.g. aquatabs, PUR) and behaviours of POU treatment of water.
- Build technical capacity of relevant government departments. The evaluation team observed that key technical arms of governments responsible for areas of importance to REASP 2 project (i.e. disaster response, humanitarian affairs, etc) had little understanding of their mandate and technical know-how. It is therefore imperative to build the capacity of such departments in the long-term interest of ownership and sustainability of project results.
- Construct latrines that are easily cleanable, that minimize water usage for flushing, and that keep away flies, mosquitoes and odour. This can be done through the adoption of an engineering design that uses vent pipes for foul air removal, slab that slopes towards squat/drop hole, wide diameter pan (pipe connecting squat hole to offset pit), and avoiding cement remains that retain faeces on the sides of squat hole.
- The evaluation team noted some gaps in project reporting; specifically, information on the rationale for changes in implementation of NFI activities and best practices for both NFI and WASH activities was largely unavailable. Providing a clearer framework for documenting REASP project successes will ensure evidence based reporting of project results and lessons learnt during and after interventions. This may be done through sharing of best practices and publishing in journals.

Overall, REASP 2 has recorded notable results in addressing the immediate needs of displaced people, host community members and drought affected local community members, under several constraints. These included delays caused by insecurity in project areas, processing of partner proposals and the poor road access to many sites. REASP 2 constructed and/or rehabilitated 104 water sources in both Puntland and Somaliland. This has enabled more than 102,532 host community, drought-affected and internally displaced persons to access water. Additionally, 3,500 IDPs had access to proper excreta disposal facilities. Distribution of NFI kits served to mitigate the effects of displacement and to increase household capacity to cope with hazards. Hygiene and sanitation trainings that accompanied expansion of water facilities were a good initiative, though there is room for improvement, particularly in the provision of safe drinking water and ensuring the sustainability of water structures.

Water management and IDP committees met by the evaluation team were pleased with the rehabilitated or newly constructed water facilities. The committees and community members interviewed reported that they were making good use of the facilities; women particularly noted that they gained more from the water facilities since reduced distances to water points and queue times have had positive impacts on their lives. That water was charged and people were ready to pay the agreed amount is a sign that sustainable management of community water sources is not impossible.

The improved sanitation at Halabookhad IDP camp was a timely intervention for an extremely vulnerable population - landless and conflict affected. The households make good use of the sanitation facilities, which has saved them from the inconveniences of bush or open defecation. On the other hand, the

project duration did not allow sufficient time for changing peoples' hygiene and sanitation behaviours at a large-scale, although positive project outcomes have been realized. These have been limited to a degree due to the effects of the long drought and continuing displacement of persons in Somalia.

## 1. INTRODUCTION

### 1.1 Project Summary

In September, 2007, the first phase of the project, Recovery and Emergency Assistance for Somalia (REASP 1) that aimed to address emergency needs of disaster-affected population was launched. REASP 1 targeted vulnerable households displaced by serious flooding and the on-going conflict in south and central Somalia. Due to the problems of access to most parts of the country, the first phase ended with 30% unspent funds. REASP 2 continued funding for a further one year with the remaining funds from REASP 1 and covered Puntland and Somaliland.

In its Post *Deyr* 08/09 seasonal analysis, FSNAU estimated that about 3.4 million people (over 43% of the total population), including 1.4 million IDPs, were in crisis and in need of emergency livelihood and life-savings assistance<sup>2</sup>. With funding from OFDA/USAID, CARE responded to the complex humanitarian crisis in the country. REASP 2 covered two main sectors: (a) Water supply, Sanitation and Hygiene promotions (WASH) and (b) Provision of Non-Food Items (NFI) to drought and conflict affected IDPs. The program worked in partnership with local organizations operating in both states. The project's goal was to rapidly identify and respond to humanitarian needs arising from chronic complex emergencies<sup>3</sup> for 135,000 host and displaced persons in three regions of Northern Somalia – Mudug, Sool and Sanaag. REASP 2 had two objectives:

**Objective 1:** To provide timely replacement of essential household items for families displaced or affected by both natural disasters (primarily flooding) and ongoing civil insecurity and conflict throughout Puntland and Somaliland, and possibly south/central Somalia.

**Objective 2:** To repair and rehabilitate water and sanitation facilities, to promote good personal and environmental hygiene for both host and IDP communities and to protect health and achieve minimum standards of Water, Sanitation and Hygiene practices.

Activities under both objectives were implemented through direct implementation and sub-granting to local partners. CARE selected six local NGOs on the basis of their presence in the selected regions, acceptance by communities and local authorities, their capacity and the relevance of their proposals to the project objectives. These were:

	NAME OF NGO	REGION	COUNTRY/STATE
1.	Candlelight for Health, Education & Environment (CHLE)	Sanaag & Sool	Somaliland
2.	Horn of Africa Voluntary Youth Committee (HAVOYOCO)	Sool	Somaliland
3.	Youth Volunteers for Development & Environment Conservation (YOVENCO)	Sahil	Somaliland
4.	Steadfast Voluntary Organization (SVO)	Sool	Puntland
5.	Rahmo Development Organization (RAHMO)	Mudug	Puntland
6.	Las-qoray Concern (LQC )	Sanaag	Puntland

<sup>2</sup> FSAU Technical Series, 2008/09 Post Deyr Analysis. March 2009.

<sup>3</sup> USAID OFDA defines complex emergencies as humanitarian emergencies that are frequently caused or complicated by civil strife (OFDA Guidelines for Grant Proposals and Reporting)

### Table 1.1 Partner NGOs<sup>4</sup>

Project activities were coordinated with OCHA Somalia, particularly in Mudug where activities by RAHMO and CARE targeted IDPs in Galkayo town, PSAWEN and HADMA in Puntland and NERAD in Somaliland in addition to local authorities at all project sites. Due to delays in approval of partner proposals, project implementation took place over a five to eight month period, rather than the one year specified in the project proposal. The majority of partner projects were completed within five months, with SVO and LQC requesting 2 month no-cost extensions to complete a number of construction activities and distribution of NFIs to 500 households. Activities implemented directly by CARE took place over an eight month period; activities for the month of January 2011 included the rehabilitation and construction of 19 water points and distribution of NFIs to 300HHS<sup>5</sup>.

At the time of the evaluation, REASP2 had rehabilitated or constructed 104 water structures, conducted 49 training events and distributed 1,650 NFI kits, reaching a total of 103,531 individuals.

### 1.2 Background of the Evaluation Assignment

In January 2011, CARE Somalia/South Sudan commissioned an external evaluation of the USAID/OFDA funded Recovery and Emergency Assistance for Somalia Project (REASP 2) with the following objectives:

- To assess the performance/achievement of the program in terms of its relevance, effectiveness and efficiency of the interventions in Somaliland and Puntland.
- To assess the impact of the program on the target population
- To provide 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 area.

The evaluation took place from the 20<sup>th</sup> of January 2011 to the 7<sup>th</sup> of February 2011 and was conducted by two consultants. CARE staff from the REASP 2 project and staff from four partner organizations - RAHMO, YOVENCO, HAVAYOCO and CHLE - participated in data collection; the evaluation team visited a total of 5 sites in all three regions.

### 1.3 Members of the Evaluation Team

Farhia Ismail Dullo –Lead Consultant:

Has six years experience in project design and management. This includes working with the Project Cycle Management (PCM) Model and implementing cross cutting issues such as gender, conflict resolution and DRR. The lead consultant has extensive experience in both designing and implementing monitoring and evaluation systems across the relief spectrum, that is, from emergency to early recovery to development projects in both Kenya and Somalia. She has also worked with a variety of donors such as ECHO, the EC and USAID/OFDA and is familiar with the context in Somalia having worked in both Puntland and Somaliland for two years.

The lead consultant also has three years experience working with local authorities, local NGOs and CBOs in Kenya and Somalia, both as partners and as sub-grantees. This includes developing guidelines for partner selection, capacity building of said partners as well as supporting them in carrying out public awareness creation, advocacy and policy development for environmental protection and resource conservation and gender equity.

Muhumed Dubow Shurie – Associate Consultant:

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<sup>4</sup> Excerpted from REASP 2 Program Progress Report 3<sup>rd</sup> November 2009 to 30<sup>th</sup> June 2010

<sup>5</sup> REASP 2 Monthly Report.CARE,.December 2010

Has a B.Sc. (Hons.) in Environmental Health and a Master's in Public Health, with three years experience in the private, public and humanitarian aid sectors undertaking public health and development assignments, He is a registered Public Health Officer and experienced WASH expert. He previously evaluated Safe Water Systems and Hygiene programs, and has practical understanding and application of water quality monitoring in emergency and post-emergency programs.

Curriculum Vitae are provided as an annex to this report.

## **2. MAIN BODY**

### **2.1 Descriptions of methods**

Data collection utilized a mix of qualitative and quantitative methodologies to obtain information; this included interviewing and administering questionnaires to a sample of respondents to determine the who, what, when, where, and the how of the project. The consultants collected information to gauge the efficiency, relevance, effectiveness and sustainability of the outcomes of the project, and the impact on target beneficiaries. Through review of project documents and interviews with project staff, stakeholders and beneficiaries, the consultants also collected information on the extent to which the project has addressed cross-cutting issues and the level of partnership with local NGOs.

Sampling took place at two levels:

- i. Site selection: the consultants sampled purposively to ensure the sample group covered activities under each sub-sector – NFI, sanitation, water supply, environmental health and hygiene promotion - and implementation method, that is, projects implemented directly by CARE, through sub-granting and cash for work.
- ii. Beneficiary selection: At each site, respondents were selected randomly through sampling every third household; a representative sample size was obtained at each site.

Data collection instruments were prepared on the basis of a desk review of project documents; this included the project proposal, progress reports, and sampled monitoring reports from both partners and CARE as well as partner proposals and final reports. The scope of work included the preparation of an inception report that detailed the tools, work plan and data collection methodology; this was submitted to the emergency coordinator for his approval prior to commencing data collection.

Data collection methodology included:

#### **1. Interviews with key informants:**

Using questionnaires specific to each sub-sector and open discussion guidelines, a wide range of actors - project staff, partners and members of the vulnerable population - were reached as the primary informants at the field level. Similarly, other key stakeholders such as local authorities and government representatives were interviewed in order to triangulate information and validate the information collected. Questionnaires also collected information that would measure compliance with SPHERE standards and minimum standards for WASH and NFIs for the respective OCHA cluster groups.

The consultants and enumerators adhered to ethical practice in obtaining information from all parties, ensuring cultural norms and where relevant, confidentiality was respected, recording data as presented by the respondents and objectively assessing and describing said data.

Preliminary findings were shared with staff and partners at both the Garowe and Hargeisa sub-offices and their feedback incorporated into this report (see annex 7 for a summary of stakeholder feedback)

#### **2. Direct observation:**

The consultants visited the beneficiaries and project implementation sites to ascertain project status and conditions. Specifically, the consultants obtained data on water quality, appropriateness of design vis-a-vis SPHERE standards and the current state of facilities.

Field work took place over a ten day period<sup>6</sup>; a total of 315<sup>7</sup> persons were sampled; questionnaires were administered to 280 direct project beneficiaries, simultaneously, focus group discussions and key informant interviews were conducted with 30 representatives from Water, IDP and Community Development Committees at four of the five sites sampled and 5 local authority and government line ministry/agency representatives. Five (5) project sites were sampled i.e. Halabookhad IDP camp in Galkaio and Harfo town both of Puntland State of Somalia; and Berbera, Yagori and Siiga Dheer/Faraguul in Somaliland. The team could not travel to project sites in Erigavo that were selected for the evaluation visits due to security related issues. Primary data collected from all sites was fed into SPSS Statistics 17.0 software designed for the evaluation variables. Analyses for specific variables were then run in the SPSS software to obtain respondents feedback. Secondary data collected from partners and other stakeholders was counterchecked with available project documentation.

## 2.2 Project Appropriateness/Relevance

### 2.2.1 Extent to which the project focused on the real needs of the target population

REASP 2 was designed to respond to emergencies in Puntland and Somaliland; at the macro-level, seasonal assessments by FSNAU for the post-*Deyr* '08/'09 and the post-*Gu* '09 seasons showed an increase in the number of urban poor in Acute Food and Livelihood Crisis (AFLC) and Humanitarian Emergency (HE), of these the number of internally displaced persons had grown significantly due to conflict, increasing by over 17%. Among the rural poor, three successive poor seasons of rainfall from 2007 to 2009 resulted in a significant deterioration in the food security situation in pastoral regions. For instance, below average rainfall levels resulted in poor pasture and water conditions in the Hawd and Addun pastoral areas of Mudug and parts of Nugal region; as a result, most berkads and shallow wells were empty. At the micro level, drought assessments conducted by CARE, PSAWEN, HADMA and NERAD in villages in Sanaag, Nugal and North Mudug in 2009 and 2010 identified strategic boreholes and water harvesting structures that served a large number of drought affected pastoralists.

The project aimed to respond to emergencies through the provision of relief items, rehabilitation and construction of water infra-structure, promotion of good hygiene and environmental health and to a limited extent construction of sanitation infrastructure for host communities and displaced persons with a focus on women and marginalized groups. REASP 2 provided water storage and rain-water harvesting structures for communities that previously had none and were dependent on almost daily water trucking to access water. In some locations, entire villages used drums and jerry cans to store water, with no central water storage facility to access during the dry seasons or during drought and no rain water harvesting structures to reduce their reliance on purchased water during the rainy season. The rehabilitation of shallow wells in Sool aimed to extend access to water during the drought by deepening hand dug wells; as a result communities have been able to utilize these wells for longer periods, albeit at low levels given the pressure on these facilities and the drop in the water table due to the extended drought. Water from shallow wells and *ballehs* is not sold thus the most vulnerable are able to access water.

The construction of 130 latrines for IDPs living in Halabokhaad camp in Galkayo has improved sanitation in the camp, eliminating hygiene risks associated with open defecation. The provision of latrines has also contributed to reduced GBV risks for women and girls as the structures are close to their homes and provide the required levels of privacy.

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<sup>6</sup> Refer to Annex 1 for the timetable

<sup>7</sup> Refer to Annex 2 for the list of persons interviewed; this sample size represents a 99% confidence level with a confidence interval of 10

The provision of NFI kits to drought and conflict affected IDPs was meant to mitigate the effects of displacement and to increase household capacity to cope with hazards. The provision of basic household items such as plastic sheets and kitchen sets resulted in an improvement in the living conditions of vulnerable households; for instance, before distribution households used recycled metal tins for cooking and serving food and were unable to feed more than one child at time due to a lack of utensils. By providing cooking pots and kettles and a set of six plates and cups in some areas, the project has eliminated the health risk presented by the use of inappropriate cooking materials and allowed families with more than one child (the majority of respondents had an average of four children, at least half under five) to feed all children at once. The provision of nets and bedding protected households from mosquitos and provided some level of protection for those most at risk from the cold – the elderly, pregnant women and children. Plastic sheets have been used to protect temporary shelters from the elements and have shielded beneficiaries from the rain and wind while also contributing to household privacy.

The use of cash for work in rehabilitation and construction of water points met several needs simultaneously – improving the storage capacity of water harvesting structures while providing injections of cash into drought affected households and the local economy – supporting community coping capacities during dry seasons and prolonged drought by extending both access to water and the borrowing facilities available to pastoralist households.

## **2.2.2 Extent to which project performance has contributed to the MDGs, Somalia RDP and CARE Somalia's strategic plan**

### **2.2.2.1 Contribution to the Millenium Development Goals**

The project was designed to contribute to MDG 7c, that is, reduce by half the number of people without access to a sustainable source of safe drinking water and basic sanitation through the rehabilitation and construction of various water sources and the provision of latrines for 237 IDPs relocated to Halabokhaad IDP camp in Galkayo town. The project aimed to extend water access during dry seasons by increasing the depth of hand dug wells, rehabilitating and constructing rain water harvesting structures – *berkaads* and *ballehs* – and constructing tanks, water kiosks and taps at strategic boreholes in the three regions. At the time of this evaluation, all rehabilitation and construction activities had been completed and project beneficiaries reported accessing water in greater amounts than before the intervention. Evaluation analysis confirmed that mean daily household water usage has increased from 53 litres before project to 74 litres after the project, despite the reduction in purchasing power by some respondents (IDPS in Halabokhaad camp and drought affected pastoralists) and a drop in the water table at some sites due to the prolonged drought and increased pressure on shallow wells. Respondents and other users perceived that the water sources were reliable and regular with 82% stating that the source supply was constant.

While equal emphasis was placed on both access to and quality of water in designing the project, during implementation efforts to improve water quality were limited to design specifications for shallow wells and *berkaads* and hygiene promotion activities. Design specifications for shallow wells and *berkaads* included covers to reduce the risk of contamination of water while hygiene promotion activities resulted in an improvement in project beneficiaries' knowledge of hygiene risks and basic methods of making water safe for drinking. No provision was made for water treatment, either through shock chlorination of water sources as part of rehabilitation or construction or through regular chlorination of wells and *berkaads* or at point of use by beneficiaries. Also overlooked was the very real risk of diarrheal outbreaks for communities living around ground water harvesting structures and practicing open defecation as well as the additional contamination risks associated with *ballehs* as these are used by both humans and animals. With regards to sanitation around ground water harvesting structures, CARE had originally made provision for latrines, particularly for host and drought IDP families who could not afford to build their own however, this was rejected by the donor.

The results of water testing at three shallow wells rehabilitated at Yagori indicated turbidity levels as high as 100 TU and the presence of thermo-tolerant coliforms (between 9 – 20 per 100 ml); this is well above the levels required for safe drinking water and does not meet the indicators for water quality included in the performance measurement plan for the project.

### **2.2.2.2 Contribution to the Somalia Reconstruction and Development Programme (RDP) and national policies**

REASP 2 contributed directly to the second key national recovery priority of the RDP - basic services and social protection - with activities under both objectives contributing to improved provision of water and sanitation in both Puntland and Somaliland. Both the Puntland five year development plan (2007-2011) and the Puntland RDP describe results in the WASH sector that match project objectives and results. Specifically, project objectives are directly related to three target outcomes in the RDP (albeit with gaps in provision of safe water as noted above):

- *Improved access to safe drinking water for 100,000 rural/nomadic beneficiaries taking into consideration poor families, IDPs, female-headed households and minorities*
- *Improved access to safe drinking water for 50,000 urban beneficiaries taking into consideration poor families, IDPs, female-headed households and minorities.*
- *Improved coverage in sanitation and hygiene for 30,000 urban beneficiaries taking into consideration poor families, IDPs, female-headed households and minorities*

The rehabilitation of boreholes in Galkayo, Tukaraq and Harfo, provision of 130 latrines for IDP households and the rehabilitation and construction of 43 shallow wells, 4 *berkaads* and 6 water pans in Eastern Sanaag and Sool regions for 65,662 beneficiaries represents a significant effort to meet these targets. The provision of non-food items to IDPs and female headed households affected by conflict and drought increased household capacity for water storage and aided disease vector control through the distribution of jerry cans and mosquito nets.

With regards to the Somaliland RDP, a distinction is made between supply and demand based initiatives that address access to water and sanitation. The improvement of existing water facilities, the construction of new ones in Sool and Sanaag and the provision of hygiene and sanitation training to rural households by the project addressed gaps in both supply and demand in water, sanitation and hygiene.

Key informant interviews with staff attached to line ministries and agencies responsible for disaster response and water management, such as HADMA and PSAWEN solicited information on the relevance of the project and the extent to which activities contributed to regional disaster response planning and strategic objectives for the management of water resources. The selection of strategic boreholes for rehabilitation and needs assessment before the project involved agency staff and were conducted according to the operating procedures of HAMDA and PSAWEN. Discussions with water management committees at each site confirmed that all community requests for assistance are first submitted to these agencies before being forwarded to international agencies; this was also the case with NERAD in Somaliland. In addition the provision of training on Community Managed Disaster Risk Reduction (CMDRR) to 400 persons in 10 villages in Sanaag relates directly to one of NERAD's strategic objectives – the enhancement of public awareness on disaster management.

### **2.2.2.3 Contribution to CARE Somalia's Strategic Plan**

This project falls under the 2<sup>nd</sup> strategic direction of CARE's strategic plan, that is, to reduce the impact of emergencies on vulnerable populations, particularly women and children. The improvement and expansion of water sources and the provision of NFI kits addressed real needs of vulnerable households affected by conflict and the prolonged drought. The reduction in distance walked to water points and queuing time, particularly for IDPs in Halabokhaad camp and households living around Harfo Borehole have benefitted women and girls as they are the ones responsible for water

collection. The provision of latrines for IDP households addressed safety and privacy for women and girls by ensuring that latrines are in close proximity to their homes, completely eliminating the need to walk out into the bush to look for privacy. According to beneficiaries' statements, water collection time at sites either rehabilitated or constructed by the project has been significantly reduced compared to previous conditions. Reduction of water collection time appeared more pronounced for shallow wells and storage facilities such as elevated water tanks due to increased water yields and storage capacity. Again, the primary beneficiaries are women and girls - the reduction in queuing time means more time for other activities.

The distribution of NFI kits to conflict and drought affected IDPs benefitted the most vulnerable, over 60% of beneficiaries of this activity were female headed households with blankets providing some protection from cold weather for children and the elderly. The provision of kitchen sets significantly improving living conditions for households as previously beneficiaries were using milk containers as cooking pots and the lids as plates. Several respondents stated that before receiving the kits they were unable to feed all members of the household at once due to a lack of plates and cups.

Cash for work activities contributed to disaster risk reduction, a key cross cutting issue addressed by the strategic plan. 3,540 persons (1416 women) benefited from injections of cash, strengthening household coping mechanisms by extending their capacity to borrow. Training in water management and disaster risk reduction aimed to promote sustainability of project activities and empower communities to better manage resources, enhancing their capacity to cope with shocks and stresses.

#### **2.2.2.4 The coherence of the project with international standards and SPHERE guidelines**

CARE is a member of OCHA cluster groups for WASH and Shelter and is a regular participant in cluster meetings both in Nairobi and in Garowe. In addition, project documents make reference to the use of standardized lists for NFI kits and adherence to minimum standards. The Cluster minimum standards for WASH interventions "represent a common cluster approach toward WASH activities in Somalia, based on best practice, cultural, social and environmental acceptability. The guidelines help to ensure that vulnerable communities in Somalia receive an equitable, minimum level of service from WASH cluster members"<sup>8</sup>. Thus, the evaluation also looked at adherence to guidelines agreed upon by both clusters as well as SPHERE standards for WASH and NFIs. Although these are discussed in detail in sections 2.4 of this report, a brief description of the level of compliance is included here.

##### NFI Kits

Under the REASP 2, NFI kits were distributed to 1,650 IDPs; a comparison of the items included at each distribution against the shelter cluster list showed a variance in the items included and the quantities and specifications of a number of items. None of the IDPs received all the items as specified by the cluster list.

The quality and quantities distributed were also not fully compliant with SPHERE standards. An inspection of the kits distributed to IDPs in Berbera showed that the sleeping mats were not made of tear-proof material and had frayed and torn just 4 months after distribution; both the cluster list and SPHERE guidelines specify that all bedding and sleeping mats must be made of durable material that accommodates prolonged use. As per SPHERE standards for clothing and bedding, respondents were asked to rate the thermal performance and appropriateness of blankets and sleeping mats. The guidelines state that all bedding must be suitable for local weather conditions, must provide adequate thermal protection and enable separate sleeping arrangements as required. The majority of respondents felt that the bedding provided (blankets and sleeping mats) were appropriate for the weather and that they were provided with enough blankets to keep them warm at night. However, a significant number - 45% of those surveyed - felt that the quantity of bedding distributed was not enough to allow for separate sleeping arrangements among members of the household.

##### Cash for Work

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<sup>8</sup> Minimum WASH guidelines for Somalia, Version 4. OCHA

The WASH cluster minimum guidelines for cash for work interventions present cash for work as a preferred option to water trucking. Although REASP 2 project activities were not intended to replace water trucking, some of the guidelines for cash for work are applicable. The guidelines state that all cash for work projects must provide sustainable water sources and or rainwater harvesting infrastructure such as water pans or berkahds in each of the targeted locations; cash for work interventions by CHLE rehabilitated six *ballehs* that serve drought affected pastoralists in Sanaag. A total of 3,540 persons (1,640 women) participated in rehabilitation activities; CHLE made a deliberate effort to include women through community mobilization and the designation of tasks that are less labour intensive for women. This complies with WASH cluster minimum guidelines that state that the most vulnerable should be able to participate in cash for work projects. However, cash for work projects deviated from the guidelines with regards to payment of labour; participants were paid by the number of days worked rather than by the unit quantity of work. The guidelines also delineate the maximum period for individual activity in a cash for work project – it should not exceed one month. This is the acceptable period of time that communities are able to wait before paying for water trucking but this could also apply to dept repayment and household expenditure. Most individual participation in cash for work interventions fell within this time period,

### WASH

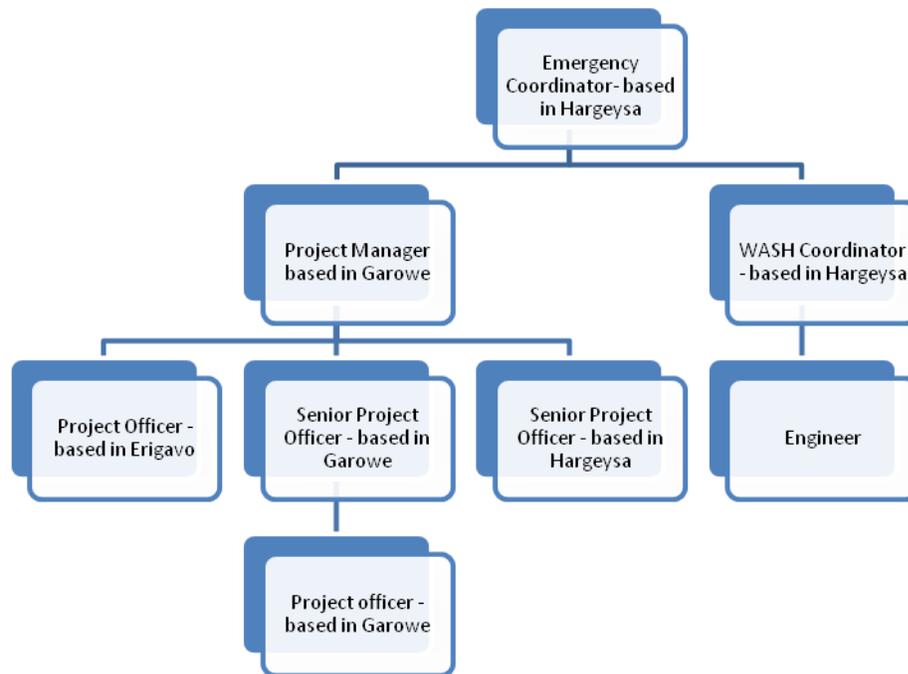
The project has improved and expanded provision of water, hygiene and sanitation services for the most vulnerable population segments in target areas; over 102,532 persons have gained access to water. Consistency of water supply also improved after rehabilitation of shallow wells, *berkads*, *ballehs*, pans and boreholes. Water collection time and distance to water points have also been significantly reduced for sites rehabilitated or constructed by the project. Though daily household water usage increased from 53 litres to 74 litres, the per capita quantities fell below the 15 litres per person per day (for average 6 household members) of SPHERE standards. In addition, water quality monitoring was not carried out as advocated for by SPHERE's *Minimum Standards in Water Supply, Sanitation and Hygiene Promotion* and WHO's *International Standards for Drinking-water*. The international standards and guidelines as well as REASP II project proposal and Performance Monitoring Plan envisaged water quality monitoring with 0 coliforms per 100ml of water at delivery points. However, water sampled and tested at Yagori village indicated faecal contamination with coliforms ranging from 9 to 20 TTC per 100ml. Turbidity of water sampled at Halabookhad IDP camp, Harfo and Yagori villages ranged between 50 and 100 NTU against the standard of less than 5 NTU. Construction of latrines at Halabookhad IDP camp has increased access to sanitation services for the displaced community, and latrine coverage fell above the SPHERE standard of 20 persons per latrine. The minimum number of latrines built should have been 82 considering 273 households (initial figure) of average 6 persons per household. This translates to a project success of 158.5% in sanitation service provision at Halabokhad IDP camp. However, due to influx of more IDPs into the camp, latrine use increased to 11 persons per latrine.

The hygiene programme design was observed to have either missed or sidestepped the essential step of basing project interventions on evidence gathered through the KAP survey conducted earlier in the project phase. The survey findings should have been used to address identified key hygiene risks of public health significance. Nevertheless, the hygiene trainings were a good entry point for initiating and promoting good hygiene behaviours among community members. While the baseline KAP survey found 83% of households not washing hands prior to food handling, the evaluation team found cumulative hand washing practice of 68.9%. In general, it was noted that the project's hygiene promotion efforts registered significant steps in influencing both personal and environmental hygiene and sanitation practices. The increased access to water, construction of latrines, improved solid wastes management practices and the hygiene trainings have all contributed to the improving overall hygiene situations in project sites.

## **2.3 Project efficiency**

### **2.3.1 Activity Management**

REASP 2 covered a large geographic area, with activities taking place in districts of the 3 target regions. Project management was done from three sub-offices – Garowe, Erigavo and Hargeysa. The project team consisted of the following staff:



**Chart 2.3.1 Project Organogram**

All positions bar the WASH coordinator and the engineer were engaged full time by the project; these two positions were to dedicate 50% of their time to the project, while also supporting other emergency projects that were running concurrently. In addition to his duties to other projects, the engineer was responsible for designing and monitoring water structures at all REASP 2 implementation sites. A significant amount of his time was dedicated to travelling between project sites, monitoring the works at every stage, leaving little time for the review of designs and to monitor usage of the facilities to ensure they were functioning as required, resulting in errors in the designs of water structures and latrines. The project should have had a project engineer attached full time to the project. Having only one engineer providing technical support and monitoring on a part time basis for all three regions also resulted in delays in implementation for partner agencies. To ensure that construction was completed as per CARE standards, all projects were inspected by the engineer at each stage of the construction process before partner NGOs could continue construction. The long distances between project sites meant that there were stops and starts in implementation as the engineer inspected each site in turn. In Halabokhaad IDP camp, this resulted in safety risks to children as the latrines pits were left uncovered for some days until the engineer could visit the site to verify that the depth and volume of the pit matched design specification. Partner NGOs working in remote areas also complained that the delays increased the cost of activities as skilled labour transported from towns and larger villages had to be paid for extra days as they waited for the engineer to inspect the works.

During the implementation period, one of the SPOs also provided support to another emergency project, the Dutch MoFA funded SERP project that had 2 components: WASH and Health care. The WASH component was directly implemented by CARE in Puntland and Somaliland, 2 REASP staff occasionally provided support in implementation. The SPO assisted in project monitoring of WASH activities in schools supported by SERP in Somaliland in the month of August.

Additional Somalia based staff providing full time support to REASP 2 included an IT officer, Administration/Finance Officer, Administration Assistant, and Senior Finance Officer. Support staff attached to the project on a part time basis included the following:

1. Regional Coordinator (40%)
2. Management Accountant (30%)
3. Financial Risks & Grants Director (20%)
4. Senior Auditor - field (30%)
5. Program Assistant (30%)
6. Auditor Somalia (20%)
7. Procurement Officer (40%)
8. Finance Controller (30%)
9. Security Advisor (20%)

Provision was made in the budget for an M&E advisor to provide support to the project on a part time basis (30%) however, this position was never filled.

In addition, senior management positions (Country Director, Assistant Country Director Program, Program Quality Director and Assistant Country Director Program Support) provided support to the project at 10%, 15%, 20% and 10% respectively. These were responsible for providing overall guidance and strategic direction to all programs in Somalia, including REASP 2.

The bulk of activities were sub-granted to partner NGOs with access to remote, insecure districts in the three regions. Resource intensive activities such as borehole rehabilitation were implemented directly by CARE for several reasons:

- Technical capacity gaps of partners
- Partners would be forced to sub-contract due to the scale of projects, adding another layer of management
- For quicker response to emergencies that occurred during the project period

One key challenge in working with partners was the difference between the reality on the ground and CARE and donor priorities; project staff found it challenging to balance between supporting and empowering partner NGOs to learn from their experiences and donor priority interventions in the WASH sector.

Sub-granting agreements did not lend themselves to flexible and timely response to changes on the ground; at Halabokhaad camp, the partner NGO (RAHMO) was asked by UN-OCHA to site the water kiosks closer to the camp than originally planned. To accommodate this change, the partner NGO and the project engineer changed the specification of the main pipe, purchasing a larger quantity of smaller width pipes. Having the main and feeder pipes as the same width reduced water pressure, necessitating the rotation of water supply among only three of the five water kiosks constructed in the IDP camp. In another instance, Las Qorey Concern, as a new partner, was forced to absorb unforeseen costs associated with the project, however other partners who are more familiar with CARE's sub-granting procedures had planned for every contingency and tailored their budgets accordingly.

The management cost of partners is much higher than with direct implementation given the level of support in proposal development, financial management and reporting required. However the time spent managing sub-grants proved to be worth it as partners are better at dealing with security complications than CARE and working through them had the additional benefit of contributing to institutional capacity building. Investing in strategic partners and building their technical capacity to respond to emergencies improves local disaster response management, for example, when conflict broke out in Buhoodle, CARE was one of the first NGOs to reach

communities in need as they were able to purchase NFI kits from Bossaso and have SVO do the distribution pro bono.

### 2.3.2 Cost Efficiency

The cost of sample activities were compared against the typical costs for these activities as presented in the WASH cluster minimum guidelines for Somalia. On average, construction and rehabilitation costs were 29% more expensive than typical cluster costs for similar activities. The high cost of transportation of materials, water and skilled labour to remote project sites accounts for this difference in cost, particularly for sites where partner NGOs were constructing the first and only water structures for drought affected communities. For instance, in Tawakal village in Eastern Sanaag, LQC recruited masons and carpenters from Bossaso and had to truck in water for each stage of the construction process as not only was there no water source in the village, there were also no structures for water storage.

Training activities, on the other hand, were 50% cheaper than cluster costs due to the provision of PHAST training by CARE allowing partners staff to conduct the training themselves, eliminating the cost of external trainers. CARE's investment in partners contributed to both lower partner costs for training as well as institutional capacity building of local humanitarian actors.

Activity	CARE/Partner Cost	Cluster Cost
Upgrade of a shallow well	USD 2,376	USD 2,000
Construction of a shallow well	USD 2,800	USD 2,800
Water management committee training	USD 209	USD 300
Sanitation kit	USD 448	USD 120
PHAST training per person	USD 55	USD 200
Berkaad rehabilitation	USD 8,333	USD 5,040
Emergency/Urban latrine construction	USD 268	USD 200

**Table 2.3.2 Cost Comparison**

## 2.4 Project effectiveness

### 2.4.1 Extent to which planned project outputs have been achieved

#### NFI Kits

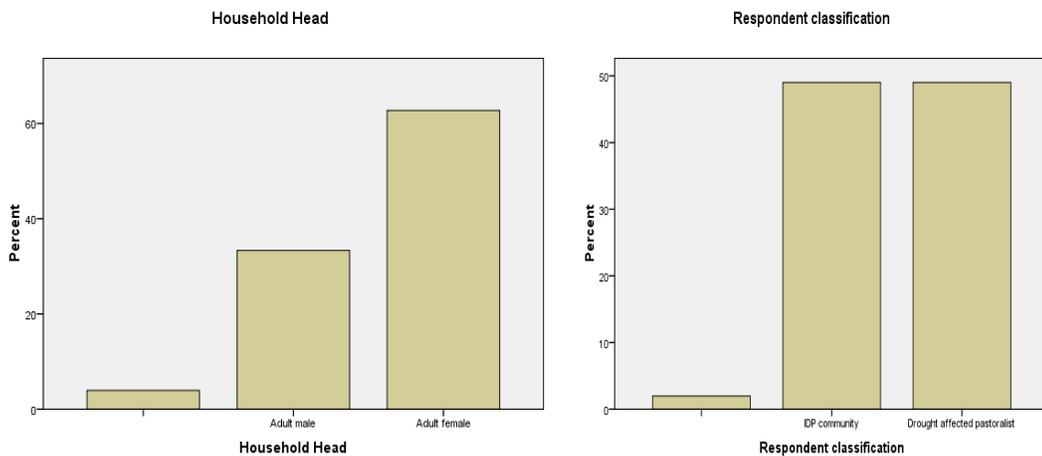
REASP 2 planned to provide a total of 23,400 NFIs to 2,000 households affected by conflict and drought, with a focus on female headed households. At the time of the evaluation, a total of 15,650 items had been distributed to 1,650 households (see table below for breakdown by type); actual beneficiaries for this objective were lower than planned. The composition of the kits also differed from the cluster list and from SPHERE standards. There was a lack of documentation to account for this deviation, although project staff did state that in some instances, CARE's activities supplemented prior distribution by other agencies. However, all changes should have been reflected in project monthly and monitoring reports. The specification of items in the NFI kits also differed from the cluster list, with changes to the volume of containers (see table on compliance to the cluster list); again, there was no documentation to account for these differences; in addition, project and partner staff demonstrated poor knowledge of the rationale for using the cluster list and of the list itself.

Item	Planned quantities for distribution	Actual quantities distributed
Plastic Sheets	2,000	1,800
Blankets	5,800	4,100

Nets	2,800	3,300
Jerry cans	4,000	2,700
Sanitary cloth	2,000	1,000
Bar Soap	2,000	800
Sleeping mats	2,000	1,100
Kitchen sets	2,800	850
<b>Total</b>	<b>23,400</b>	<b>15,650</b>

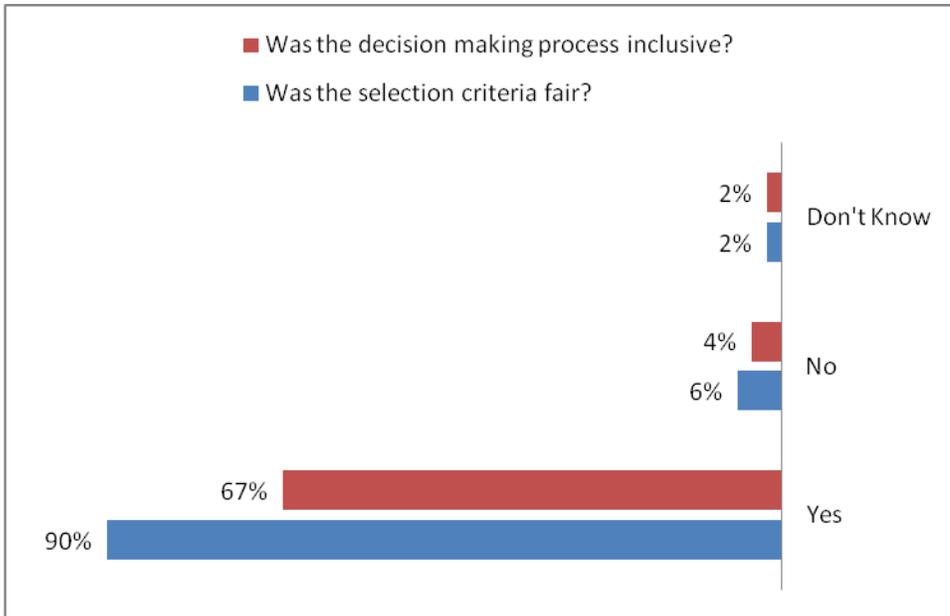
**Table 2.4.1.1a Planned against actual NFIs distributed by type**

In terms of beneficiary selection, project outputs reached the intended beneficiaries, with over 60% of beneficiaries coming from female headed households and were almost evenly distributed between conflict affected IDPs and drought affected households as shown below:



**Bar Graph 2.4.1.1b NFI distribution beneficiaries**

In evaluating the quality of implementation, questionnaires and focus group discussions collected information on actual recipients of the kits on distribution day, participation of women in selecting items in the kit, respondents' knowledge of targeting criteria and who decided the criteria as well as their rating of the decision making process. Over 80% of respondents stated that kits were received by women; this often improves the efficiency of distribution and ensures that items reach households as intended. Focus group discussions with women from beneficiary households revealed that the level of knowledge on the items in the kits, targeting criteria and of the decision making process was fairly comprehensive. This was borne out by data collected through questionnaires, over 86% of respondents were aware that a community mobilization exercise had been carried out prior to distribution, only 12% of those surveyed had no knowledge of beneficiary selection criteria, while only 6% did not know who participated in the decision making process. Over 67% of respondents identified YOVENCO and the IDP committees as those responsible for deciding the selection criteria and identifying households for this activity. When asked if they would rate the decision making process as inclusive and the selection criteria as fair, a majority of respondents answered yes to both questions.



**Bar Graph 2.4.1.2 Transparency and inclusivity of NFI distribution**

The results indicate a high level of transparency and participation of beneficiary representatives and women in the implementation of this activity; participants in the focus group discussions demonstrated knowledge of the needs assessment process and of the reasons for any delays in implementation. Beneficiary satisfaction with the process and with items included in the kit was also clear, over 82% of respondents stated that the kits met priority needs and that the distribution exercise was timely. However, respondents and participants in the focus group discussions also stated that upon receipt of the kits, community members came together to re-distribute the items to ensure that more families would benefit; the number of beneficiaries budgeted for were clearly insufficient to ensure adequate coverage among the most needy households in the IDP camp.

Questionnaires also collected information on the level of monetization of items in the kit; none of the respondents reported selling any of the items, stating that all the items met gaps in household water storage, shelter and food preparation. Discussions with partner NGOs working in Puntland indicated that beneficiaries in rural areas also showed no to low levels of monetization, this was reflective of the overwhelming need for these items although the isolated nature of the camps in rural areas could also have contributed to low levels of monetization as it would have been difficult for beneficiaries to find a market for items in the kits.

All partners who provided NFI kits to project beneficiaries were asked whether or not they conducted post distribution monitoring and if so, the extent of monitoring. All monitoring exercises were conducted with CARE staff, however, this was only done immediately after distribution and was limited to ensuring that the intended beneficiaries received the kits and that all kits contained the items and quantities as planned. No follow up to gauge the appropriateness of the kits, the levels of monetization, the need for replacement or distribution of additional items was conducted.

## WASH

### Water supply

A total of 104 water structures were constructed or rehabilitated; the actual number deviated only slightly from what was planned, with CARE reducing the number of shallow wells rehabilitated in Eastern Sanaag from 16 to 11 as another agency took responsibility for these structures. The

implementation sites also varied slightly from what was planned, for example, CHLE relocated one balleh in response to community concerns over environmental degradation; construction of one berkaad was also relocated as insecurity restricted access to the site.

Activity	Sub-granting	Direct Implementation
Rehabilitation of berkads	11	7
Construction of berkads	4	4
Rehabilitation of shallow wells	44	11
Construction of shallow wells	8	
Rehabilitation of boreholes		3
Rehabilitation of <i>ballehs</i>	6	
Construction of water pans	6	

**Table 2.4.1.2 WASH Activities by implementation method**

The evaluation noted instances of poor workmanship and design defects in the construction of shallow wells and water kiosks and taps. Some wells were inadequately cemented, with cracks on the sides and with poor drainage. The evaluators noted the presence of standing water around water kiosks and taps in Halabokhaad and Harfo. No cement apron with a drainage channel had been constructed resulting in a potential health hazard. From discussions with LQC, communities around the shallow wells rehabilitated in Las Qorey have been channelling the spillage to irrigate small plots, increasing their access to food. This is commendable and should be replicated at other project sites; given the scarcity of water in the target regions, every effort should be made to fully utilize water resources, including spillage from water points.

While water quantity is of greater significance during early phase of an emergency, quality of water for human consumption need equal attention. In the initial phase of an emergency, it is advisable that all water sources be assumed to be microbiologically contaminated and thus water be chlorinated and thereafter, testing of residual chlorine undertaken regularly. These water quality analyses are required in emergencies to determine the quality of drinking water. The critical water quality tests in emergency situations include pH, turbidity, chlorine (free and combined), thermo-tolerant coliforms, and physical properties like colour and odour. However, no water quality testing was done prior to, during and after project activities. This is a significant gap in implementation, especially in light of the results of the baseline KAP survey; respondents reported significantly higher incidences of diarrhoeal diseases and non-treatment of water both at source and at point of use (i.e. households). To ensure that project activities improve access to safe water and contribute to a reduction in the incidences of diarrhoeal diseases, project staff should have conducted field monitoring of rehabilitated and constructed water sources, and thereafter designed mechanisms for treatment either directly through source chlorination or household water treatment.

#### Sanitation

The evaluation looked at the convenience of latrine use for women, though the latrines provided privacy and safety there were some gaps; women respondents stated that the latrines did not provide them privacy for washing and drying sanitary clothes as per SPHERE standards, some female respondents were also uncomfortable with having to use unisex latrines.

Though the gross sanitation effects are attributable to the project, the net effects are 'adulterated' by programs implemented in the camp concurrently by other NGOs like NRC and IRC. The entry of these NGOs was necessitated by the influx of more IDPs into the camp, some reportedly being locals who were looking for better living conditions. In addition, while the baseline KAP survey conducted before project interventions noted poor sanitation across project sites (with locations like Tawakal and Rad in Sannag region, and Hangey and Laabas in Sool region reporting 100%

bush defecation), no provision was made to construct latrines for these communities. Construction of water facilities like *berkads* with no provision for latrines would predispose residents to diarrhoeal diseases transmitted through faecal-oral routes. The mere availability of such facilities as water catchment and/or reservoirs where people defecated openly around water sources was a recipe for diarrhoeal outbreaks. Project staff informed the evaluation team that the exclusion of sanitation was a deliberate donor undertaking.

In latrines constructed at Halabbokhad IDP camp, users complained of foul smell and infestation with flies and mosquitoes, and spot checks by the evaluation team confirmed design defects such as a lack of foot rests, poor urine drainage towards latrine drop hole and an absence of vent pipes that could easily remove foul/odour smell and minimise fly attraction. In terms of water usage, the latrine design (with pit behind superstructure) forced users to use more water to flush excreta, further burdening vulnerable households. If the latrine pit was directly under the drop hole, water usage would have been minimised, allowing users to conserve water for other household needs.

### Hygiene Promotion

Activities under this sub-sector were largely completed as planned; SVO increased the number of hygiene and sanitation training by 5, implementing a total of 11 training events rather than the 6 originally planned. During to fluctuations in population in target villages, CHLE reduced the number of hygiene promotion sessions from 19 to 10, focusing on villages with larger populations to increase the number of beneficiaries.

Output Level	Partner LNGO	Planned	Achieved	No. Of Persons/Locations
Training on Hygiene and sanitation	RAHMO Development Organisation	2 trainings	2 trainings	150 persons trained
Training on Hygiene and sanitation	Steadfast Voluntary Organization (SVO)	6 trainings	11 trainings	
Training on Hygiene and sanitation	Las Qoray (LQC)	4 trainings	4 trainings	20 community hygiene promoters trained in 4 locations
Training of Community Hygiene Promoters and WASH committees	HAVOYOCO	8 trainings	8 trainings	80 community hygiene promoters trained in 10 locations
Hygiene and Sanitation sensitizations	Candlelight for Health and Education (CLHE)	19 sessions	10 sessions	10 village-level sensitizations on Hygiene & Sanitation; 590 (40% women) participated

**Table 2.4.1.3 Hygiene promotion activities: Planned versus achieved**

The hygiene programme design was noted to have either missed or sidestepped essential steps. It must be noted that while a KAP survey was conducted prior to hygiene promotion activities of the project, the findings of the survey were not used to inform programming. This is an important step in the initial design and ideally, is meant to isolate and easily address key hygiene risks of public health importance. Nonetheless, the evaluation team observed that the hygiene trainings provided a good entry point for sustaining good hygiene behaviours among community members. Despite missing important design steps, it was the evaluators' opinion that the project had significantly expanded the understanding and practice of good hygiene behaviours in sites where hygiene efforts were carried out.

The baseline survey conducted before inception of project activities showed inadequate hygiene promotion activities with families reporting high incidences of diarrhoeal diseases. While this inadequacy was mostly attributed to prevailing poverty and the lack of a community-based hygiene and sanitation promotion strategy, REASP 2 project activities did not go beyond hygiene trainings to ensure sustained 'village-based' hygiene activities. The effects of project activities would have been more pronounced if once trained, community members conducted community-led, community-owned hygiene promotion activities. Though similar actions such as community designated days for waste collection were noted, this is not enough to sustain sound hygiene behaviours within vulnerable communities.

The baseline study also noted variations in hand washing practices before handling food by households. The study found that up to 83% of households in *Raad* village do not wash hands with soap before handling food, and hand washing with soap before handling food was highest in *Laasqoray* village with 42%. When asked whether they wash their hands, the evaluation found that 87.5% of respondents replied in the affirmative. However, only 26% of respondents washed their hands with soap and flowing water, with another 15.6 % and 27.3% washing their hands with soap and *faraxal* (water in basin) and water only respectively. The evaluation team observed that the cumulative hygiene effect of these aggregates (those who washed hands in one way or the other) is a strong indication of project positive impact on hygiene promotion within target communities. This inference was further enhanced by the fact that 76.6% of respondents confirmed being trained on hygiene and sanitation promotion by CARE Somalia or partner organizations. Community hygiene participation and awareness increased as attested to by the development of community action plans and mapping of problems in *Las Qoray* village and *Sool* and *Sanaag* regions. However, such community efforts should have been supplemented with continuous community-based behaviour change efforts on hygiene promotion.

#### Environmental Health

Proper waste disposal practices are a proven strategy for the prevention and control of vector-borne diseases, especially in unstable areas. The REASP 2 Project Performance Measurement plan indicated that there would be community clean up/debris removal activities and vector-borne disease control activities conducted in project sites, resulting in an anticipated 30% increase in debris removal and disease control activities. The KAP survey showed poor disposal of household wastes with 100% of households in *Dar-salaam* village in East Sanaag region dumping wastes anywhere, and 60% in *Langaciye* village dumping in rubbish pits.

The evaluation found that there was regularized waste collection (82% of respondents) in project sites where environmental health activities were conducted. The following table summarizes household waste disposal methods as reported by respondents:

**How do you dispose your household wastes?**

	Frequency	Percent
Burning	65	50.8
Burning and burial in pits	22	17.2
Burning and roadside disposal	3	2.3
Burial in communal or household pits	20	15.6
Other	18	14.1
Total	128	100

#### Table 2.4.1.4 Household waste disposal methods

It was evident from the evaluation responses that a large number of households (83.6%) disposed wastes either by burning, burial in pits (whether communal or private) or combination of both disposal methods. 42.2% of respondents did not have any refuse container while 43.8% and 2.3% had one and two refuse containers respectively. However, it must be noted that since there were other NGOs implementing environmental health activities in some of REASP 2 project sites, these results cannot be attributed solely to CARE.

The project did not provide refuse containers to target beneficiaries, especially those at IDP camps like Halabookhad where buildings were very close to one another and with a significantly high population. Nevertheless, there was an established committee for sanitation and waste management in Halabookhad IDP camp where solid wastes were collected on a weekly basis. The committee in Yagori village was very organized and usually oversees regular solid waste collection in villages, besides conducting hygiene sensitizations. They were also supplied with waste collection tools such as wheelbarrows, spades and rakes which were kept under the custody of the committee.

Construction of garbage pits as part of environmental health activities was conducted at HAVAYOCO project sites as follows:

#	Name of project site	# of Garbage pits
1	Las-anod	5
2	Kala-beydh	2
3	An-jid	1
4	Adhi-adeye	2
5	Samo-kab	1
6	Yagori	2
7	Hudun	2
		<b>15</b>

#### Table 2.4.1.5a Environmental health activities by site

All WASH committees at HAVAYOCO project sites were equipped with hand tools for garbage and hygiene promotion:

#	Location	Wheel brows	Pick axes	Iron bars	Plastic bags	Shovels	Rakes
1	Lasc-anod	9	18	13	13	14	5
2	Yagori	6	8	8	11	11	5
3	Anjid	3	6	6	6	6	5
4	Adhi-adeye	5	12	10	10	10	5
5	Samo-kab	3	6	6	6	6	5
6	Kale-baydh	6	18	16	14	14	5
7	Hudun	6	18	16	14	14	5
8	Laf-weyn	2	4	5	5	5	5
	Total	40	90	80	80	80	40

#### Table 2.4.1.5b Distribution of hygiene tools by site

### 2.4.2 Achievements against project indicators

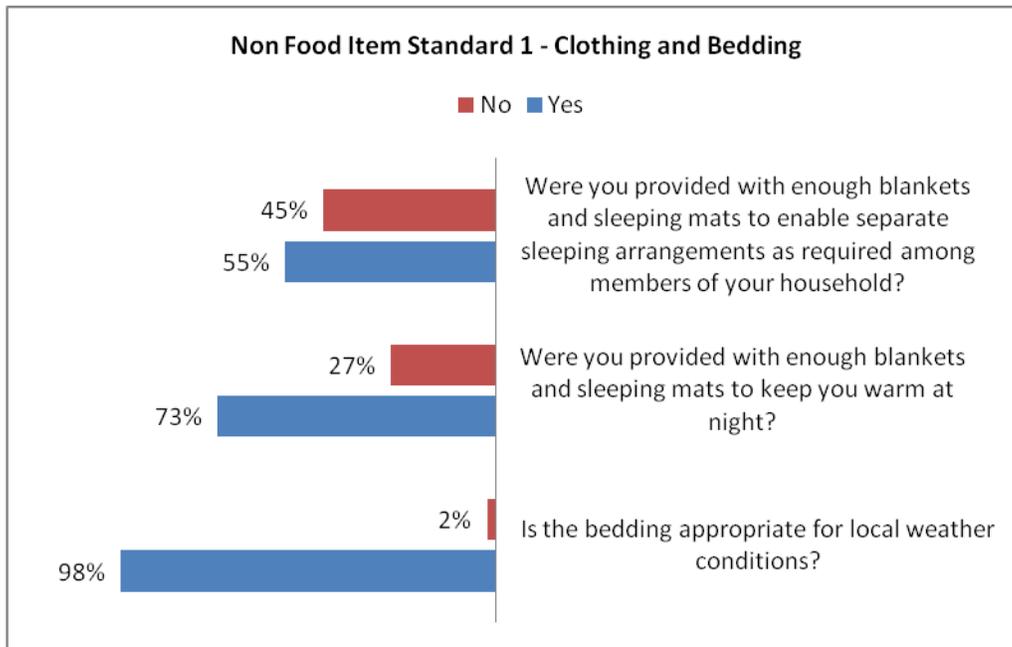
**Objective 1:** To provide timely replacement of essential household items for families displaced or affected by both natural disasters (primarily flooding) and ongoing civil insecurity and conflict throughout Puntland and Somaliland, and possibly south/central Somalia.

**Project Indicators:**

1. Total number of beneficiaries receiving NFIs by type, in compliance with Sphere standards
2. Total number & cost of Non-food items (NFIs) distributed by type
3. Total cost of Non-food items (NFIs) distributed by type

1. Total number of beneficiaries receiving NFIs by type, in compliance with SPHERE standards

The quality and quantities distributed were not fully compliant with SPHERE standards. An inspection of the kits distributed to IDPs in Berbera showed that the sleeping mats were not made of tear-proof material and had frayed and torn just 4 months after distribution; the SPHERE guidelines specify that all bedding and sleeping mats must be made of durable material that accommodates prolonged use. The NFI standard for clothing and bedding guidelines also cover thermal performance and the appropriateness of blankets and sleeping mats. Questionnaires solicited information on the suitability of blankets and mats for local weather conditions and whether or not the combination of blankets and sleeping mats provided thermal comfort and enabled separate sleeping arrangements as required (see bar graph below).



**Bar Graph 2.4.2.1 NFI kit compliance with SPHERE standards**

The majority of respondents felt that the bedding provided (blankets and sleeping mats) were appropriate for the weather and that they were provided with enough blankets to keep them warm at night. Negative responses can be attributed in part to the re-distribution of items in the kits post distribution; household demographics also influenced beneficiary satisfaction with the kits. Household demographics of the 27% who felt that what was provided was not sufficient to ensure thermal comfort showed that most of them were either elderly persons or belonged to households with elderly family members. Similarly, household demographics seemed to have influenced the answer to the question on sleeping arrangements with most of those who answered no coming from male headed households where the husband and wife would require separate sleeping arrangements from the children and elderly in the household.

Extrapolating from the responses to questions on thermal comfort and privacy, no extra provision was made for those most at risk. In terms of other project sites, a similar conclusion can be made; this data was collected from IDPs in Berbera who received the highest number of sleeping mats – two each instead of one. Thus is it probable that distribution of NFI kits to beneficiaries at other sites with much cooler weather (Qardho for example, experiences temperatures as low as 11° C at night as compared to Berbera where night time temperatures do not go below 18° C) did not adhere to SPHERE standards for clothing and bedding.

2. Total number of NFIs distributed by type

Location	Total number of NFIs distributed, by type								
	Plastic Sheet	Blanket	Sleeping Mat	Mosquito Net	Jerrican 1 10L and 1 20L	Sanitary Cloth	Bar Soap	Kitchen set	Bucket
Buhoodle (Widhwidh)	500	1,500	500	1,000	1,000	1,000	500		
Tukaraq	100	200		200	200			100	
Hudun	100	200		200	200			100	
*Qardho	300	900	300	600			300		300
Berbera	300	300	300	300	300			150	
Ayn	500	1,000		1,000	1,000			500	
<b>Total</b>	<b>1,800</b>	<b>4,100</b>	<b>1,100</b>	<b>3,300</b>	<b>2,700</b>	<b>1,000</b>	<b>800</b>	<b>850</b>	<b>300</b>

Table 2.4.2.2 Total number of NFIs distributed by type

3. Total USD cost of NFIs by type

Location	Total USD cost of NFIs by type								
	Plastic Sheet	Blanket	Sleeping Mat	Mosquito Net	Jerry can	Kitchen Sets	Sanitary Cloth	Bar Sop	Bucket
Buhoodle (Widhwidth)	3,250	14,250	3,000	4,500	2,000		1,000	300	
Tukaraq	700	2,200		800	400	1,700			
Hudun	700	2,200		800	400	1,700			
Qardho	1,800	8,100	1,500	2,700				540	1,350
Berbera	4,500	7,500	2,400	1,500	1,200	6,450			
Ayn	3,500	11,000		4,000	2,000	8,500			
<b>Total</b>	<b>14,450</b>	<b>45,550</b>	<b>6,900</b>	<b>14,300</b>	<b>6,000</b>	<b>18,350</b>	<b>1,000</b>	<b>840</b>	<b>1,350</b>

**Table 2.4.2.3 Total USD cost of NFIs by type**

### Compliance with the Shelter Cluster List

Item category	Description	Unit of measure	QTY	Specification	CARE/Partner Specifications
Plastic Sheet	Reinforced plastic Tarpaulins	4 M X 5M	1	of woven high density polyethylene fibers	No variance in specification; IDPs in Berbera received 2 per household rather than only 1
Blankets	Woven dry raised blanket	150 X 200 cm	3	Min 30 % wool(virgin/Reconditioned	Only two per kit distributed at all sites.
Sleeping Mat	Synthetic sleeping mats	2.7 X 1.8 M	1	Synthetic water, tear proof, trim finished	Mats are not tear proof; IDPs in Berbera received two each rather than just one
Kitchen Sets	Type B	Each	1	2 cooking pots ( 7 & 5 liter); 5 deep plates, diameter 25 cm or 5 bowls, diameter 18 cm; 5 cups, volume 0.3 L; 5 table-spoons (stainless steel); 1 kitchen knife; 15 cm blade; serving spoon	Only distributed to IDPs in Tukaraq, Hudun, Berbera and Ayn; cooking pot of less volume – 4 litres for all locations (3 litres in Ayn); replacement of one cooking pot with a kettle of 3 Litres; Cups with greater volume – 500 ml instead of 300 ml; No spoons, kitchen knife or serving spoon in the kits for Tukaraq, Hudun and Ayn;
Jerry cans	Non Collapsible water container capacity 10 liters	Each	2	Manufactured from food grade LDPE. Suitable for drinking water with built-in handle.	Two jerry cans with greater capacity – 1 of 20L and 1 of 10L Not included in NFI kit for Qardho IDPs
Sanitary Cloth	Sanitary cloth	2 M	2	100% cotton fannel, 150cm x 170 – 180 GR per sq. metre,	Only distributed to Buhoodle IDPs

				raised/combed on both sides, cut into 2 meter lengths (3m2 per piece)	
Bar Soap		750 gr.	1		Only distributed to Buhoodle IDPs

**Table 2.4.2.4 NFI kit compliance with shelter cluster list**

**Objective 2:** To repair and rehabilitate water and sanitation facilities, to promote good personal and environmental hygiene for both host and IDP communities and to protect health and achieve minimum standards of Water, Sanitation and Hygiene practices.

**Project Indicators:**

1. Number and percentage of household latrines completed that are clean and in use in compliance with sphere
2. Number and percent of households disposing of solid waste appropriately
3. Number and percent of household water supplies with 0 coli form bacteria per 100 ml at the point of delivery
4. Average water usage of target population in litres per person per day prior to and after interventions.
5. Percent of target population demonstrating good hand-washing practices.
6. Number and % of clean water points functioning three months after completion
7. Number of community clean up/debris removal activities conducted
8. Number of vector-borne disease environmental control activities implemented.

1. Number and percentage of household latrines completed that are clean and in use in compliance with sphere

A total of 130 latrines were completed at Halabookhad IDP camp. By SPHERE Standard of one latrine for every 20 people, this represented 158.5% project achievement noting that there were 273 households (with 6 members) at the start of the project. It must also be noted that REASP II project was the first to provide sanitation interventions and prior to influx of more IDPs into the camp.

2. Number and percent of households disposing of solid waste appropriately

The evaluation found that over 83.6% (n=110) of household disposed their domestic wastes either by burning, burial in pits or use of both methods. Considering the vulnerability of target populations, solid wastes disposal through burning and burial in pits are relatively appropriate methods which are inexpensive and acceptable. Besides that, there was regularized solid wastes collection in project areas where environmental health activities were implemented.

3. Number and percent of household water supplies with 0 coli form bacteria per 100 ml at the point of delivery

The evaluation team sampled and tested water in six (6) water points; two in Halabookhad IDP camp, one in Harfo village and three in Yagori village of Somaliland (see water monitoring sheet below). Samples were processed using the **DelAgua Portable Water Testing Kit** (see water monitoring sheet below). The physical properties of water sampled was observed to be within limits and no adverse colour and odour noted, barring one shallow well in Yagori whose water was brownish in colour. Although pH usually has no direct impact on consumers, it is one of the most important operational water quality parameters, and the optimum pH recommended by *WHO International Standards for Drinking-water* is between 6.5 and 9.5. The pH of water sampled was within this range. However, the degree of microbiological contamination of water sampled from the sites was way above limits set in REASP II Project Performance Measurement Plan and SPHERE standard of zero (0) coliform bacteria per 100 ml. Though Thermo-tolerant Coliforms were only tested in Yagori village, the least contaminated shallow well had 9 TTC/100ml. Coliform bacteria is an indicator of contamination with human/animal wastes, and although water quantity is more important than quality in the initial phase of an emergency, water treatment should have accompanied the installation of supply facilities. On the other hand, turbidity of water samples was exceptionally high and above the 5 NTU threshold set in SPHERE standards, and residual chlorine fell below the 0.2mg/L set in the Project Performance Measurement Plan. In emergencies like the one in Somalia, all water sources should have been assumed contaminated, and therefore chlorinated. However, no chlorination of water sources was carried out in sites either rehabilitated or constructed by the project.

4. Average water usage of target population in litres per person per day prior to and after interventions.

The average daily household water usage increased from 53 litres before project interventions to 74 litres after completion of construction and rehabilitation activities. This has mainly resulted from expansion of water sources whose yield has increased, and reduced distances walked in search of water. However, special outliers such as nomadic pastoralist community members (who trekked for over 50km and drew small quantities) were observed at Harfo 1 borehole. The evaluation team also noted that access to water for IDPs in Halabokhaad is limited by a significant reduction in their purchasing power. Observation of water collection at the water kiosks constructed by CARE showed lower than expected usage of these facilities; discussions with the deputy mayor and community representatives revealed that the move from Sinnaii camp had a negative effect on the livelihoods of the relocated families. There are no livelihood opportunities at Halabokhaad and transportation to Galkayo town costs half a dollar for a return trip. None of the IDPs can afford to pay this amount every day and cannot walk the 12 or so kilometres to town. Without any means of generating income, communities cannot access water as needed, even at the subsidized rate of SSh. 1,500.

5. Percent of target population demonstrating good hand-washing practices.

The evaluation found that 87.5% of respondents washed hands. However, it was only 26% of respondents who correctly washed hands with soap and flowing water. Another 15.6% and 27.3% washed hands with soap with *faraxal* (stagnant water in basin) and water only respectively. It was the considered opinion of the evaluation team that hygiene practices have improved as noted from the aggregate numbers of those washing hands in one way or the other (i.e. water only, soap with flowing water, and soap with stagnant water). In addition, 76.6% of respondents confirmed having been trained on hygiene and sanitation promotion by CARE Somalia partner organizations.

6. Number and % of clean water points functioning three months after completion

In project sites visited by the evaluation, it was found that almost all water points rehabilitated or constructed by the project were functional and/or ready for use. All the five (5) water kiosks at Halabookhad IDP camp (100%) were found to operational, though two kiosks were closed at the time of visit due to operational and maintenance costs reduction efforts by the management committee. The rehabilitated borehole at Harfo village was working optimally and even served much bigger population than designed for initially, due to migration of drought affected pastoralist communities near the water supply. The ten (10) shallow wells inspected at Yagori village were also functioning, albeit with low water yields as a result of failed rains. In general, due to failed rains and prolonged drought period, some water pans, *berkads*, and shallow wells were not in use because of reduced water availability due to drought impacts. The table below shows number and per cent of selected water points functioning three (3) months after completion.

Location	No. of Water points constructed/ Rehabilitated	Completion Date	Number functional 3 months after completion	% functional 3 months after completion	Observations
Halabokhad IDP camp	5	October 2010	5	100%	Two water kiosks closed by management to reduce overall O&M costs
Harfo	1	October 2010	1	100%	Borehole functional, but overstretched due to drought-affected pastoralists
Yagori	10	October 2010	10	100%	Some shallow

					wells had little water due to drought impact
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**Table 2.4.2.5 Number and percentage of sampled water points functional 3 months after completion**

7. Number of community clean up/debris removal activities conducted

There were regular weekly community clean ups and solid wastes collection in Halabookhad IDP camp and Yagori village. The community at Yagori was given tools for garbage collection such as wheelbarrows, axes, rakes, plastic bags and shovels. CHLE conducted ten (10) community waste removal sensitization events in its areas of operation reaching community members in 19 villages

8. Number of vector-borne disease environmental control activities implemented.

Disease vector control activities were implemented in Halabookhad IDP camp and Yagori village. The activities entailed environmental manipulation where recurrent actions aimed at creating unfavourable conditions for vector breeding were applied. However, water spillage and poor drainage system at Harfo 1 Borehole provided breeding grounds for disease vectors and growth of algae around the water point.

SPHERE Standard/indicator	Before REASP II Project	After REASP II Project	% Project Achievement against SPHERE std	Assumptions
<b>Sanitation:</b> 1 latrine for 20 persons	0 latrines*	130 latrines*	<b>158.5%</b> (for 273 HHs, required latrines were 82)	Assuming 6 persons per latrine
<b>Water Access:</b> 15litres/person/day	8.8 litres/person/day	12.4 litres/person/day	<b>82.7%</b>	Assuming 6 persons per HH
<b>Water Access:</b> less than 15 min queue time	No data	Less than 15 min	<b>82%</b> of respondents confirmed queue time less than 15 min	

**Table 2.4.2.6 Comparison of SPHERE Indicators against Key WASH achievements/outputs**

\* Indicator specific for Halabookhad IDP camp only, where latrines were constructed



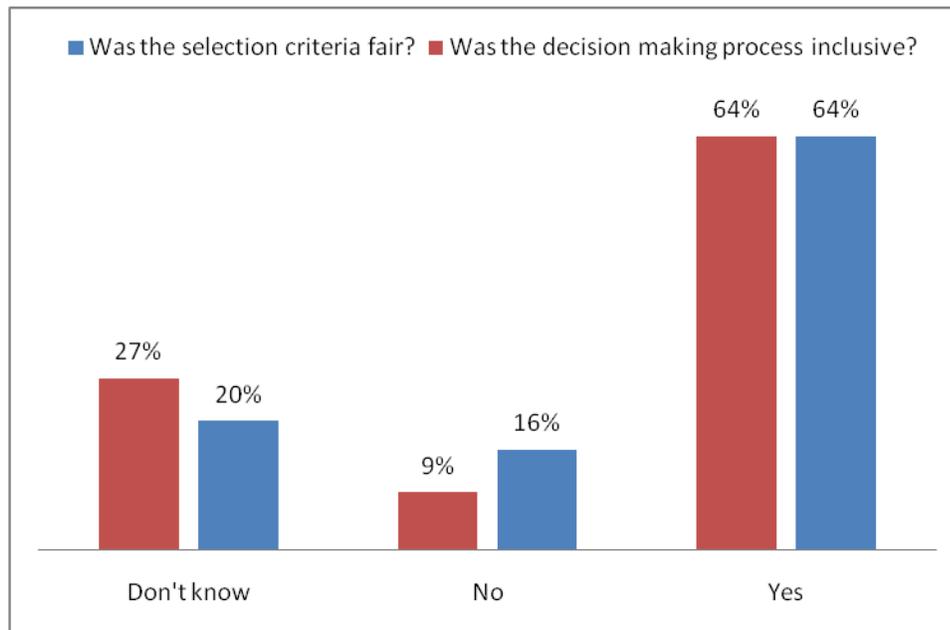
### Water Quality Monitoring Sheet

Date of Collection	Place	Source of Sample	Time taken	Color	Odor	Turbidity (TU)	Chlorine (mg/L)			pH	Thermotolerant coliforms (TTC)		
							Free (DPD No.1)	Total (DPD No.3)	Combined (Total Free)		Vol. filtered (ml)	No. of colonies	TTC per 100ml
21/01/2011	Halabookh ad IDP camp	Kiosk 4	10.20 am	clear	Nil	50	0	-	-	7.4	-	-	-
21/01/2011	Halabookh ad IDP camp	Kiosk 2	10.30 am	clear	Nil	50	0.1	-	-	7.2	-	-	-
22/01/11	Harfo	Harfo Borehole 1	12.23p m	clear	Nil	50	0.1	-	-	7	-	-	-
27/01/11	Yagori	Well managed by Aden Abdi Hussein	12.20 pm	brownish	Nil	75	0.1	0.1	0.1	7.4	100	20	200 CFU/100ml
27/01/2011	Yagori	Well managed by Yassin Mohamed	12.30 pm	brownish	Nil	100	0.1	0.1	0.1	7.2	100	13	13 CFU/100ml
27/01/2011	Yagori	Well managed by Mohamud Said	12.40 pm	clear	Nil	100	0.1	0.1	0.1	7.2	100	9	9 CFU/100ml

**Table 2.4.2.7 Water monitoring sheet**

### Cash for Work

A total of 3,540 persons, 1,640 of them women participated in the rehabilitation of six *ballehs* in Erigavo, El Afwayn and Hudun districts of Sanaag through cash for work. As with NFI distribution, the partner NGO engaged community leaders before the start of the project, agreeing on the number of women to be included in the list of beneficiaries and deciding on the selection criteria – drought affected households and those caring for the elderly and sick. Both parties also agreed that households with a high number of vulnerable people who were unable to work as they were elderly, sick, handicapped, pregnant or nursing mothers would be represented by a relative or a more able bodied member of their households. Beneficiary awareness of the community mobilization and beneficiary selection process was above average; over 60% were aware that CHLE had conducted a mobilization exercise before the start of the project. A majority of respondents also demonstrated some knowledge of the beneficiary selection criteria and rated both the criteria and the decision making process as fair and inclusive.

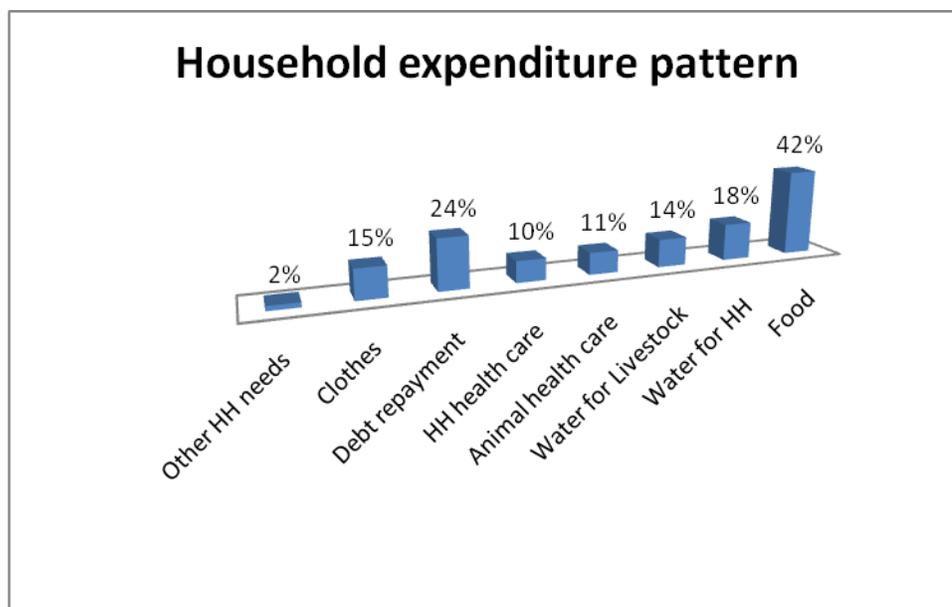


**Bar Graph 2.4.2.8 Cash for Work: Transparency and inclusivity**

The asset profile of respondents prior to participation in cash for work activities did not match the selection criteria agreed upon by CHLE and the community. Respondents had an average of 138 livestock before the project, over three times more than the stated criteria – households with less than 40 livestock. This data was presented to project and partner staff during the de-brief in Hargeysa, according to CHLE the selection process was designed to ensure that the most vulnerable households were selected. The criteria were discussed extensively with the committee. The committee shouldered the responsibility of identifying and selecting the beneficiaries in accordance with the set criteria. In addition to this, CLHE carried out interviews with a sample of the beneficiaries in order to ensure that the potential beneficiaries were the right people to be assisted; all sampled beneficiaries met the selection criteria. CHLE attributed the discrepancy to external factors, the Gu' rains were exceptionally good in 2010, with a resultant rate of kidding of animals as high as 35%.

The design of cash for work projects was compared to the cluster minimum standards and best practice guidelines; payment was made per day worked rather than per unit of work as specified by the WASH cluster. Questionnaires sought to gauge if beneficiaries incurred any costs as a result of participating in cash for work; all respondents stated that they were paid on site and that there were no delays between implementation and payment. When asked where they spent the money earned, over 75% stated that they spent the money earned in their village, providing an

injection of cash to local economies and extending the effect of the project beyond the direct beneficiaries of this activity. An analysis of household expenditure patterns after the project showed that the top three expenses were food (42%), debt repayment (24%) and water for household use (18%).



**Bar Graph 2.4.2.9 Cash for Work: Household expenditure pattern**

#### Coordination

REASP 2 included a component of sector level coordination to complement other emergency interventions by CARE and other actors including partners, other international agencies, clusters, local authorities and government agencies. CARE REASP 2 staff worked closely with local authorities at the sample sites, involving them in project start up, periodic monitoring and handover of projects to the communities. The only exception being activities in Halabokhaad IDP camp, where the Deputy Mayor complained of poor coordination of day to day activities. CARE does not have a sub-office in Galkayo so communication with the cluster was limited to emails and representation by the local partner, RAHMO. Neither the deputy mayor nor the OCHA representative interviewed by the evaluation team had any issues with RAHMO's participation in cluster meetings nor had they received any complaints from other agencies. They were however not satisfied with the response time to emails, citing a couple of email communication for which they had not received feedback. The deputy mayor also discussed water supply at the camp, specifically a problem with water pressure at the water points constructed by CARE; rather than asking CARE staff to travel from Garowe, the mayor had requested assistance from Islamic Relief in diagnosing and fixing the problem.

The evaluation team noted problems in internal coordination with other CARE projects working at the same sites. During the project period, another CARE project began construction of a dam in Raad village in Eastern Sanaag; the partner NGO could not compete with CARE rates, losing their labour and water suppliers to CARE. To complete activities, the NGO had to raise their rates to match CARE's, this increased their operating costs and caused deficiencies in their budget.

At the national and regional level, PSAWEN, HADMA and NERAD all participated in needs assessment, distribution of NFIs and periodic monitoring visits to project sites; this was a key achievement of the project and an example of best practice that should be replicated in future projects. All three agencies worked closely with CARE and its partners, for instance, all boreholes rehabilitated by CARE were referred to them by the relevant agency. All partner NGOs maintain good relationships with their relevant agencies, for example, the PSAWEN representative in Bosaso assisted LQC in selecting an appropriate model of hand pump for the shallow well upgrade in Las

Qorey town. Water committees at sample sites all stated that REASP 2 activities were implemented in response to requests for assistance that they submitted to either NERAD or PSAWEN. At the grass-roots, community participation in the project was also high (see respondents knowledge of selection criteria and their rating of the decision making process), the majority of respondents were satisfied with the level of involvement of their representatives in planning and implementation of the project.

## 2.5 Impact /effects of the project

Due to delays in approval of partner proposals, project implementation took place over a five month period, rather than the one year specified in the project proposal. Given the short time period for implementation it was impossible to gauge the impact of the project, thus the evaluation looked at the effects of the various activities on target beneficiaries.

NFI kit distribution targeted conflict and drought affected households, particularly those that were female headed, providing much needed assistance to mitigate the effects of displacement and to provide protection against hazards. CARE provided a standard kit that contained shelter, water storage, food preparation and vector control items; these had a positive effect on project beneficiaries. Plastic sheets, blankets, mosquito nets and sleeping mats provided privacy and protection from the elements and mosquitoes, although a significant minority felt that the quantities provided did not provide for thermal comfort or privacy as required. Given the much cooler weather at other distribution sites it is likely that for a greater number of beneficiaries at these sites, shelter and bedding did not adequately meet their needs.

The provision of two jerry cans per household increased their capacity to fetch and store water; reducing the burden of labour on women and girls as greater storage capacity means fewer trips to fetch water. The provision of jerry cans also contributed to better hygiene for beneficiary household as the narrow necks and covers reduces the likelihood of water contamination. Beneficiaries in Qardho were provided with buckets rather than jerry cans with the rationale that these are household items with a greater variety of uses than jerry cans that can only be used for water storage. Kitchen sets had a marked effect on food preparation and household hygiene; allowing for safer and cleaner food preparation and for women to feed more than one child at once. During key informant interviews and focus group discussions with women beneficiaries, it was clear that the kitchen sets in particular had a positive effect on the health and comfort of households.

A key gap in the composition of the kits was the lack of bar soap and sanitary cloth; both items are essential for household hygiene. The sanitary cloths are essential for the health and comfort of women and girls and given the project's focus on women should have been included as a matter of course.

Despite low access to sanitation facilities, unprotected water points, decreasing water availability and the low purchasing power of project beneficiaries, the REASP II project has generally had a positive effect on the lives of beneficiaries in Somaliland and Puntland. 102,532 persons have gained access to water they did not have access to before. Evaluation analysis confirmed that mean daily household water usage has increased from 53 litres before project to 74 litres by the evaluation time. Considering the serious drought and water shortage at water points by the evaluation time and the entire project period, the increase in daily household water use in project sites is one successful intervention.

REASP2 increased access to sanitation services in Halabookhad IDP camp, where open defecation was practised before inception of project activities. The project built a total of 130 pit latrines in Halabookhad IDP camp for the initial 273 households. By SPHERE standards, every latrine should have a maximum of 20 users thus 273 households with average size of 11 persons should have had 150 latrines. This means project success of 86.6% (130/150) in sanitation facility coverage in Halabookhad IDP camp. The evaluation found that the project was the first to intervene immediately

after IDPs relocation from Sinnaai camp to Halabokhad and number of households increased unexpectedly due to fast migration of people to the camp. Respondents in Halabokhad IDP camp also reported increased infestation of flies and mosquitoes as a result of the latrine design; the narrow offtake pipe, rough drop hole and the lack of vent pipe to dispel foul odour have provided an environment for flies and mosquitoes to breed. The construction of latrines has also had an effect on vegetative cover around the camp; project beneficiaries had harvested shrubs to fence their latrines.

Through perusal of project documents it was evident that project monitoring mainly focused on reporting quantitative achievements against planned project targets. The reporting was particularly biased towards the number of sanitation facilities constructed, number of persons trained and number of trainings conducted. In fact, such a system provides the benefit of project staff reviewing targets achievements against donor deliverables. However, the disadvantage of the system is that it does not provide for easy evaluation of the effects of hygiene promotion efforts, especially hygiene-related behaviour change. Nonetheless, the team found that the project's hygiene promotion efforts recorded progress towards influencing hygiene and sanitation behaviours. The construction of latrines, hygiene and sanitation trainings, and increased access to water contributed to improving hygiene practices in sites visited by the team.

Cash for work also had a number of positive effects on project beneficiaries, chief among these being the fact that the provision of cash allowed them the freedom to decide how to meet their own needs, with the majority of beneficiaries choosing to use most of the cash earned to pay off debts. Respondents had an average debt of USD 92, 73% stated that this was borrowed from traders. Over 70% of respondents were able to repay part of this debt and to borrow again, estimating that they would be able to extend their credit for an average of 3 more months. Debt is a key coping mechanism for pastoralist households during dry seasons and prolonged drought; as a result of cash for work projects, beneficiaries' capacity to cope with shocks and stresses has been strengthened. The positive effects of this activity are not limited to direct beneficiaries as the injections of cash into local economies extended the effects of this project.

Cash for work did not have any negative effect on household dynamics with no intra-household conflict in instances where women participated in cash for work. Decision making on household expenditure remained unchanged, with decisions among male headed households being evenly distributed between the husband and joint decision making.

CHLE worked closely with NERAD and community development committees and elders to ensure that the rehabilitated *ballehs* would not have any negative impact on the environment. In one instance, this necessitated a change of site as the original site was located within traditional grazing land; to avoid over-grazing the activity was moved to an alternative site. In terms of human health it is anticipated that the use of ground water harvesting structures will have a significantly negative effect once the rains commence. The majority of communities living around project sites practice open defecation; with no provision made for chlorination of water sources and the presence of thermo-tolerant coliforms in sampled water sources, it is highly likely that incidences of Acute Watery Diarrhea will increase once it rains.

## **2.6. Project sustainability**

The short project duration (one year) and the focus on emergency assistance made it more difficult for the project to address sustainability. However, REASP2 did include measures aimed at strengthening both ownership and maintenance of WASH facilities. To ensure that rehabilitated and construction water structures are properly maintained and self sufficient, WASH activities included the formation and training of water management committees; modules differed between partner organisations. RAHMO provided training in cost recovery and management. Cost recovery training covered the principles of good accounting and internal control systems. LQC included a module on water harvesting techniques as the WMCs at their project sites would all be managing rain water

harvesting facilities while HAVAYOCO supported the formation of water and sanitation committees, to ensure community responsibility for water points, garbage collection pits and hygiene promotion activities after the project. No provision was made for training of water management committees by SVO, CHLE or CARE at those sites where activities were conducted through direct implementation.

Focus group discussions with the water management committee at Halabokhaad IDP camp in Mudug and the Yagori water and sanitation committee in Sool showed that uptake and implementation of the training was low. In fact, respondents in Yagori stated that they had not received any training in management or cost recovery; on further discussion, the evaluators realised that the standard model of community managed water resources where a fee is charged for water usage is not applicable to shallow wells. Shallow wells are considered free resources, although each well is 'owned' by the person who excavated it, in the case of Yagori, all eleven wells rehabilitated by HAVAYOCO were privately owned. These wells were rehabilitated with the agreement that community members would be allowed to access water freely, with the owner being responsible for safety and for supervising water collection at his well. There appeared to be no clear connection between the WASH committee and the wells, committee members function more as a coordinating body for agencies wishing to work in Yagori. As water from shallow wells is provided freely to community members, it is unlikely that communities will be able to maintain the wells without outside assistance.

The water management committee at Halabokhaad showed some improvement in their book-keeping; however the borehole is running at a loss as water is subsidized for the IDPs. The borehole attendant has no technical training, relying on agencies for support for maintenance of the borehole; as with the shallow wells rehabilitated at Yagori, it is unlikely that the borehole will be self-sustaining. At Harfo borehole, the water management committee is more organised however, the borehole seems to be running at a loss due to mismanagement of funds. Harfo borehole is a key water source for drought affected pastoralists, serving as many as 2,000 shoats and 1,200 camels a day. Despite this, the committee cannot afford to pay for expensive spares or repairs, or to save enough money to run the borehole during the wet season, forcing them to cease regular operations. This and other boreholes selected by CARE as direct implementation sites represent a significant investment in physical capital. An assessment of the management and technical capacity of each committee should have been conducted before implementation and all rehabilitation and construction activities should have been accompanied by training in management and maintenance at all sites to ensure that these facilities continue to serve needy communities regardless of the season. This is particularly important where CARE has provided expensive equipment such as generators and pumps. Without proper operation and maintenance they will need to be replaced far more often than they should, this is neither an efficient use of project resources nor sustainable once the project ends.

Overall, sustainability of rehabilitated and constructed water structures is low; these results bear out the findings of a recent rapid evaluation of rural water supply conducted by CARE in September 2010. The study looked at thirteen sites in Puntland and Somaliland, including a number of water structures rehabilitated under REASP 2. In terms of operations and maintenance of water structures, the study found that funds are available but not sufficient for the most expensive maintenance processes, borehole attendants have some technical skills for maintenance exist but not for all types of maintenance and materials, spares and equipment are available but not for all repairs<sup>9</sup>. The study was commissioned in recognition of these gaps in operation and maintenance of rural water facilities and represents an important step in improving the sustainability of CARE's work. The organization is also working to link emergency projects to longer term funding that addresses water supply and maintenance at all levels. In addition, the latest proposal submitted to OFDA places greater emphasis on operations and maintenance.

Hygiene and sanitation promotion activities showed a greater likelihood of continuity; project beneficiaries at two of the sampled sites – Halabokhaad and Yagori – conducted hygiene promotion events on their own initiative during the project period and have planned to continue these activities

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<sup>9</sup> Towards sustainable operations and maintenance of rural water supply: A case study from Somaliland and Puntland. CARE September 2010

after the project. The IDP committee in Halabokhaad IDP camp holds weekly hygiene awareness activities within the camp while the WASH committee in Yagori organises garbage collection days, members also volunteer as hygiene promoters. Discussions with SVO and LQC indicated that training beneficiaries at their project sites are also functioning as hygiene promoters on a voluntary basis.

## **2.7. Cross-cutting issues**

For the most part, partner NGOs focused on delivering on activities within the shorter than anticipated project period; only one of the NGOs interviewed included cross cutting issues as a project component. CHLE provided training on community managed disaster risk reduction for 400 beneficiaries at 10 villages. Training focused on empowering communities in assessing the potential hazards that could affect their lives and livelihoods and in developing an understanding of how local coping mechanisms. In addition to training community members, CHLE staff incorporated discussions on DRR in community mobilization and planning activities with community representatives at project sites in Sanaag. The stated aim of these sessions was to assist communities to “better adapt to the changing climatic conditions which had impacted their livelihoods and at the same time preparing them to contribute to ameliorate the impact of future shocks”<sup>10</sup>.

Mainstreaming protection was included as a cross-cutting in the project proposal, with activities mitigating some of the risks faced by beneficiaries. For example, the provision of latrines for 237 IDP HHs in Halabokhaad IDP camp contributed to a reduction in the risk of GBV for women and girls previously showering and defecating in the open. The upgrading of the shallow well in Las Qorey town had reported reduced health risks for pregnant women; anecdotal information from women living around the well indicated that there were a high number of miscarriages as a result of drawing water from the well as the process was very strenuous. The distribution of NFI kits has also contributed to reduced risks from disease vectors through the provision of mosquito nets, cooking utensils and water storage containers.

CARE also addressed protection through advocacy, meeting with local authorities and presenting protection particular to IDPs. For instance, when IDPs in Sinai were relocated to Halabokhad camp, CARE worked with UN-OCHA to push for the demarcation of the plots and an increase in the size of the plots; and for local authority to address issues of security at the new site. CARE’s SOC also met regularly with authorities to address IDP protection among other things

## **2.8. Partnership with national partners**

### **2.8.1 Effectiveness**

Sub-granting formed the larger part of implementation with approximately 75% of activities being carried out by partners. The sub-granting of 75% of activities to partner NGOs allowed CARE to reach a large number of beneficiaries in a very short period of time. Although approval of sub-grants took up a significant amount of time, once implementation commenced, all partners quickly made up for lost time; within a five month period partners working the three regions constructed and rehabilitated 79 water structures, conducted 46 training events and provided essential non food items to drought and conflict displaced persons (see table – for breakdown of activities), reaching a total of 78,535 beneficiaries. In comparison, a similar CARE project that was implemented directly in Las Qorey, Taleh and Erigavo was implemented much slower than REASP 2, even with the delays due to approval of partner proposals.

Partner NGOs were effective in accessing vulnerable households in areas that are largely inaccessible to international agencies. Evaluation questionnaires measured the level of complementary aid by other agencies, over 90% of respondents at all sites stated that they were not receiving any other assistance

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<sup>10</sup> CHLE Final Report. 20<sup>th</sup> October 2010

from other agencies during the project period; within the remaining 10%, IDPs in Halabokhaad camp received the highest complementary aid, with other agencies also providing sanitation and hygiene support as well as education, NFIs and health care. Project beneficiaries at other sites had received periodic food distribution from WFP.

Partner initiatives and prior experience in the target areas added value to project activities and mitigated some of the gaps in implementation. LQC works with UNICEF in the distribution of water treatment items to communities in Eastern Sanaag; on their own initiative, the organisation has been chlorinating *berkaads* constructed through REASP 2 and providing Aquatab to residents of the three villages targeted under this action. While the quantities provided are not sufficient for an extended period, they do serve to mitigate some of the hygiene risks. YOVENCO is working with UNICEF under the joint program for governance and service delivery to increase community participation in development; they have extensive experience in community mobilization that was instrumental in engaging community representatives in this project. Overall, community knowledge of the selection and decision making process was highest at their project site, with both beneficiaries and their representatives demonstrating knowledge of CARE and YOVENCO's activities as well as the reasons for delays in implementation.

Activity	Sub-granting	Direct Implementation
Rehabilitation of berkads	11	7
Construction of berkads	4	4
Rehabilitation of shallow wells	44	11
Construction of shallow wells	8	
Rehabilitation of boreholes		3
Rehabilitation of <i>ballehs</i>	6	
Construction of water pans	6	
Training of WMCs	2	2
Training of hygiene promoters in PHAST and CHAST	35	
Training in CMDRR	10	
NFI distribution	850 kits	800 kits

**Table 2.8.2.1 REASP 2 activities by implementation method**

### 2.8.3 Principles of Partnership

For CARE USA, “*partnership is a relationship that results from putting into practice a set of principles that create trust and mutual accountability. Partnerships are based on shared vision, values, objectives, risk, benefit, control, and learning as well as joint contribution of resources. The degree of interdependence is unique to each relationship, depends on context, and evolves over time*”<sup>11</sup>.

The evaluation looked at partner knowledge of CARE's strategic plan, the extent to which partner's planning took into account the plan, NGO contribution to REASP 2, training of partners, problems with the collaboration process and recommendations by partners. All but one of the partner NGOs for REASP 2 had previous work experience with CARE, thus their comments on their working relationship with the organization for this project is colored by, in some instances, over 5 years of partnership.

Several partner NGOs participated in CARE's strategic planning workshops, contributing to the formulation of the organization's vision and strategic objectives for the period 2008-2013. As such, knowledge of CARE's Strategic Plan was high among partners who attended these workshops

<sup>11</sup> Partnership Principles: What we have learned about partnering and institutional capacity building concepts. CARE USA, 2001.

although none of the partners interviewed stated that their interventions had been designed to contribute to any of the strategic objectives or cross cutting issues. 2 of the 6 partner NGOs interviewed were able to articulate CARE's project to program approach and expressed their support for the shift, citing the difficulty in achieving sustainable impact for their beneficiaries through short term interventions. There was some confusion amongst partner NGOs over which organizations had been selected as strategic partners and as to how CARE selects strategic partners.

Partner NGOs committed between 1 and 13% of their own funds to project activities, contributing to staff costs as well as a number of project activities. In addition to planned contributions to the project, partners also added value to CARE's interventions outside the sub-granting agreements. SVO's participation in NFI distribution to conflict affected IDPs from Buhoodle is one notable example and a clear indication of a shared commitment to responding rapidly to communities in need. YOVENCO and LQC also improved the quality of implementation, for the former, their experience in community mobilization contributed to the high levels of satisfaction among beneficiaries, despite the fact that the quantities of NFIs distributed were not enough to meet their needs. Recognizing a gap in implementation and a serious health risk to project beneficiaries, LQC made an effort to chlorinate water sources at project sites. During the project period, RAHMO represented the REASP 2 project in Galkayo, attending coordination meetings in Galkayo, liaising with the local authorities and other agencies on CARE's behalf. This demonstrates a level of trust that speaks well of CARE's commitment to empowering its partners.

All the partners acknowledged CARE's investment in their capacity, rating the pre-award workshop and the organizational capacity assessments conducted by CARE's Risks and Grants Unit above technical training in PHAST and CHAST and DRR. As one partner put it, "CARE makes you feel like a real NGO, they helped us to write proper proposals, conducted an OD assessment of our office, scoring us in different aspects and helping us to identify all our weaknesses and to come up with a plan to strengthen our systems". Although this sentiment was echoed to different degrees by all partners, there were also some common complaints – the delays in disbursement of funds at the sub-offices placed a lot of pressure on their finances as none of the partners maintain large cash reserves.

Recommendations included orientation on CARE Strategic Plan for new partners and support to cross visits by partners to promote learning and sharing of best practice.

## **2.9 Lessons learned, recommendations and conclusions**

### **2.9.1 Lessons learnt and recommendations**

- The level of coordination with regional agencies was commendable and should be replicated in other projects. Coordinating all activities with authorities and implementing activities at sites selected by these agencies contributed significantly to appropriate targeting, with REASP2 focusing on strategic water points serving drought affected pastoralists. To a lesser extent, agency participation in needs assessment and monitoring served to build the capacity of these institutions.
- Another key achievement of the project was the level of community involvement in planning and implementation of activities. Focus group discussions and questionnaires recorded above average knowledge of targeting criteria and satisfaction with the decision making process; over 90% of respondents expressed their satisfaction with both activities and the timing of implementation.
- CARE's use of both sub-granting and direct implementation was successful in reaching a large number of vulnerable households in a short period of time while maintaining the flexibility to respond to emergencies that occurred during the project period. Partners added value to the project, making use of their knowledge of the target regions, good relations with communities, local authorities and regional agencies to achieve project objectives. In one instance, one of CARE partner's was able to mitigate gaps in the provision of safe water by working with UNICEF to provide point of use chlorination to households and to chlorinate *berkaads* constructed through REASP2.

- Project staff and partner knowledge of SPHERE standards and the cluster list for NFI distribution was low, resulting in a lack of compliance with both guidelines. While some leeway must be made for beneficiary priorities, however this does not account for changes in specification of some of the items distributed and the lack of sanitary cloth and bar soap in kits distributed at all but one site. Both items are essential to the health and comfort of beneficiaries, particularly women and girls. Future projects should include provision for training on SPHERE standards and on post distribution monitoring.
- Cash for Work activities empowered beneficiaries and extended the impact of said activities beyond participants by providing injections of cash into local economies. The cash earned by beneficiaries was used to meet priority needs and to strengthen a key coping mechanism during drought.
- The number of staff allocated to the project was not sufficient to provide adequate monitoring and technical support to partners. One project engineer provided support in designing and constructing/rehabilitating WASH facilities in all three regions covered by the project; a significant amount of his time was dedicated to travelling between project sites, monitoring the works at every stage, leaving little time for the review of designs and to monitor usage of the facilities to ensure they were functioning as required. Future projects with construction or rehabilitation activities at this scale should provide for two project engineers or at the very least, one engineer on a full time basis rather than 50%.
- Alternatively, CARE could empower partner organisations that carry out construction works to comply with technical designs and specifications. A number of partners complained of long delays caused by waiting for CARE Somalia staff to inspect latrine construction works at specific project milestones (such as confirmation of pit depths) creating safety risks. These responsibilities could be assigned to technical persons within the partner organisations while CARE Somalia focal persons conduct spot checks and periodic audits.
- Hygiene and sanitation activities were not informed by the baseline study nor were they implemented according to an integrated sanitation and hygiene strategy. To ensure future projects sustain the gains made through REASP 2, CARE should design and implement an integrated hygiene education and behaviour change strategy, over and above the hygiene and sanitation trainings. This will continuously remind people of their hygiene obligations and sustain adoption of good hygiene behaviours.
- Hygiene and sanitation surveys conducted should be shared with partners and used as baseline for development and implementation of hygiene and sanitation interventions. This means making interventions evidence-based and focusing on risks of greater public health importance rather than implementing general hygiene awareness creation activities.
- Implement periodic water quality monitoring at water sources either rehabilitated or constructed by CARE Somalia. Though portable field monitoring kits were bought for this undertaking, the kit was never used. It is also important to train and assign key project staff the responsibilities of ensuring water is monitored. Such monitoring should concentrate on basic and essential parameters such as pH, thermo-tolerant coliforms, residual chlorine and turbidity.
- Work with local partners and international agencies to encourage point-of-use treatment of drinking water. Drinking water can get contaminated during fetching, transportation and storage and it is only important that water is safe for drinking at the point where it is used. Thus the project can partner with local NGOs to promote products (e.g. aquatabs, PUR) and behaviours of POU treatment of water.
- Build technical capacity of relevant government departments. The evaluation team observed that key technical arms of governments responsible for areas of importance to REASP 2 project (i.e. disaster response, humanitarian affairs, etc) had little understanding of their mandate and technical know-how. It is imperative to build the capacity of such departments in the long-term interest of ownership and sustainability of project results.
- Construct latrines that are easily cleanable, minimize water usage for flushing, and that keep away flies, mosquitoes and odour. This can be done through the adoption of an engineering design that uses vent pipes for foul air removal, slab that slopes towards squat/drop hole, wide diameter pan (pipe connecting squat hole to offset pit), and avoiding cement remains that retains faeces on sides of squat hole.

- OFDA should reconsider its policy on funding latrine construction, particularly in light of the heightened risk of diarrheal outbreaks faced by host and drought IDP families who cannot afford to construct their own latrines. Construction of ground water harvesting structures should be accompanied by latrines to eliminate the very high risk of faecal contamination associated with open defecation around these water sources.
- Provide and encourage simple hand washing facilities near latrines. For instance, community members can be encouraged to use small jerry cans with closable holes as hand washing facility. However, this should be complimented with behaviour change education/facilitation sessions that provoke people to wash hands at critical times.
- Information on the rationale for changes in implementation and best practices was difficult to obtain. Providing a clearer framework for documenting REASP project successes will ensure evidence based reporting of project results and lessons learnt during and after interventions. This may be done through sharing of best practices and publishing in journals.

## 2.9.2 Conclusion

REASP 2 constructed and/or rehabilitated 104 water sources in both Puntland and Somaliland. This has enabled more than 102,532 host community, drought-affected and internally displaced persons to access water. Additionally, over 3,500 IDPs had access to proper excreta disposal facilities. Distribution of NFI kits served to mitigate the effects of displacement and to increase household capacity to cope with hazards.

Water management and IDP committees met by the evaluation team were pleased with the rehabilitated or newly constructed water facilities. The committees and community members interviewed reported that they were making good use of the facilities; women particularly noted that they gained more from the water facilities since reduced distances to water points and queue times have had positive impacts on their lives. That water was charged and people were ready to pay the agreed amount is a sign that sustainable management of community water sources is not impossible.

The improved sanitation at Halabookhad IDP camp was a timely intervention for an extremely vulnerable population - landless and conflict affected. The households make good use of the sanitation facilities, which has saved them from the inconveniences of bush or open defecation. On the other hand, the project duration did not allow sufficient time for changing peoples' hygiene and sanitation behaviours at a large-scale, although positive project outcomes have been realized. These have been limited to a degree due to the effects of the long drought and continuing displacement of persons in Somalia.

Overall, REASP 2 has recorded notable results in addressing the immediate needs of displaced people, host community members and drought affected local community members. This was made possible through integrated and interlinked project approaches of expanding water access, improving sanitation in camps, cash-for-work that cushioned community members against economic hard times, and distribution of NFIs. Hygiene and sanitation trainings that accompanied expansion of water facilities were a good initiative, though there is room for improvement, particularly in the provision of safe drinking water and ensuring the sustainability of water structures.

## ANNEXES

### Annex 1: List of people interviewed

#### FGDs and KIIs

	Name	Designation and location	Date interviewed
1	Shukri Jama Ayamley	Women representative, Wadajir (Berbera IDP camp)	26/1/11
2	Zaynab Hirsi Ilmi	Women representative, Wadajir (Berbera IDP camp)	26/1/11
3	Chino Musa Bokor	Women representative, Wadajir (Berbera IDP camp)	26/1/11
4	Ahmed Jama Hussein	Chairman, Wadajir IDP Committee	26/1/11
5	Ahmed Ismail Muse	Member, Wadajir IDP committee	26/1/11
6	Deqa Diriye Mohamed	Member, Wadajir IDP committee	26/1/11
7	Ibrahim Hashe Araley	Member, Wadajir IDP committee	26/1/11
8	Abdirashid Yusuf Abdi	Member, Yagoori water management committee	27/1/11
9	Ahmed Warsame Adan	Member, Yagoori water management committee	27/1/11
10	Yassin Mohamed Daad	Chairman, Yagoori water management committee	27/1/11
11	Jama Jibril Ige	Member, Yagoori water management committee	27/1/11
12	Abdihakim Farah Mohamed	Member, Yagoori water management committee	27/1/11
13	Fadumo Osman Ashu	Member, Yagoori water management committee	27/1/11
14	Hinda Ali Ilmi	Member, Yagoori water management committee	27/1/11
15	Abdullahi Hussein Chairman	Chairman, Halabokhaad IDP committee	21/1/11
16	Mohamed Warsame Ali Education	Education chair, Halabokhaad IDP committee	21/1/11
17	Ahmed Jama Farah Security	Security, Halabokhaad IDP committee	21/1/11

18	Farhan Osman Dualle member	Member, Halabokhaad IDP committee	21/1/11
19	Sara Farah	Chairlady, Halabokhaad IDP Women committee	21/1/11
20	Amina Noor Hassan	Member, Halabokhaad IDP Women Committee	21/1/11
21	Dahabo Mohamed Mohamud	Member, Halabokhaad IDP Women Committee	21/1/11
22	Marian Shira Ali	Member, Halabokhaad IDP Women Committee	21/1/11
23	Asha Diriye ali	Member, Halabokhaad IDP Women Committee	21/1/11
24	Sheikh Isse	Manager, Halabokhaad Water Management Committee	21/1/11
25	Mohamed Abdikadir	Borehole Operator, Halabokhaad Water Management Committee	21/1/11
26	Dahir Omar Muse	Deputy Mayor, Galkacyo	21/1/11
27	Abdullahi Farah	Mayor, Harfo	22/1/11
28	Abdihodan jama warsame	Chairman, Harfo 1 Water Management Committee	22/1/11
29	Hassan Maalim Dahir	Member, Harfo 1 Water Management Committee	22/1/11
30	Mohamud Jama Warsame	Member, Harfo 1 Water Management Committee	22/1/11
31	Bashir Farayo Adan Noor	Member, Harfo 1 Water Management Committee	22/1/11
32	Mohamed Abdirahman	Humanitarian Affairs Analyst, OCHA	21/1/11
33	Hersi Hassan Yusuf	Director of Training, PSAWEN	24/1/11
34	Abdullahi Khadar	Chairman, HADMA	24/1/11

#### Partner NGOs and CARE staff

		Organisation	Date interviewed
1	Mohamed Farah	Executive Director, RAHMO	21/1/11
2	Mohamed Abshir	Project Manager, RAHMO	21/1/11
3	Mustafa	Accountant, RAHMO	21/1/11
4	Mohamed Abdullahi Farah	Executive Director, SVO	22/1/11
5	Said Haji Noor	Program Manager SVO	22/1/11
6	Ahmed Mohamed Salat	Project Manager SVO	22/1/11
7	Leila Siddiq	Executive Director, LQC	22/1/11
8	Mohamed	PHAST Trainer, LQC	22/1/11
9	Abdiaziz Said Salah	Program Coordinator, YOVENCO	26/1/11
10	Mustafa Suleiman Ilmi	Project Manager, HAVAYOCO	28/1/11
11	Hassan	Regional Coordinator, CHLE	28/1/11
12	Mohamed Yusuf	Acting Project Manager,	20/1/11

		REASP 2	
13	Engineer Ali Noor	Project Engineer, REASP 2	20/1/11
14	Wouter Schaap	Assistant Country Director, CARE Somalia	18/1/11
15	Ibrahim Hassan	Emergency Coordinator, CARE Somalia	17/1/11
16	Ibrahim Nur	Former Project Manager, REASP 2	29/1/11
17	Said Sheikh Aden	Senior Project Officer, REASP 2	26/1/11

### Questionnaires

	Name	Gender	Location	Date of interview
1	Khadija Ibrahim Egeh	Female	Yagori	27/1/11
2	Jama Hassan Farah	Male	Yagori	27/1/11
3	Rahma Ahmed	Female	Yagori	27/1/11
4	Awo Ali Awl	Female	Yagori	27/1/11
5	Hawo Bulale	Female	Yagori	27/1/11
6	Sahra Mohamoud	Female	Yagori	27/1/11
7	Hinda Muse Ahmed	Female	Yagori	27/1/11
8	Maryama Farah	Female	Yagori	27/1/11
9	Farah Yusuf	Male	Yagori	27/1/11
10	Shaal Muse	Female	Yagori	27/1/11
11	Fadumo Hirad	Female	Yagori	27/1/11
12	Yaqub Jama	Female	Yagori	27/1/11
13	Adan Ali Dualeh	Male	Yagori	27/1/11
14	Fadumo Ali Ise	Female	Yagori	27/1/11
15	Amina Ahmed	Female	Yagori	27/1/11
16	Ayan Abdikani Ali	Female	Yagori	27/1/11
17	Hali Mohamoud	Female	Yagori	27/1/11
18	Amina Warsame	Female	Yagori	27/1/11
19	Ahmed Muse	Male	Siiga dheer	27/1/11
20	Marian Hassan	Female	Siiga dheer	27/1/11
21	Mahamed Digale	Male	Siiga dheer	27/1/11
22	Siciid Salah	Male	Siiga dheer	27/1/11
23	Saynab Abdiqadir	Female	Siiga dheer	27/1/11
24	Anab Nuur Yusuf	Female	Siiga dheer	27/1/11
25	Ahmed Warsame	Male	Harfo	21/1/11
26	Awil Dirie Hassan	Male	Harfo	21/1/11
27	Ahmed Dirie	Male	Harfo	21/1/11
28	Fadumo Salad Harun	Female	Harfo	21/1/11
29	Reda Cawil Yusuf	Female	Harfo	21/1/11
30	Shukri Ige Hussein	Female	Harfo	21/1/11
31	Fozia Abdi Aden	Female	Harfo	21/1/11
32	Hawo Ahmed Hersi	Female	Harfo	21/1/11
33	Asha Hassan	Female	Harfo	21/1/11
34	Abdullahi Ali Aden	Male	Harfo	21/1/11
35	Abdinaasir Ali	Male	Harfo	21/1/11
36	Abdirahman Farah	Male	Siiga dheer	27/1/11
37	Aasiyo Usman Adan	Female	Siiga dheer	27/1/11
38	Ismail Muse	Male	Siiga dheer	27/1/11

39	Abdi	Male	Siiga dheer	27/1/11
40	Ardo Usman	Female	Siiga dheer	27/1/11
41	Ahmed Mohamed Hassan	Male	Siiga dheer	27/1/11
42	Said Diriye Hassan	Male	Siiga dheer	27/1/11
43	Adan Salat Abdi	Male	Siiga dheer	27/1/11
44	Saado Abdi Duale	Female	Siiga dheer	27/1/11
45	Aasiya Usman Salax	Female	Siiga dheer	27/1/11
46	Fadumo Bacayeed	Female	Siiga dheer	27/1/11
47	Amina Mahamed Ali	Female	Siiga dheer	27/1/11
48	Fadumo Abdullahi Bare	Female	Siiga dheer	27/1/11
49	Salaad Ali Mohamed	Male	Siiga dheer	27/1/11
50	Rahma Abdi	Female	Siiga dheer	27/1/11
51	Osman Ali Hasan	Male	Siiga dheer	27/1/11
52	Ahmed Adan Warsame	Male	Siiga dheer	27/1/11
53	Salad Diriye Hassan	Male	Siiga dheer	27/1/11
54	Yonis Ahmed Ige	Male	Siiga dheer	27/1/11
55	Sahra Warsame	Female	Siiga dheer	27/1/11
56	Muhumed Abdi Hassan	Male	Siiga dheer	27/1/11
57	Ibaado Ahmed Abdullahi	Female	Siiga dheer	27/1/11
58	Salah Adeb yussuf	Male	Siiga dheer	27/1/11
59	Abdiqadir Xasan Mahamed	Male	Siiga dheer	27/1/11
60	Raaqiya Maxamed Maxamud	Female	Siiga dheer	27/1/11
61	Abdikarim M.Jamaa	Male	Siiga dheer	27/1/11
62	Khadija Mahad	Female	Siiga dheer	27/1/11
63	Sahra Abdikadir Haji Ibrahim	Female	Siiga dheer	27/1/11
64	Saredho Adan	Female	Berbera	26/1/11
65	Leila Ayanle	Female	Berbera	26/1/11
66	Sahro Mohamed	Female	Berbera	26/1/11
67	Sahra Jamaa	Female	Berbera	26/1/11
68	Fadumo Duale	Female	Berbera	26/1/11
69	Amina Jamaa Diriye	Female	Berbera	26/1/11
70	Feisal Jamaa	Male	Berbera	26/1/11
71	Salugla H. Jama	Female	Berbera	26/1/11
72	Hodo Abdi	Female	Berbera	26/1/11
73	Anab Mohamed	Female	Berbera	26/1/11
74	Asha Abdi	Female	Berbera	26/1/11
75	Gasira Jama	Female	Berbera	26/1/11
76	Amina Ismail	Female	Berbera	26/1/11
77	Amina osman Ahmed	Female	Berbera	26/1/11
78	Hinda Suleiman Mohamed	Female	Berbera	26/1/11
79	Awralah Abdi Awil	Female	Berbera	26/1/11
80	Fadumo Mohamed	Female	Berbera	26/1/11
81	Xawiya Samatar Ibrahim	Female	Berbera	26/1/11
82	Khadija Jamaa Mohamed	Female	Berbera	26/1/11
83	Barwaqo Duale	Female	Berbera	26/1/11
84	Xawa Abdi	Female	Berbera	26/1/11
85	Isnino Ahmed Ali	Female	Berbera	26/1/11
86	Shamis Jama	Female	Berbera	26/1/11
87	Maryama Salah Mohamed	Female	Siiiga deer	27/1/11
88	Mohamud Ahmed Mohamed	Male	Faragul	27/01/11
89	Abdi Mohamed Osman	Male	Faragul	27/01/11
90	Jama Muhumed Ali	Male	Faragul	27/01/11
91	Indhadeeq Hassan	Female	Yagori	27/01/11

92	Halwo Hussein	Female	Yagori	27/01/11
93	Sahra Ahmed	Female	Yagori	27/01/11
94	Asad Abdilaahi	Female	Yagori	27/01/11
95	Halimo Ali	Female	Yagori	27/01/11
96	Aynanshe	Male	Yagori	27/01/11
97	Wiilo Ibraahim	Female	Yagori	27/01/11
98	Cibaado Farah	Female	Yagori	27/01/11
99	Mohamed Elmi	Male	Yagori	27/01/11
100	Khadra Du'ale	Female	Yagori	27/01/11
101	Fadumo Du'ale	Female	Yagori	27/01/11
102	Hodan Ali	Female	Yagori	27/01/11
103	Mohamed Yusuf	Male	Yagori	27/01/11
104	Khadija Ali	Female	Yagori	27/01/11
105	Hodan Ise	Female	Yagori	27/01/11
106	Yusur Ali	Female	Yagori	27/01/11
107	Sahra Awil	Female	Yagori	27/01/11
108	Maryama Bille	Female	Yagori	27/01/11
109	Amina Farah	Female	Yagori	27/01/11
110	Nadifo Adani	Female	Yagori	27/01/11
111	Zeinab Abdi	Female	Yagori	27/01/11
112	Nimco Hassan	Female	Yagori	27/01/11
113	Adan Abdi Awke	Male	Yagori	27/01/11
114	Halwo Hussein	Female	Yagori	27/01/11
115	Khadra Qasim	Female	Yagori	27/01/11
116	Sahra Salah	Female	Yagori	27/01/11
117	Nimco Dayib Mohamed	Female	Yagori	27/01/11
118	Zeinab Mohamed Bulalle	Female	Yagori	27/01/11
119	Halimo Ahmed Aynab	Female	Yagori	27/01/11
200	Fardous Ali Ismail	Female	Yagori	27/01/11
201	Koos Omar Mohamoud	Female	Yagori	27/01/11
202	Mako Suleiman Ashur	Female	Yagori	27/01/11
203	Zamzam Mohamoud Hussien	Female	Yagori	27/01/11
204	Hawa Jama Bullale	Female	Yagori	27/01/11
205	Sahra Hussein Warsame	Female	Yagori	27/01/11
206	Muhibo Ali Elmi	Female	Yagori	27/01/11
207	Fadumo Osman Ashur	Female	Yagori	27/01/11
208	Idil Abdi Liban	Female	Yagori	27/01/11
209	Amina Bile Mire	Female	Yagori	27/01/11
210	Fadumo Farah Osman	Female	Yagori	27/01/11
211	Fahma Yusuf Garad	Female	Yagori	27/01/11
212	Safiya Ahmed Jama	Female	Yagori	27/01/11
213	Hinda Ali Elmi	Female	Yagori	27/01/11
214	Deeq Ahmed Mohamed	Female	Yagori	27/01/11
215	Roda Derie Hersi	Female	Yagori	27/01/11
216	Asha Mohamed Dirie	Female	Yagori	27/01/11
217	Fadumo Muse Added	Female	Halbookhat	21/01/2011
218	Ahmed Ayah Mohamed	Male	Halabokhat	21/01/2011
219	Ahmed Nur	Male	Halabokhat	21/01/2011
220	Fadumo Abshir Jirow	Female	Halabokhat	21/01/2011
221	Abdi Ali Guraye	Male	Halabookhaat	21/01/2011
222	Ali Farah Dhulube	Male	Halabokhat	21/01/2011
223	Arab Dubow Budul	Male	Halabokhat	21/01/2011
224	Warsan Mire Ahmed	Male	Halabokhat	21/01/2011

225	Fadumo Yusuf Aden	Female	Halabokhat	21/01/2011
226	Abdi Hassan Hashi	Male	Halabokhat	21/01/2011
227	Abshiro Osman Abshir	Female	Halabokhat	21/01/2011
228	Sahro Farah Kilwe	Female	Halabokhat	21/01/2011
229	Nasra Jama Hassan	Female	Halabokhat	21/01/2011
230	Fadumo Abdulle Mohamed	Female	Harfo	22/01/2011
231	Abdi Mohamed	Male	Harfo	22/01/2011
232	Abshir Hassan	Male	Harfo	22/01/2011
233	Kharar Mohamed Jama	Male	Halabokhat	21/01/2011
234	Abdo Muhamed Osman	Male	Halabokhat	21/01/2011
235	Jamad Yusuf Adan	Female	Halabokhat	21/01/2011
236	Sahro Ahmed Abdillahi	Female	Halabokhat	21/01/2011
237	Habibo Ahmed Ma'ali	Female	Halabokhat	21/01/2011
238	Mhubo Mohamed Hassan	Female	Halabokhat	21/01/2011
239	Halimo Ahmed Abshir	Female	Halabokhat	21/01/2011
240	Anab Gelle Ahmed	Female	Halabokhat	21/01/2011
241	Halimo Ma'alin Abdi	Female	Berbera	26/01/11
242	Shamis Hashi	Female	Berbera	26/01/11
243	Abdillahi Hussein Aynab	Male	Berbera	26/01/11
244	Amina Abdi Gele	Female	Berbera	26/01/11
245	Amina Abdillahi Jama	Female	Berbera	26/01/11
246	Adam Farah Hussein	Female	Berbera	26/01/11
247	Ruun Yusuf Osman	Female	Berbera	26/01/11
248	Qali Ahmed Mohamed	Female	Berbera	26/01/11
249	Amina Osman Ahmed	Female	Berbera	26/01/11
250	Shugri Abokor Soyana	Female	Berbera	26/01/11
251	Ashab Adan Mohamed	Female	Berbera	26/01/11
252	Amino Ahmed Saed	Female	Berbera	26/01/11
253	Khadija Aden Roble	Female	Berbera	26/01/11
254	Sahro Awed Ali	Female	Berbera	26/01/11
255	Halimo Abdillahi Adem	Female	Berbera	26/01/11
256	Zienab Hassan Hussein	Female	Berbera	26/01/11
257	Nasra Dirie Dahir	Female	Berbera	26/01/11
258	Asha Aden Mohamed	Female	Berbera	26/01/11
259	Fadumo Mohamed	Female	Berbera	26/01/11
260	Asha Ali Awed	Female	Berbera	26/01/11
261	Nura Ali Awed	Female	Berbera	26/01/11
262	Amina Rage	Female	Berbera	26/01/11
263	Amina Mohamed	Female	Berbera	26/01/11
267	Keise Dirie	Male	Berbera	26/01/11
268	Asha Abdillahi	Female	Berbera	26/01/11
269	Arfi Abdillahi	Female	Berbera	26/01/11
270	Rahma Hassan Yusuf	Female	Berbera	26/01/11
271	Fadumo Abdi Mohamed	Female	Berbera	26/01/11
272	Asha Mohamed	Female	Berbera	26/01/11
273	Nuney Isaq Ali	Female	Halabookhad IDP camp	21/01/2011
274	Nimco Shukri Adan	Female	Halabookhad IDP camp	21/01/2011
275	Barwaqo Awil Hassan	Female	Halabookhad IDP camp	21/01/2011
276	Sahra Guled Gure	Female	Halabookhad IDP camp	21/01/2011
277	Mohamed Muumin Muhumed	Male	Halabookhad IDP	21/01/2011

			camp	
278	Rodo Nur	Female	Halabookhad IDP camp	21/01/2011
279	Marian Muuse	Female	Halabookhad IDP camp	21/01/2011
280	Shukri Abdullahi	Female	Halabookhad IDP camp	21/01/2011

## Annex 2: List of Sites Visited

Site	District	Region
Halabokhaad IDP camp	Galkayo	Mudug
Harfo	Burtinle	Mudug
Wadajir IDP camp	Berbera	Sahil
Yagori	Yagori	Sool
Siiga dheer	El Afwayn	Sanaag

## Annex 3: Terms of Reference

### CARE SOMALIA / SOUTH SUDAN:

#### TERMS OF REFERENCE

#### For End of Project Evaluation of the USAID / OFDA Funded Recovery and Emergency Assistance for Somalia Project (REASP 2),

##### Project Summary

Project name	<ul style="list-style-type: none"> <li>▪ Recovery and Emergency Assistance for Somalia Project (REASP -2)</li> </ul>
Project Duration	<ul style="list-style-type: none"> <li>▪ 4<sup>th</sup> Nov 2009- 3<sup>rd</sup> February 2011</li> </ul>
Project Location	<ul style="list-style-type: none"> <li>▪ Somalia: Somaliland and Puntland</li> </ul>
Donor	<ul style="list-style-type: none"> <li>▪ OFDA/USAID</li> </ul>
Contract No.	<ul style="list-style-type: none"> <li>▪ DFD-A-00-10-00106-00</li> </ul>
Project No.	<ul style="list-style-type: none"> <li>▪ PN: SOM 091</li> </ul>
Project Fund Code	<ul style="list-style-type: none"> <li>▪ FC SO 450</li> </ul>
Type of activities	<ul style="list-style-type: none"> <li>▪ WASH,NFI</li> </ul>
Project Funding	<ul style="list-style-type: none"> <li>▪ \$2m</li> </ul>
Implementing partners	<ul style="list-style-type: none"> <li>▪ HAVOYOCO, YOVENCO, CANDLELIGHT(CHLE), SVO, RAHMO, LQC</li> </ul>

## **1.0 Background**

Somalia experienced a severe and prolonged drought that began in 2007 and extended into 2010. The prolonged drought compounded by on-going conflict and displacements in the country had disrupted peoples coping strategies and access to food, health care and clean water. In 2009, FSNAU estimated that about 3.4 million people, including 1.4 million IDPs, were in crisis and needed humanitarian assistance. With funding from OFDA/USAID, CARE responded to the humanitarian crisis in the country. In September, 2007, the first phase of the project, Recovery and Emergency Assistance for Somalia (REASP 1) that aimed to address emergency needs of disaster-affected population was launched. REASP 1, which covered south central Somalia, Puntland and Somaliland, ended in September 2009. Due to the problems of access to most parts of the country, the first phase ended with 30% unspent funds. REASP 2 continued funding for a further one year with the remaining funds from REASP 1. The second phase was meant to fill critical gaps in emergency response in Somalia.

Operationally, REASP 2 consists of two main sectors: (a) Water supply, Sanitation and Hygiene promotions (WASH) and (b) Provision of Non-Food Items (NFI) to IDPs. Due to a direct threat to CARE in south central Somalia, the second phase was moved to the relatively secure northern regions of Somaliland and Puntland where CARE was able to operate. The program works in partnership with local organizations operating in both states. The program's goal is to rapidly identify and respond to humanitarian needs arising from natural disasters and chronic complex emergencies (conflict & displacement) within Puntland and Somaliland.

## **2. The purpose of the evaluation:**

- To assess the performance/achievement of the program in terms of its relevance, effectiveness and efficiency of the interventions in Somaliland and Puntland.
- To assess the impact of the program on the target population
- To provide 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 area.

The evaluation is primarily meant for CARE, the project staff and national NGO partners including the communities CARE works with and the donor - OFDA/USAID.

## **3. Specific Objectives**

### **A. 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, Somalia RDP and CARE Somalia strategic plan.
- The coherence of the project with the national policies, international standards and other Humanitarian operational guidelines such as SPHERE

#### **Efficiency**

The evaluation should assess the level of efficiency in input delivery, cost control and activity management

#### **Effectiveness**

- Measure the extent to which the project is successful in achieving its objectives using the indicators identified in the proposal
- The extent to which planned project outputs and other deliverable have been achieved
- Progress in the quality of the implementation of each of the sectors (WASH and NFI).

- Whether the partnership between the agency and its national partners were effective in delivering the required assistance to the target population?

#### **B. Impact of the project**

- What negative or positive impacts or effects did the project have on the lives of the beneficiaries?
- Assess the contribution of the project to the reduction of human suffering, particularly for the vulnerable groups

▪

#### **C. Project sustainability**

- Are activities and results likely to be sustained after the Project is completed?
- Assess the stakeholder participation in the management/implementation of the project;
- Measure the level of local ownership.
- Assess the financial viability of the project and the level of replication possibility.

#### **D. Cross-cutting issues**

- To what extent has the project benefited both men and women and the marginalized/minority group?
- Did it consider other cross-cutting issues such as protection, DRR

#### **E. 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?

#### **F. Recommendations:** Provide recommendations on:

- Lesson learnt and or best practice that that can be replicated in future programs
- 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**

The evaluation will be conducted in a participatory manner through a combination of methods including:

- Visits to project sites and project partners
- Briefings by CARE staff in Nairobi and in the field
- Review of available key project documents and other relevant literature e.g. partner reports, quarterly reports, previous evaluation reports, maps, project proposal. (Note: project documents will be provided upon request).
- Review of project technical documents
- Focus Group Discussions and Individual interviews with beneficiaries
- Review of project social data ( KAP surveys, household surveys conducted)

#### **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.
- ◆ Measurement: Conduct some measurements and direct observation on number of water facilities rehabilitated , quantity of water consumed, water quality, number of people who received hygiene and sanitation messages

## 5.0 Work plan and time schedule

A total of 18 days of actual work and 2 days - travelling to and from Somalia (a total of 20 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
- 10 days – Field trips and Data collection (5 in Somaliland and 5 in Puntland)
- 5 days – Data analysis, designing and report writing

### Indicative start date

2<sup>nd</sup> January 2011

## 5.1 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 Emergency 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

## 5.2 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 tables and charts to summarise the evaluation results is encouraged. (However, elaborate graphics and formatting are not necessary).
- 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 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

## 6.0 Remuneration

The Consultant is requested to quote his/her price for this assignment and to mention when he/she will be available to carry out this assignment.

## 7.0 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 housing, board 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.

### **8.0 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 Hargeisa, Garowe and Erigavo.
- In particular, the evaluator(s) will be expected to work closely with the Emergency Program Manager.

The consultant(s) under this assignment will: -

- commit to complete a fully satisfactory end product within the agreed time frame;
- be required to comply with security procedures of the organization
- Ensure completion of all field travel, activities and consultations within the specified duration.

### **9.0 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 USAID/OFDA donors funded projects will be an added advantage
- The team should comprise a Water/Public Health Engineer and Sociologist with experience both in the humanitarian field and in the evaluation of humanitarian aid.

### **All consultants should have:**

- Comprehensive experience of Project Cycle Management.
- A minimum of Post-graduate training in WASH and other related fields
- Demonstrated experience in community development, emergency interventions including community targeting, rapid rural appraisal.
- Vast 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 analysis the relationships between different key areas of the WASH sector
- Knowledge of both national and international instruments e.g. Sphere Standards, WHO- water quality standards and MDGs
- Knowledge of relevant computer packages
- Physical fitness and ability to undertake field visits in difficult environments and remote locations.

## Report format

The format appearing below shall be used for writing the report

Cover page

Title of the evaluation report:

- (CARE , Somalia )
- Period of the evaluation mission,
- Name and position of the evaluator,
- date of assessment
- Date of report

### TABLE OF CONTENT

#### EXECUTIVE SUMMARY

- Purpose of the operation evaluated and length of the evaluation,
- Project summary; Analysis of the affected area and population, including key events historical social etc
- Major findings
- Principal conclusions,
- Key recommendations
- Lessons learned

#### 1. INTRODUCTION

- 1.1. Background of the Evaluation Assignment
- 1.2. Members of the Evaluation Team

#### 2. MAIN BODY

- 2.1. Descriptions of methods
- 2.2. Project appropriateness/Relevance
- 2.3 Project efficiency
- 2.4 Project effectiveness
- 2.5 Impact /effects of the project
- 2.6. Project sustainability, institutional capacity building
- 2.7. Cross-cutting issues
- 2.8. Partnership with national partners
- 2.7 Recommendations, conclusions and lessons learned

#### ANNEXES

- List of people interviewed
- Sites visited
- Terms of Reference
- Abbreviations
- Map of the operation areas
- Timetable
- Sources/bibliography
- Evaluation Material (questionnaires etc)
- Stakeholder feedback on findings, conclusions and recommendations
- Evaluation team profiles

#### Annex 4: Abbreviations

CHLE	Candlelight for Health, Education and Environment
FSNAU	Food Security and Nutrition Analysis Unit
HADMA	Humanitarian Affairs and Disaster Management Agency
HAVOYOCO	Horn of Africa Voluntary Youth Committee
LQC	Las Qorey Concern
NFI	Non-Food Items
NERAD	National Environment Research and Disaster Preparedness Agency
OCHA	Office for the Coordination of Humanitarian Affairs
PSAWEN	Puntland State Agency for Water, Energy and Natural Resources
SVO	Steadfast Voluntary Organisation
YOVENCO	Youth Volunteers for Development and Environmental Conservation
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene

#### Annex 5: Timetable

Date	Activity	Associated Tasks
<b>Day 1 Thursday 20<sup>th</sup> January</b>		
Morning	Travel to Galkacyo	
Afternoon	Meeting with Staff and Partners	<ul style="list-style-type: none"> <li>• Key informant interviews with REASP II staff and RAHMO</li> <li>• Planning data collection with partners and staff</li> </ul>
<b>Day 2 Friday 21<sup>st</sup> January</b>		
Morning	Visit Halabookhad IDP camp	<ul style="list-style-type: none"> <li>• Key informant interviews with IDP committees, water management committees</li> <li>• Administer questionnaires to beneficiaries</li> <li>• Inspect facilities</li> </ul>
Afternoon	Meeting with OCHA	Key informant interview
<b>Day 3 Saturday 22<sup>nd</sup> January</b>		
Morning	Meeting with local authority  Travel to Burtinle (Harfo)	<ul style="list-style-type: none"> <li>• Key informant interview with deputy mayor of Galkayo</li> <li>• Visit rehabilitated borehole and interview water management committee.</li> <li>• Inspect facilities</li> <li>• Sample water testing</li> </ul>
Afternoon	Travel to Garowe	
<b>Day 4 Sunday 23<sup>rd</sup> January</b>		
Morning	Meeting with Partners	<ul style="list-style-type: none"> <li>• FGDs with SVO and LQC</li> </ul>
Afternoon	Transcription of data	

<b>Day 5 Monday 24<sup>th</sup> January</b>		
Morning	Meeting with PSAWEN, HADMA and any other line ministry associated with the project	<ul style="list-style-type: none"> <li>• Key informant interviews</li> </ul>
Afternoon	Data entry	
<b>Day 6 Monday 25<sup>th</sup> January</b>		
Morning	De-brief with staff	<ul style="list-style-type: none"> <li>• Presentation of preliminary findings</li> </ul>
Afternoon	Travel to Hargeysa	
<b>Day 7 Wednesday 26<sup>th</sup> January</b>		
	Travel to Berbera Visit IDP camp	<ul style="list-style-type: none"> <li>• Key informant interview with YOVENCO/planning for data collection</li> <li>• IDP committees,</li> <li>• Administer questionnaire to beneficiaries</li> <li>• Inspect NFI kits</li> </ul>
Afternoon	Travel to Burco	
<b>Day 8 Thursday 27<sup>th</sup> January</b>		
Morning	Travel to Yagori and Siigadheer	<ul style="list-style-type: none"> <li>• Focus group discussions with water management committees</li> <li>• Sample water testing</li> <li>• Administer questionnaires to beneficiaries</li> <li>• Inspect water and sanitation facilities</li> </ul>
Afternoon	Travel back to Burco	
<b>Day 9 Friday 28<sup>th</sup> January</b>		

Morning	Burco	<ul style="list-style-type: none"> <li>• Key informant interview with CANDLELIGHT and HAVAYOCO</li> <li>• Data entry</li> </ul>
Afternoon	Travel back to Berbera	<ul style="list-style-type: none"> <li>• Follow up with YOVENCO</li> <li>• Data Entry</li> </ul>
<b>Day 10 Saturday 29<sup>th</sup> January</b>		
Morning	Travel back to Hargeysa	
Afternoon	Meeting with former project manager	<ul style="list-style-type: none"> <li>• Key informant interview</li> </ul>
<b>Day 11 Sunday 30<sup>th</sup> January</b>		
Morning	De-brief with staff and partners	<ul style="list-style-type: none"> <li>• Presentation of preliminary findings</li> </ul>
Afternoon	Travel back to Nairobi	

**Annex 6: Evaluation material**

**END OF PROJECT EVALUATION OF THE USAID/OFDA FUNDED RECOVERY AND EMERGENCY ASSISTANCE FOR SOMALIA PROJECT II (REASP II)**

**EVALUATION QUESTIONNAIRE WASH  
TARGET GROUP: PROJECT BENEFICIARIES**

Date: \_\_\_ / \_\_\_ / \_\_\_ District: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Respondent: \_\_\_\_\_ Respondent Gender [  ]Male [  ]Female

Respondent Age: \_\_\_ yrs

**Section 1: Biodata**

1. Respondent classification (please tick answer, multiple answers allowed)

- i. IDP community
- ii. Host community
- iii. Returnee
- iv. Drought affected pastoralist
- v. Minority
- vi. Disabled

2. Who is the head of your household?

- i. Adult Male
- ii. Adult Female
- iii. Child (under 18yrs)

3. How many persons live and eat with you? \_\_\_\_\_

4. In your household, how many are (*write number in the box*):

- i. Under 5

- ii. Children (6 – 17)
- iii. Adults (18 – 50)
- iv. Elderly (above 50)
- v. Disabled

**Section 1: Sanitation and Hygiene:**

1. Do you use a latrine?  YES  NO
1. If yes, what are the reasons for latrine use (give 1 to first priority)?

	Reasons	Priority
1	Privacy	
2	For better health	
3	Persuaded by NGOs	
4	Other	

2. Do you pay for the latrine (skip if answer to 1 above is NO)?  YES  NO
3. If yes, how much do you pay? \_\_\_\_\_ Ssh.
4. How many people use the latrine? \_\_\_\_\_ persons
5. Are there problems with the latrine?

	Problems	Tick below
1	Infestation with flies/mosquitoes	
2	Odour/foul smell	
3	Difficulties for children	
4	Lack of water	
5	Poor privacy	
6	Pit filled up	
7	Difficulties for pregnant women	
8	Difficulties for disabled persons	
9	Difficulties for the elderly	
10	Other	

6. Have you or a family member experienced any of the following illnesses in the last three weeks?

	Illness	Tick below if applicable	No. Of Family members sick
1	Diarrhoea among under 5		
2	Diarrhoea		
3	Trachoma		
4	Dysentery		
5	Skin diseases		

7. How do you protect yourself or family member from diarrhoeal diseases?
  - a. Drinking safe water

- b. Wash hands after visiting latrine and before eating food
  - c. Environmental cleanliness
  - d. Bath daily
  - e. Other (specify).....
8. Does your house have hand washing facility?  YES  NO
9. Is it in use?  YES  NO
10. Do you wash your hands?  YES  NO
11. If yes, when do you wash your hands? *Tick as many as applicable*
- a. Before feeding children
  - b. After visiting latrine
  - c. Before eating food
  - d. After eating
  - e. Before preparing food
  - f. After cleaning children
12. Do you use the same water to wash hands before and after eating?  YES  NO
13. How do you wash your hands?
- a. Soap with flowing water
  - b. Soap with *faraxal (water in a basin)*
  - c. Water only
  - d. Sand with water
  - e. Other (specify).....
14. What do you do with water used for hand washing?
- a. Clean dishes/utensils
  - b. Clean the house
  - c. Pour/dispose of
  - d. Other (specify).....
15. Do you clean your water container?  YES  NO
16. If yes, after how long?
- a. Daily
  - b. 2 days
  - c. A week
  - d. Two weeks
  - e. Never
17. What is the average distance of latrines from your house?
- a. About 50 metres
  - b. About 200 metres
  - c. About 0.5 kilometres
  - d. About 1 kilometre

18. How do you dispose children's faeces?

		Tick below
1	Thrown in latrine	
2	Thrown in nearby bush or outside	
3	Other	

19. Were you consulted on the design and location of the latrine?  YES  NO

20. Are there threats that could possibly prevent latrine use?  YES  NO

21. If yes, what are the threats

- i. ....
- ...
- ii. ....
- ...
- iii. ....
- ...

22. **(To be answered by female respondents ONLY)**

- a. Are you comfortable using a shared latrine?  YES  NO
- b. Did you approve of the location and design of latrine?  YES  NO
- c. Does the latrine allow disposal of sanitary clothes?  YES  NO
- d. Does the latrine provide privacy for washing and drying sanitary clothes?  YES  NO

**NO**

23. Is the latrine easy to clean?  YES  NO

24. What is the degree of latrine privacy?

- i. Private
- ii. Not Private

25. Are there flies/mosquitoes in the latrine?  YES  NO

26. Are there bathing facilities?  YES  NO

27. What did you contribute for latrine construction

- i. Nothing
- ii. Labour
- iii. Finances
- iv. Building materials
- v. Other (specify) .....

28. Were you provided with materials and tools to maintain and clean their toilets/latrines?  YES  NO

29. If yes, what are the materials given to you

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....
- vi. ....
- vii. ....

30. Did CARE or its partner provide you any training on hygiene and sanitation promotion?  YES  NO

31. How many times were you reached with hygiene and sanitation messages?

- i. Not reached
- ii. Once
- iii. Two times
- iv. More than two times

## Section 2: Water Supply

1. How many litres of water were you using for following purposes before and after this water supply was constructed:

	Before project (estimate in litres per day)	After project (estimate in litres per day)
Drinking		
Cooking		
Personal hygiene (e.g.		

2. What is the average distance from houses to nearest water point?
- Less than 500 metres
  - About 500 metres
  - About 1 kilometre
3. What is the queuing time at water source?
- Less than 10 minutes
  - About 15 minutes
  - One hour
  - More than one hour
4. How long does it take to fill a 20-litre container at the water point?
- Less than 3 minutes
  - About 30 minutes
  - More than one hour
5. Is the water source regular/constant? [  ] YES [  ] NO
6. How many containers does your family have for collection and storage of clean water?
- None
  - One container
  - Two containers
  - Three containers
  - More than three containers
7. Do storage containers have narrow necks and/or covers? [  ] YES [  ] NO

## Section 3: Environmental Health

1. How do you dispose your household waste?

	Tick below
Burning	
Burial in communal or household pits	
Roadside disposal	
Other (specify).....	

2. How many refuse containers does your family have?
- None
  - One refuse container
  - Two refuse containers
  - More than two containers
3. What is the average volume of refuse container(s)?
- Less than 100 litres
  - About 100 litres

- c. More than 100 litres
4. What is the average distance from your house to where refuse container is?
- a. No refuse container nearby
- b. About 100 metres
- c. 500 metres
5. Is there regular collection of wastes?  YES  NO
6. If yes, how regular is the waste collection?
- a. Daily
- b. Weekly
- c. Monthly

### Section 5: Complementary Interventions from Other Aid Agencies

1. Have you received food and/or other assistance during the project period?  YES  NO
- i. Food aid  YES  NO
- ii. Frequency of distribution? Every [\_\_\_\_\_] (1/2, 1, 2, 3, 4, > 4) Months
- iii. Type of Food distributed \_\_\_\_\_
- iv. Ration size \_\_\_\_\_
- v. Water trucking  YES  NO , if yes, specify frequency and amount  
\_\_\_\_\_
- vi. Rehabilitation of water sources  YES  NO
- vii. Construction of water kiosks  YES  NO
- viii. Hygiene promotion activities  YES  NO
- ix. Construction of latrines  YES  NO
- x. Medical  YES  NO
- xi. Veterinary assistance  YES  NO

### Section 6: Project Timing

1. How would you rate the timing of water supply activities?
- Very appropriate       Appropriate       Late       Very Late
- If rated Late or Very Late, what would be a more appropriate time?
- \_\_\_\_\_
- \_\_\_\_\_
2. How would you rate the timing of sanitation activities?
- Very appropriate       Appropriate       Late       Very Late
- If rated Late or Very Late, what would be a more appropriate time?
- \_\_\_\_\_
- \_\_\_\_\_

3. How would you rate the timing of hygiene promotion activities?

Very appropriate       Appropriate       Late       Very Late  
If rated Late or Very Late, what would be a more appropriate time?

4. How would you rate the performance of the local NGO?

Excellent    Good    Average    Poor    Very poor  
If rated Poor or Very Poor, what are your suggestions to improve their performance?

5. Was the project duration sufficient to meet the emergency needs of the community?  YES  
 NO

**INTERVIEW GUIDE WASH  
TARGET GROUP: KEY INFORMANTS**

Date: \_\_\_/\_\_\_/\_\_\_      District: \_\_\_\_\_      Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interviewee/Respondent: \_\_\_\_\_

**Section 1: Sanitation**

1. What is the average distance (in metres) of bottom of latrines from groundwater sources?  
.....  
.....
2. How far is the latrine from nearest water source?
3. What kind of hand washing facilities have you provided with target beneficiaries?  
.....  
.....
4. Observe whether spillage or drainage from latrines run towards water sources nearby or shallow groundwater source? .....  
.....
5. What materials and tools are people provided with to maintain and clean their toilets/latrines?  
.....  
.....

**Section 2: Water Quality**

1. What is the average daily water use for drinking, cooking and personal hygiene per household? What was the daily domestic (drinking, cooking and hygiene) water usage before project interventions?
2. What is the average distance (in metres) from houses to nearest water point?
3. What is the queuing time (in minutes) at water source?

4. How long does it take to fill a 20-litres jericin at the water point? .....minutes
5. How constant/regular is water from the water source?
6. Has there been any survey on water quality? [ ] Yes [ ] No
7. What are risks of faecal contamination of the water?
8. Is water treated at Point of Use (POU)? [ ] Yes [ ] No
9. With what products? (name) .....
10. What is the level of turbidity and free residual chlorine at drinking point? (Note: turbidity should be lower than 5 NTU and residual chlorine should be 0.5mg per litre)  
.....
11. What is the number of faecal coliforms per 100ml at water delivery point (e.g. boreholes, wells)  
.....
12. Where do people drink water from? Why? .....
13. What measures are there to protect drinking water from recontamination during collection, storage and drawing?

### Section 3: Hygiene Promotion/Behaviours

1. Has there been an assessment carried out on hygiene risks of public health importance?[ Yes [ ]No
2. If yes, what are chief ones on excreta disposal, use of latrines, lack of hand washing with soaps, unhygienic collection of water, unhygienic food storage and preparation, etc)
3. What are the mechanisms for ensuring participation and representation of beneficiaries in the programme?
4. How are all sections of the population reached with hygiene promotion activities (noting the conservative nature of the society, where, say women may speak to unknown men). Consider how illiterate people are reached.
5. How many hygiene promoters are there?
6. How do hygiene promotion messages and activities address behaviours and misconceptions?.
7. How are beneficiaries responsible for maintenance and management of facilities? How do different groups contribute equitably?

### Section 4: Environmental Health

1. Are there vector-borne disease control activities? [ ] Yes [ ] No
2. If yes, what are the activities
  - i. ....
  - ii. ....
  - iii. ....
  - iv. ....
3. What is the coverage and magnitude of the activities

### Section 4: Project Performance

1. What are the top project achievements in water, sanitation and hygiene since inception?
  - a. ....

- b. ....
- c. ....
- d. ....
- e. ....
- 2. How did project focus on felt WASH needs of targeted beneficiaries?
  - a. ....
  - b. ....
  - c. ....
- 3. What are the 3 top positive effects of the project on beneficiaries' lives?
  - a. ....
  - b. ....
  - c. ....
- 4. What are the 3 top negative effects of the project on beneficiaries' lives?
  - a. ....
  - b. ....
  - c. ....
- 5. How will project activities be sustained after project exit? .....
- 6. How did the project engage stakeholders in its implementation? .....
- 7. Was the programme duration sufficient enough to complete construction and rehabilitation activities? [] yes [] no
- 8. What IEC/BCC materials does your organization use? Observe and comment  
.....  
.....
- 9. What kind of latrines did your organization build for beneficiaries  
.....  
.....
- 10. What are number of clean water points functional 3 months after completion?  
.....
- 11. Technical capacity of partner NGO  
.....  
.....

**SANITATION (LATRINES) INSPECTION CHECKLIST**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **District:** \_\_\_\_\_      **Location:** \_\_\_\_\_  
**Interviewer:** \_\_\_\_\_  
**Household:** \_\_\_\_\_

**Latrine Design**

1. What is the type of latrine? Why the type so selected? Squatting or sitting type?
2. Observe and comment on: ease of urine drainage, presence of foul smell/odour, vent pipe installations with mesh, slab strength
3. Flatness/floor evenness
4. Easy for use by all population sections i.e. women, the elderly, pregnant women, physically disabled persons,
5. Any design threats to women users

6. Ease of cleanliness
7. Degree of providing privacy (superstructure design)
8. Ease of allowing disposal of and washing of women's sanitary protection materials e.g. pads, tampons
9. Minimisation of fly and mosquito breeding
10. Protection of latrine drainage and spillage from surface water

**Latrine Location, Use and Access**

1. Are there separate latrines for men and men?
2. What is the distance of houses from latrines?
3. Latrine distance from water points
4. Latrine distance from water table
5. How clean are the latrines
6. How does design allow removal of foul smell?
7. Hand washing facility (for use after latrine visits)
8. Materials and tools provided for latrine maintenance and cleaning

**EVALUATION QUESTIONNAIRE NFI DISTRIBUTION  
TARGET GROUP: PROJECT BENEFICIARIES**

Date: \_\_\_/\_\_\_/\_\_\_ District: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Respondent: \_\_\_\_\_ Respondent Gender  Male  Female

Respondent Age: \_\_\_ yrs

**Section A: Biodata**

Gender of Household Head:

A.1.1 Male  A.1.2 Female

A.2 How many people live/eat with you?

A.3 Of current household, how many are (write number in the space next to each relevant category)

A.3.1  (under 5) A.3.2  Adult (18-50)

A.3.3  Children (6-17) A.3.4  Disabled

A.3.5  Elders (above 50)

A.4 Respondent classification (please tick answer, multiple answers allowed)

IDP community

Host community

Returnee

Drought affected pastoralist

Minority

Disabled

**B. NFI Distribution**

B1 Did your family receive any non food item Kits?  Yes  No

B2. Who in particular in the family received the NFI kit? \_\_\_\_\_

B2 What was included in the NFI Kit?(Tick items in the NFI below and indicate quantity in the blank space)

Plastic Sheet \_\_\_

Jericans \_\_\_

Blankets \_\_\_

sleeping mat \_\_\_\_

kitchen sets \_\_\_\_

sanitary cloth \_\_\_\_

Bar soap 750 grams \_\_\_\_

B2.1 Were the blankets and sleeping mat made of materials that were appropriate in terms of the weather in your locality?  yes  no

B2.2 Were you provided with enough blankets and sleeping mats to keep you warm at night?  yes  no

B2.3 Were you provided with enough blankets and sleeping mats to enable separate sleeping arrangements as required among members of the household?  yes  no

B3 Did the items in the non food item kits meet the needs of your household?  yes  no

B3.1 If yes, which items in the kit did you find useful? (Please tick the useful ones)

Plastic Sheet

Jericans

Blankets

sleeping mat

kitchen sets

sanitary cloth

Bar soap 750 grams

B3.3 If no, what items in the kit were not useful? (Please tick the ones that were not useful)

Plastic Sheet

Jericans

Blankets

sleeping mat

kitchen sets

sanitary cloth

Bar soap 750 grams

B3.4 If no, which non-food items would you prefer to receive? (Please list in order of importance)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

B4. Did you sell any of the items in the kit?  yes  No

B4.1 If yes, which ones? \_\_\_\_\_

B4.2 If yes, how much money did you make from the sale of items in the kit? \_\_\_\_\_ Ssh. \_\_\_\_\_

USD

B4.3 If yes, what did you use the income for? (Indicate percentages if income was used for more than one use)

1. Food [\_\_\_\_] %

2. Water for household/livestock [\_\_\_\_] %

3. Animal/Human Health (Drugs) [\_\_\_\_] %

4. Debt Repayment [\_\_\_\_] %

5. Clothes [\_\_\_\_] %

6. Other household needs [Specify] \_\_\_\_\_

[\_\_\_\_] %

B5 Was a community mobilization exercise for NFI distribution carried out in your village?  Yes  No

No

B6 Do you know what criteria was used for targeting and selecting beneficiaries?

(Tick v, multiple answers allowed)

Don't Know

- Poverty Levels
- Elderly & Aged
- Disabled & Orphans
- Women
- Size of Household
- Minority Groups
- No. of livestock owned
- Highly indebted
- Others

B7 Was the targeting criteria fair?  yes  no

B7.1 If no, what issues do you have with the targeting criteria? \_\_\_\_\_

B7.2 How could it be improved? \_\_\_\_\_

B.8 Who decided the beneficiary selection criteria? (Tick where appropriate, multiple answers allowed)

- Don't know
- CARE
- Local NGO (Please specify) \_\_\_\_\_
- Community Elders
- Community Development Committee
- Women group/representatives
- Youth group/ representatives
- Marginal group/ representatives

B9 Was the beneficiary selection process fair?  yes  no

B9.1 If no, what issues do you have with the selection process?

B9.2 How could it be improved? \_\_\_\_\_

B.10 How would you rate the timing of distribution?

- Very appropriate
- appropriate
- late
- very late

B.10.1 If rated late or very late please elaborate \_\_\_\_\_

**C. Complementary Interventions from Other Aid Agencies**

C.1 Have you received food and/or other assistance during the project period?

C1.1 Food aid  Yes  No

C1.1.2 Frequency of distribution? Every [\_\_\_\_\_] (1/2, 1, 2, 3, 4, > 4) Months

C.1.3 (i) Type of Food distributed \_\_\_\_\_  
 (ii) Ration size \_\_\_\_\_

C.1.5 Water trucking  Yes  No

if yes, specify frequency and amount \_\_\_\_\_

C.1.6 Medical  Yes  No

if yes, specify frequency and amount \_\_\_\_\_

C.1.7 Veterinary assistance  Yes  No  
if yes, specify frequency and amount \_\_\_\_\_

---

#### D. Timing

D.1 How would you rate the timing of distribution of non food items kits?  
 Very appropriate       Appropriate       Late       Very Late

D1.1 If rated Late or Very Late, what would be a more appropriate time?  
\_\_\_\_\_  
\_\_\_\_\_

D.5 How would you rate the performance of the local NGO?

Excellent  Good  Average  Poor  Very poor

D5.1 If rated Poor or Very Poor, what are your suggestions to improve their performance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.6 Was the project duration sufficient to meet the emergency needs of the community?  yes  no

D.7 Was the programme duration sufficient enough to complete construction and rehabilitation activities?  
 yes  no

---

### NFI Kit Observation Checklist

Thermal performance

- Is the bedding appropriate considering the weather in the project areas?
- Did beneficiaries receive a combination of blankets, bedding or sleeping mats to provide thermal comfort and to enable separate sleeping arrangements as required?
- Do individuals who are most at risk have additional bedding to meet their needs?

Durability – Do they accommodate prolonged use?

Replacement – How much is left? Is there provision for replacement of consumable items?

Jerrican – Size? (should be two jerricans of 10 to 20 Litres)

What's in the kitchen set?

Should have:

- Large-sized cooking pot with handle and a pan to act as a lid
- A medium-sized cooking pot with handle and lid
- A basin for food preparation or serving
- A kitchen knife
- Two wooden serving spoons
- Each person has access to a dished plate, a metal spoon and a mug or drinking vessel
- Cooking and eating utensils and water collection vessels should be sized to suit older people, people with disabilities and children as required
- All plastic goods (buckets, bowls, jerry cans, water storage vessels, etc.) should be of food-grade plastic
- All cutlery, bowls, plates and mugs should be of stainless steel or other non-ferrous metal

Ask LNGOs what checklist they used when deciding what items and quantities to include in the kits?  
(Women or those typically overseeing the preparation of food and the collection of water should be consulted when specifying items)

**EVALUATION QUESTIONNAIRE CASH FOR WORK**  
**TARGET GROUP: PROJECT BENEFICIARIES**

Date: \_\_\_/\_\_\_/\_\_\_ District: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Respondent: \_\_\_\_\_ Respondent Gender []Male []Female

Respondent Age: \_\_\_ yrs

---

**Section A: Biodata**

Gender of Household Head:

A.1.1 Male [] A.1.2 Female []

A.2 How many people live/eat with you?

A.3 Of current household, how many are (write number in the space next to each relevant category)

A.3.1 [] (under 5) A.3.2 [] Adult (18-50)

A.3.3 [] Children (6-17) A.3.4 [] Disabled

A.3.5 [] Elders (above 50)

A.4 Respondent classification (please tick answer, multiple answers allowed)

IDP community

Host community

Returnee

Drought affected pastoralist

Minority

Disabled

---

**B. Cash Distribution Dynamics**

B1 Did you participate in Cash for Work activities? [] yes [] no

B1.1 If yes, how did you participate? (Tick where applicable, multiple answers allowed)

Digging waste disposal pits

Waste collection

Construction of communal latrines

Construction of market shelters

Construction of abattoirs

Construction of household latrines

De-silting of shallow wells

Construction of animal troughs

Fencing of shallow wells

Other (Please specify) \_\_\_\_\_

B1.2 Number of times the beneficiary has worked on Cash for Work activities

\_\_\_[1] \_\_\_[2] \_\_\_[3] \_\_\_[4] \_\_\_[5] \_\_\_[6] \_\_\_[7] \_\_\_[8]

Other (please specify) \_\_\_\_\_

B.2 Amount of cash earned every month? [\_\_\_\_\_] \$

B.3 Total cash earned during the program: [\_\_\_\_\_] \$

B.4 How far (km) do you have to travel to get the cash

[\_\_\_\_\_] Km

[\_\_\_\_\_] Hours

B.5 Was a community mobilization exercise for Cash for Work carried out in your village?

Yes  No  Don't know

---

B.6 Do you know what criteria was used for targeting and selecting beneficiaries?

(Tick v, multiple answers allowed)

- Don't Know
- Poverty Levels
- Elderly & Aged
- Disabled & Orphans
- Women
- Size of Household
- Minority Groups
- No. of livestock owned
- Highly indebted
- Others

B7 Was the targeting criteria fair?  yes  no

B7.1 If no, what issues do you have with the targeting criteria? \_\_\_\_\_  
\_\_\_\_\_

B7.2 How could it be improved? \_\_\_\_\_  
\_\_\_\_\_

B.8 Who decided the beneficiary selection criteria? (Tick where appropriate, multiple answers allowed)

- Don't know
- CARE
- Local NGO (Please specify) \_\_\_\_\_
- Community Elders
- Community Development Committee
- Women group/representatives
- Youth group/ representatives
- Marginal group/ representatives

B9 Was the beneficiary selection process fair?  yes  no

B9.1 If no, what issues do you have with the selection process? \_\_\_\_\_  
\_\_\_\_\_

B9.2 How could it be improved? \_\_\_\_\_  
\_\_\_\_\_

---

**C. Cash Expenditure Pattern:**

C.1 How did you spend the income you earned from the programme?

(Priority ranking it should be indicated in %ages)

Items Purchased (% of cash earned )

1. Food [\_\_\_\_] %
2. Water for household [\_\_\_\_] %
3. Water for livestock [\_\_\_\_] %
4. Animal Health (Drugs) [\_\_\_\_] %
5. Human Health (Drugs) [\_\_\_\_] %
6. Debt Repayment [\_\_\_\_] %
7. Clothes [\_\_\_\_] %
8. Other household needs [Specify] \_\_\_\_\_  
[\_\_\_\_] %

C.2 Where did you spend the cash  Within the district  outside the district?

C.3 Within the household who determined how the cash was to be spent?

Husband  Wife  Both  Others [if yes specify]

C.4 If you used the income for debt repayment, were you able to borrow again?

Yes  No

C.5 For how long do you think you will obtain credit from the traders?

3 month  6 month  1 year  >1 year

---

### D Asset Profile

Number of livestock owned

D.1 Before the project

Cattle \_\_\_\_\_

Camel \_\_\_\_\_

Goat \_\_\_\_\_

Sheep \_\_\_\_\_

Donkey \_\_\_\_\_

D.3 How much debt did you have before the project? [\_\_\_\_\_] Ssh

[\_\_\_\_\_] US\$

D.4 Who did you take the debt from? (Specify) \_\_\_\_\_

D.5 When did you take this debt?  <3 months ago  6 months ago  1 year ago

>1 year ago

D.6 Did you receive any support/help from relatives or clan since the last Deyr season?

Yes  No

D.7.1 If yes please specify what kind of support?

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### E: Social Impact of the Cash for Work

E.1 Was there any intra-household conflict after receiving the cash?  yes  no

E.2 If yes, what was the nature of these conflicts? Explain

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E.3 If yes, how were these conflicts resolved? Explain

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### F. Complementary Interventions from Other Aid Agencies

F.1 Have you received food and/or other assistance during the project period?

F1.1 Food aid  Yes  No

F1.1.2 Frequency of distribution? Every [\_\_\_\_\_] (1/2, 1, 2, 3, 4, > 4) Months

F.1.3 (i) Type of Food distributed \_\_\_\_\_

(ii) Ration size \_\_\_\_\_

F.1.5 Water trucking  Yes  No

if yes, specify frequency and amount \_\_\_\_\_

G.1.6 Medical  Yes  No

if yes, specify frequency and amount \_\_\_\_\_

F.1.7 Veterinary assistance  Yes  No

if yes, specify frequency and amount \_\_\_\_\_

---

### G. Timing

G.1 How would you rate the timing of cash for work activities?

Very appropriate  Appropriate  Late  Very Late

G1.1 If rated Late or Very Late, what would be a more appropriate time?

---

G.2 How would you rate the timing of water supply activities?

Very appropriate       Appropriate       Late       Very Late

G2.1 If rated Late or Very Late, what would be a more appropriate time?

---

G.3 How would you rate the timing of sanitation activities?

Very appropriate       Appropriate       Late       Very Late

G3.1 If rated Late or Very Late, what would be a more appropriate time?

---

G.4 How would you rate the timing of hygiene promotion activities?

Very appropriate       Appropriate       Late       Very Late

G4.1 If rated Late or Very Late, what would be a more appropriate time?

---

G.5 How would you rate the performance of the local NGO?

Excellent     Good     Average     Poor     Very poor

G5.1 If rated Poor or Very Poor, what are your suggestions to improve their performance?

---

---

G.6 Was the project duration sufficient to meet the emergency needs of the community?  yes  no

G.7 Was the programme duration sufficient enough to complete construction and rehabilitation activities?  yes  no

---

## H. Environment

H.1 Have project activities affected access to pasture for your livestock?

Yes  No

H.1.2 If yes, please specify if negative or positive and give details

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H.2 Have project activities affected vegetative cover in project areas?

Yes  No

H.2.1 If yes, please specify if negative or positive and give details

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## INTERVIEW GUIDE KEY INFORMANTS, PARTNERS

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ District: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interviewee/Respondent: \_\_\_\_\_

**Planning and Implementation**

1. How were you involved in the planning process?

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2. Are you satisfied with the collaboration agreement with CARE?

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3. If no, what would you change?

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4. If yes, what did you like most about the collaboration agreement?

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5. How many project activities are completed? \_\_\_\_\_

6. What was the project duration? \_\_\_\_\_

**Site Selection and Beneficiary Selection**

1. How was the decision made to select the locations for implementation?

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2. Did sub-granting agreements allow for flexibility in responding to changes in condition of target beneficiaries? Please explain

---

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3. How did you ensure participatory selection of beneficiaries?

---

---

**NFI Distribution**

1. What mechanisms did you use to identify particularly vulnerable host households (women headed households, elderly and child headed households, minority community headed households)?

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2. Who identified families to benefit from this activity?

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3. What criteria or checklist did you use when deciding what items and quantities to include in the kit?? (Women or those typically overseeing the preparation of food and the collection of water should be consulted when specifying items) \_\_\_\_\_

---

4. Did you conduct post distribution monitoring? How often? \_\_\_\_\_

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5. What was the level of monetization of the kits? \_\_\_\_\_  
\_\_\_\_\_

6. Did NFI kits meet the real needs of the beneficiaries? \_\_\_\_\_

7. Was the timing of distribution appropriate? \_\_\_\_\_

**Capacity Building**

1. Did you receive any training from CARE? \_\_\_\_\_  
\_\_\_\_\_

2. If yes, please specify \_\_\_\_\_

3. What skills did you gain? Managerial/technical? \_\_\_\_\_

**Relevance**

1. What were the priority needs of the target beneficiaries? \_\_\_\_\_  
\_\_\_\_\_

2. Did project activities meet these needs? How? \_\_\_\_\_  
\_\_\_\_\_

3. Are you familiar with CARE's Strategic Plan? \_\_\_\_\_  
\_\_\_\_\_

4. Did you refer to the plan when selecting emergency response activities? \_\_\_\_\_  
\_\_\_\_\_

5. Which cross-cutting issues did you integrate into your activities? \_\_\_\_\_  
\_\_\_\_\_

6. What protection issues affect the target beneficiaries? \_\_\_\_\_  
\_\_\_\_\_

7. How did you mainstream responses to these issues into your interventions? \_\_\_\_\_  
\_\_\_\_\_

8. How did you ensure representation and participation of women, youth and marginalized groups in your interventions? \_\_\_\_\_  
\_\_\_\_\_

9. Did you collect disaggregated data at all stages of your interventions – baseline, implementation and monitoring? \_\_\_\_\_

10. How do your activities contribute to national/regional disaster response/emergency plans? \_\_\_\_\_

**Cash distribution dynamics**

1. Describe the registration and cash handling process \_\_\_\_\_

2. How many households have benefited from the CFW distribution? \_\_\_\_\_

3. What was the method of payment – per unit quantity of work done or per day worked? \_\_\_\_\_

4. What is the estimated ratio of women beneficiaries? \_\_\_\_\_

5. How were the CFW beneficiaries chosen? \_\_\_\_\_

6. How were the concerns of women and vulnerable groups considered? \_\_\_\_\_

7. Were any other institutions (e.g. Guurti) or persons influential in the registration process or micro-project identification and implementation? \_\_\_\_\_

8. Did people incur any financial costs in receiving the cash? Transport costs, clan taxes/sharing, militia taxes, etc \_\_\_\_\_

9. Were there any security incidents or tensions generated by the project? Explain. \_\_\_\_\_

10. How did people spend the money? When/on what? How has the cash changed the lives of people? \_\_\_\_\_

11. From your experience with the communities, how are decisions made within the household on how to spend the money, in normal times and during the project? \_\_\_\_\_

12. Has the project changed these dynamics in any way? If so, how? \_\_\_\_\_

**Monitoring and evaluation**

1. Did you do regular monitoring? \_\_\_\_\_

2. Were there any difficulties or weaknesses in this process? Explain. \_\_\_\_\_

5. During monitoring, do you collect the information in a gender disaggregated manner? \_\_\_\_\_

**Debt (for CfW activities)**

1. What are the normal debt levels and debt issues in the areas you are working? \_\_\_\_\_

2. How did they change as a result of the drought and/or ongoing conflict? \_\_\_\_\_

3. Did the cash intervention change debt practices and dynamics in any way? If yes, how? \_\_\_\_\_

**Cross cutting issues**

1. How did you incorporate DRR into your interventions? \_\_\_\_\_

\_\_\_\_\_

2. Did you receive any training from CARE on DRR? \_\_\_\_\_

\_\_\_\_\_

### **Environmental Impact**

1. Did you assess the environmental impact of your interventions on target areas before, during and after implementation of water supply, sanitation and hygiene promotion activities? \_\_\_\_\_

\_\_\_\_\_

2. What are the short term impacts of project activities in each sub-sector on the environment? \_\_\_\_\_

\_\_\_\_\_

3. What are the long term impacts of project activities in each sub-sector on the environment? \_\_\_\_\_

\_\_\_\_\_

### **Sustainability**

1. What is the likelihood that the communities will continue with activities after phasing out? \_\_\_\_\_

\_\_\_\_\_

2. What are the best practices that can be replicated elsewhere? \_\_\_\_\_

\_\_\_\_\_

3. How sustainable are the projects? \_\_\_\_\_

\_\_\_\_\_

4. In your assessment, how effective are the water management committees in managing water points? \_\_\_\_\_

\_\_\_\_\_

5. What are your main concerns regarding the projects? \_\_\_\_\_

\_\_\_\_\_

### **Recommendations**

1. On future collaboration with CARE \_\_\_\_\_

\_\_\_\_\_

2. Activities with communities that would improve their ability to coping with emergencies and/or natural disasters \_\_\_\_\_

\_\_\_\_\_

## **INTERVIEW GUIDE KEY INFORMANTS, LOCAL AUTHORITIES/MINISTRY OFFICIALS**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **District:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Interviewee/Respondent:** \_\_\_\_\_

**Knowledge**

1. What were the project objectives?

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2. What were the project activities?

3. Who were the target beneficiaries of the project?

**Participation**

1. Were you informed at the start of the project?

2. Were you involved in project planning? If yes, how and to what extent?

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3. Were you involved in selection of projects? If yes, how and to what extent?

4. Were you involved in beneficiary selection? If yes, how and to what extent?

5. Were you involved in monitoring of the project? If yes, how and to what extent?

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**Coordination**

1. How were you involved in coordination of project activities?

2. How would you rate information sharing and communication by CARE?

3. Did CARE attend coordination/cluster meetings in the target area? How regularly?

**Relevance**

1. How did the project contribute or fit in to emergency or disaster response plans at the local and national levels?

2. What were the priority needs of the target beneficiaries?

3. Did project activities meet these needs? How?

4. Were project activities timely? If not, what would have been a more appropriate time?

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**Lessons Learnt and Recommendations**

In your opinion,

1. What were the achievements of the projects?

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2. Which activities were most successful? \_\_\_\_\_  
\_\_\_\_\_

2a. What could have been done better? \_\_\_\_\_  
\_\_\_\_\_

3. What are your suggestions for future emergency projects?  
\_\_\_\_\_  
\_\_\_\_\_

**FOCUS GROUP DISCUSSION GUIDE, WATER MANAGEMENT COMMITTEES**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **District:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Interviewee/Respondent:** \_\_\_\_\_

**Composition and roles**

1. What is the composition of the WMC (men and women)? \_\_\_\_\_  
\_\_\_\_\_

2. When was it constituted? \_\_\_\_\_

3. How is the organization structured?  
\_\_\_\_\_

4. Describe your role in the project implementation (from planning, implementation and monitoring)?  
\_\_\_\_\_

5. Describe the decision-making process of the WMC? How are decisions made?  
\_\_\_\_\_

6. Is there any gender related criteria for selection of committee members? How do you ensure that there is women are represented in the WMC?  
\_\_\_\_\_

7. What is your relationship with CARE/LNGO?  
\_\_\_\_\_

8. From your view, what are the major successes during the process of project planning, implementation and monitoring?  
\_\_\_\_\_

9. What were some of the challenges or difficulties/weaknesses in the process?  
\_\_\_\_\_

10. How were the project beneficiaries chosen for the project?  
\_\_\_\_\_

11. Were there any security incidents or difficulties caused by the project? How were these resolved or managed? What was your role in resolving tensions or conflict?  
\_\_\_\_\_

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**Project components**

1. What services do the WMCs provide to community members?

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2. What financial system is in place for water supply?

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3. How do you manage operations at the water source?

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4. How do you manage maintenance at the water source?

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5. What plans do you have for the next one year?

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6. Is there any environmental impact from project activities?

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**Training**

1. Did you receive any training from CARE/LNGO?

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3. From the trainings what skills have you applied? And how do you intend to utilize the knowledge in future?

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4. What have you done differently since the training?

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5. Have you been trained by any other organisation?

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**Linkages and collaboration**

1. What are the linkages between the various WMCs in your area?

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2. What assistance do you get from the local authorities and PSAWEN?

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3. Are you satisfied with the collaboration? If not, how can it be improved?

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## **Annex 7: Stakeholder Feedback on Findings**

### **Water Quality Monitoring**

- Partners requested water testing kits and training in order to conduct their own continuous monitoring
- Project staff did not receive adequate training from the WASH coordinator so were unable to implement testing activities as specified in the monitoring plan on their own
- The previous WASH coordinator resigned half way through the project, hiring and orienting a replacement took time, this may have contributed to weakness in implementation

### **Hygiene and Sanitation promotion**

- The KAP survey was administered by partner NGOs but there was a long period between data collection and preparation of the final report due to problems with the consultant.
- Implementation focuses on the number of training and persons trained due to the short implementation period. BCC takes a longer time period to exhibit noticeable change so partner and project staff focused on deliver of outputs.

### **Water supply and Sustainability**

- It will take time to merge local arrangements for water supply and standard WASH operations, having WMCs for privately owned shallow wells is not appropriate.
- Water is a shared resource so charging for water at wells and dams is difficult
- Training of WMCs at direct implementation sites was conducted at shallow wells rehabilitated in Eastern Sanaag and for the committee at El Buh borehole, also in Eastern Sanaag.

### **Coordination**

- Gaps in coordination in Galkayo are going to be addressed; CARE will have a project officer based in Galkayo town to supervise activities in Mudug and participate in Galkayo cluster meetings
- The program shift will address concerns by HADMA on the quality of interactions with individual project staff for similar activities.

### **NFIs**

- The composition of the kits was determined by both the cluster list and demand driven identification
- The replacement of jerry cans with buckets for IDPs in Qardho was based on requests from beneficiaries and buckets can be used for a greater variety of household needs than jerry cans.

### **Cash for Work**

- CLHE is strict in its targeting and it involves the committees in the selection process. The criteria are discussed with the committee; they shoulder the responsibility of identifying and selecting the beneficiaries in accordance with the set criteria. In addition to this, CLHE carries out interviews with a sample of the beneficiaries in order to ensure that would be beneficiaries are the right people to be assisted. Moreover, the Gu' rains were exceptionally good last year, with the rate of kidding of animals being as high as 35%.

## **Annex 8: Evaluation team profiles**



