



HUMANITARIAN  
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# MID-TERM EVALUATION REPORT

Concern Worldwide Preparedness and  
Response in Somalia

Concern Worldwide  
November 2024





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The Humanitarian Impact Institute would like to thank the staff at Concern Worldwide and partners for the professional way in which they engaged with, and supported, this evaluation.



Concern Worldwide (CWW), in partnership with Youthlink (YL) and Shabelle Community Development Organization (SHACDO), is implementing a five-year (2023–2027) Irish Aid-funded Emergency Preparedness and Response programme in Somalia. The programme aims to provide multi-sectoral assistance to 40,000+ people affected by conflict and natural disasters through Health and Nutrition (H&N), Multi-Purpose Cash Assistance (MPCA), Education in Emergencies (EiE), and Emergency Response Preparedness (ERP).

## Expected Programme Outcomes

### Outcome 1



IDPs and vulnerable host households affected by natural disasters and conflict have improved access to basic needs, including non-food items (NFI).

### Outcome 2



Increased equitable access to quality education in a protective environment for conflict and natural disaster affected children in Somalia.

### Outcome 3



Improved access to quality essential primary health and nutrition services focusing on maternal, new-born and child health in Banadir and lower Shabelle.

### Outcome 4



Concern Programme and its 2 local NGO partners are better prepared to respond to natural disasters and conflicts.

## Mid-Term Evaluation Purpose



Assess progress against indicators and targets and the impact derived through the programme's implementation to date across all sectors



Evaluation results are intended to contribute to accountability, learning and decision-making regarding future programming

## Mid-Term Evaluation Activities



Desk review



9 key informant interviews with programme staff



13 key informant interviews with programme stakeholders



11 FGDs with programme beneficiaries



360 surveys with household beneficiaries

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## Acronyms

CEC	Community Education Committee
CWG	Cash Working Group
CMAM	Community Management of Acute Malnutrition
CPiE	Child Protection in Emergencies
CWG	Cash Working Group
CHW	Community Health Worker
DAC	Development Assistance Committee
DRR	Disaster Risk Reduction
EiE	Education in Emergencies
ERP	Emergency Response Preparedness
ET	Evaluation Team
FGDs	Focus Group Discussions
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
H&N	Health and Nutrition
IDP	Internally Displaced Person
IPC	Integrated Food Security Phase Classification
KIIs	Key Informant Interviews
LoE	Line of Enquiry
MPCA	Multi-Purpose Cash Assistance
MTE	Mid-term Evaluation
NFI	Non-food Items
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OTP	Outpatient Therapeutic Programme
PSEA	Prevention of Sexual Exploitation and Abuse
PWDs	Persons with Disabilities
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SLEAC	Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage
WASH	Water and Sanitation and Hygiene
WHH	Women-led Household



## Executive Summary

Concern Worldwide (CWW) is implementing the Irish Aid-funded Emergency Preparedness and Response in Somalia programme with two local Non-Governmental Organization (NGO) partners in this grant, specifically Youthlink (YL) and Shabelle Community Development Organization (SHACDO). The five-year (2023–2027) programme aims to provide multi-sectoral assistance to 40,000+ conflict and natural disaster-affected people, as well as foster preparedness through integrated Health and Nutrition (H&N), Multi-Purpose Cash Assistance (MPCA), Education in Emergencies (EiE) and Emergency Response Preparedness (ERP). The programme started on 01 January 2023 and will end in December 2027. It plans to reach 40,000 participants (12,100 men/boys and 27,900 women/girls) with adapted assistance.

Through the Irish Aid funding mechanism, Concern Worldwide will target the most vulnerable households in Banadir, and Lower Shabelle. This integrated programme supports health centres, schools and EiE centres located in areas that host significant numbers of Internally Displaced Persons (IDPs) and vulnerable host populations – Women-led Households (WHHs), Persons with Disabilities (PWD) and with children under 5 years of age who have no alternative access to services.

The Mid-Term Evaluation conducted in October 2024 highlighted that the programme is highly relevant for addressing the problems faced by vulnerable groups affected by conflict and climate-related disasters highlighted by Concern Worldwide context analysis from previous interventions in the area and sectoral surveys. However, questions remain regarding the lack of a (rapid) multisectoral assessment conducted at the design phase of the programme which the

evaluators believe could have helped designed the intervention in a more strategic and integrated way, for instance by estimating caseload better and exploring options for better integration of sectors.

The programme is also strategically aligned to national and international development policy frameworks and strategies. The Mid-Term Evaluation findings revealed that the sectoral support remains extremely relevant to current community needs, such as education provision at the EiE centres identified as a priority for children and MPCA regarded as helpful in meeting their various needs. The local partnerships developed at the onset of the programme demonstrate the proactive use of existing local structures that made the programme highly relevant in the context of fragility and coordination and implementation of activities.

In terms of effectiveness, the programme has made significant progress towards achieving its objectives, with many outcome indicators being met or partially met. The programme has been effective in achieving the intended outcomes, as evidenced by improved access to education and utilization of health services. The expected outcome of increased household access to cash assistance for essential needs was achieved, demonstrating the programme's effectiveness in providing timely support to vulnerable households.

The budget allocation reflects emphasis towards programme activities and is allocated accordingly. The budget allocation reflects a strong emphasis on programme activities, ensuring that resources are directed towards achieving the desired outcomes. However, there is a consensus that the budget was stretched by the recurrent influx of newly displaced beneficiaries who were covered by the H&N and EiE services but whose number





was not part of the original target. Concern Worldwide managed to include these needy families in the programme but that came with a cost; for instance, the amount of MPCA as suggested by the CWG was reduced and that might have affected impact of this specific sectoral activity.

The programme demonstrated various outputs and showed to be on track to meet major targets, including improved mothers, new-borns and children's overall access to health, improved access to education for previously unenrolled children, while the cash assistance enabled beneficiaries to cover basic expenses such as food, school fees, clothing and transport and utility bills. Despite facing challenges, the programme has demonstrated its potential to make a positive impact on the lives of vulnerable communities. However, the impact derived from the multisectoral approach from this programme will be nearly impossible to measure; the programme did not target unique beneficiaries so multisectoral impact cannot be measured if the beneficiaries are diverse and not completely overlapping.

For instance, for this intervention MPCA was given to mothers of malnourished children but also to other vulnerable beneficiaries. School-aged children are a different target group from the malnourished children targeted by CMAM as the latter are by definition under the age of 5 years. Furthermore, the MPCA impact in addressing malnutrition and generally in improving nutrition outcomes cannot be determined unless specific follow-ups measures are put in place. This will include growth and nutrition monitoring for the child/children targeted by the cash assistance to assess nutritional outcome and establishing a control group of children not being assisted to compare gains. Cash assistance for nutrition usually focuses on vouchers to buy nutritious food and/or fresh food for either moderately

malnourished children or recovering severely acute malnourished children.

The programme has established strong connections with local communities and stakeholders, fostering a collaborative environment for service delivery. While the programme was designed as an emergency response, there is a lack of connectedness between immediate achievements and relief and long-term interventions. However, collaboration with local structures and community leaders has facilitated some level of integration, which is essential for sustainability. The programme has a strong coordination with government officials and joint monitoring has supported in getting the necessary buy-ins from the community members. As Concern Worldwide is operating other, longer-term interventions, this might allow for some connectedness but also, to an extent, safeguard the impacts of those interventions from the effects of new displacements and future shocks.

Targeting of the beneficiaries was effective in providing support to the most vulnerable groups as emphasized by Leave No One Behind policies. The programme activities focused especially on women and children and other vulnerable groups among them. Challenges associated with the 'gate keepers' phenomenon could not be analysed in depth for this Mid-Term Evaluation, but it is understood that it is a widespread challenge for NGOs working in the area. A locally relevant understanding and monitoring of coverage, as intended for nutrition services, might have increased the effectiveness of the associated nutrition activities. In particular, coverage assessment methods aimed at measuring the treatment coverage of CMAM programmes, i.e., at the time of the assessment, the percentage of severely or moderately acutely malnourished children in a defined area such as a health district or region who are



successfully enrolled in the programme. While a Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) was conducted in 2023 under a different grant in a programme adjacent to the target areas, having a clear vision on the coverage in the programme area would have supported the H&N sector.

The programme's strong emphasis on capacity building and strengthening of local partners is a key aspect of its sustainability, but the complexity and the cost of some sectoral activities such as EiE and CMAM will make those activities unsustainable. While this is an emergency intervention which at present does not have a defined phase-out plan or an exit strategy, the evaluation team believes that long-term solutions for this action will need to be developed soon to guarantee a continuum in the provision of services and assistance.

## Recommendations associated with this Mid-Term Evaluations are:

**Strengthening integration and sustainability:** while it is understood that the project relies on early funding from Irish aid and this Intervention will be most likely continued beyond 2024, It is pivotal that the organization already now develops a phase-out and exit strategy that ensures a smooth transition for beneficiaries and aligns with long-term recovery efforts, following the principle of Triple Nexus as stated in the concept note. This strategy should include partnerships with government, UN agencies, and other stakeholders for sustained funding and program support and focus on resilience of the target population.

**Strengthening Monitoring, Research, and Evidence-Based Impact Measurement:** in order to be able to measure Impact, especially the multi-sectoral one from the MPCA and the nutrition sector, the organization must develop systems or conduct research to monitor the nutritional outcomes of children targeted by MPCA or alternatively by the cash/voucher assistance targeting families of malnourished children. From literature review, it appears that similar studies have been conducted in the past<sup>1</sup> but results showed that a similar intervention in the same context did not contribute to reducing acute malnutrition risk. The current evidence collected by UNICEF 'Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes'<sup>2</sup> also suggest that cash assistance in terms of impact on nutrition status of children has produced '*mostly positive evidence on stunting, mixed evidence on wasting, limited and inconsistent evidence on micronutrient status*'. It is then recommended that the project invests more effort in measuring the impact of these combined activities with methodologies such as non-randomised cluster trials but also conducts formative research to understand cash assistance targeting and timing. According to the Global Nutrition Cluster 'Using cash and voucher assistance for nutrition outcomes' paper, the role of conditionality of cash, the timing/duration/amount, and the receiver of cash are predicting factors to the Impact and those have to be analysed and fine-tuned in every cash intervention encompassing nutrition.

**Understand and address the contextual issues of gatekeepers:** this evaluation outlines measures to address the influence of

<sup>1</sup> A cash-based intervention and the risk of acute malnutrition in children aged 6-59 months living in internally displaced persons camps in Mogadishu, Somalia: A non-randomised cluster trial

Grijalva-Eternod CS, Jelle M, Haghighparast-Bidgoli H, Colbourn T, Golden K, et al. (2018) A cash-based intervention and the risk of acute malnutrition in children aged 6-59 months living in internally displaced persons camps in

Mogadishu, Somalia: A non-randomised cluster trial. PLOS Medicine 15(10): e1002684. <https://doi.org/10.1371/journal.pmed.1002684>

<sup>2</sup> [https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2021-02/UNICEF\\_Cash-report\\_EN\\_RGB\\_170221\\_V9\\_FINAL\\_0.pdf](https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2021-02/UNICEF_Cash-report_EN_RGB_170221_V9_FINAL_0.pdf)





community leaders, which, while unlikely to disappear, requires reform. Key recommendations include, increasing project staff presence on the ground, which allows for closer activity monitoring and context-appropriate responses; ensuring transparent selection or election processes of the gatekeepers to ensure fairness and representation, promoting public recognition of effective gatekeepers to encourage accountability and adherence to best practices, and facilitating open dialogue with communities and gatekeepers in safe spaces to address sensitive issues like gatekeeping beyond programming modalities and expectations from both ways to make things more communicative.

**Enhance and Sustain Sectoral Services:** The overcrowding at the health centres remains challenging due to the influx of IDPs and, in some cases, the closing of similar facilities by

other NGOs. Addressing the overcrowding in health facilities by creating linkages with other stakeholders and strengthening referral pathways to reduce strain and improve service delivery, for instance, encouraging joint planning and resource sharing among stakeholders to maximise impact and reduce duplication of efforts. This will include developing robust referral networks that connect health centres with secondary and tertiary care facilities to distribute patient loads more effectively. This approach has been proven successful in reducing overcrowding in other humanitarian contexts, as documented by studies on health system's resilience in protracted crises<sup>3</sup>. Also, identifying cost-effective ways to sustain complex sectoral activities, such as EiE, by partnering with relevant actors. The project has expanded its efforts with similar Irish Aid-funded projects and working for the transition of IDP children to government schools.

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<sup>3</sup> Source: <https://fic.tufts.edu/wp-content/uploads/Another-HC-in-Somalia.pdf>



## Introduction

The humanitarian situation in Somalia remains fragile due to recurrent climatic shocks such as droughts and floods and protracted conflicts which have reduced the resilience of the most vulnerable populations, and further hindered access to basic services. The frequency and intensity of conflict and climate-induced disasters are bound to persist and undermine ongoing resilience-building efforts.

According to the Somalia Humanitarian Needs and Response Plan (2024),<sup>4</sup> the nation's seasonal dry and wet periods have become increasingly erratic and intense, with both droughts and floods occurring more frequently and with greater severity than ever. The Needs and Response Plan indicated an estimated 6.9 million people need humanitarian support, and although this is less than 2023 (estimated 8.3 million in need), the figure remains significant. Households have struggled to recover since the end of the drought, as equally historic Deyr rains and flooding, exacerbated by a strong El Niño, hit the country at the end of November 2023. Almost half of the country's districts had recorded flooding, with riverine and flash flooding greatest along the Shabelle and Juba Rivers in the south and southwest.

The *Gu* rains (April to June 2024), and flash floods in Somalia affected over 200,000 people, displacing many and causing significant damage to infrastructure and agriculture. Humanitarian partners are providing aid to affected areas, but the situation remains critical, with widespread flooding and the risk of disease.<sup>5</sup> The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Somalia reported

that humanitarian partners working with the Federal Government of Somalia assisted over 72,000 people in 25 districts across the country by May 2024.

Furthermore, ongoing conflicts and insecurity in the country, impede the ability of humanitarians to reach people in need and exacerbate challenges to health and wellbeing. An estimated 580,000 people live in areas that are hard for the humanitarian community to access, mostly women and children. Out of 74 districts, 23 are either hard or extremely hard to reach.<sup>6</sup> There has been an increase in newly displaced communities in mainly urban and peri-urban areas with the loss of housing and shelter due to the floods. This has led to further pressure on already stretched services in these areas specifically in water, sanitation and hygiene (WASH), health and shelter conditions, and increased protection risks linked to exploitation and abuse.

## Programme Overview

Concern Worldwide (CWW) is implementing the Irish Aid-funded Emergency Preparedness and Response in Somalia programme with two local Non-Governmental Organization (NGO) partners in this grant, specifically Youthlink (YL) and Shabelle Community Development Organization (SHACDO). The five-year (2023–2027) programme aims to provide multi-sectoral assistance to 40,000+ conflict and natural disaster-affected people, as well as foster preparedness through integrated Health and Nutrition (H&N), Multi-Purpose Cash Assistance (MPCA), Education in Emergencies (EiE) and Emergency Response Preparedness (ERP).<sup>7</sup> The programme started

<sup>4</sup> OCHA Somalia, 2024 *Gu* (April to June) Season Floods Weekly Situation Report No. 1

<sup>5</sup> OCHA Somalia, 2024 *Gu* (April to June) Season Floods Weekly Situation Report No. 1

<sup>6</sup> Humanitarian Needs and Response Plan Somalia, January 2024

<sup>7</sup> Irish Aid Kick-Off -CHC, January 2024



on 01 January 2023 and will end in December 2027. It plans to reach 40,000 participants (12,100 men/boys and 27,900 women/girls) with adapted assistance.

Through the Irish Aid funding mechanism, Concern Worldwide will target the most vulnerable households in Banadir, and Lower Shabelle. This integrated programme supports health centres, schools and EiE centres located in areas that host significant numbers of Internally Displaced Persons (IDPs) and vulnerable host populations – Women-led Households (WHHs), Persons with Disabilities (PWD) and with children under 5 years of age who have no alternative access to services.

Concern Worldwide and its partners are working closely with other humanitarian organizations within their respective clusters and local coordination frameworks to provide humanitarian assistance in Somalia. Health, nutrition, and education centres have been established in agreed-upon locations to minimize duplication and overlap. Cash assistance programmes are coordinated through the Cash Working Group (CWG). All proposed interventions are rooted in thorough needs assessments and are aligned with the guidelines and standards established at the respective Cluster level. This approach ensures that the interventions are responsive to the needs of specific population groups—particularly women, girls, and persons with disabilities. By adhering to Cluster-endorsed standards, the interventions are designed to address priority needs, promote inclusivity, and ensure that the most vulnerable receive tailored support. Concern and its local NGO partners are committed to strengthening government systems and building connections with local development actors. Where possible, activities will be transitioned to the

government or local development organizations.<sup>8</sup>

In accordance with the various components, the expected programme outcomes are as follows:

**Outcome 1:** IDPs and vulnerable host households affected by natural disasters and conflict have improved access to basic needs, including non-food items (NFI).

**Outcome 2:** Increased equitable access to quality education in a protective environment for conflict and natural disaster affected children in Somalia.

**Outcome 3:** Improved access to quality essential primary health and nutrition services focusing on maternal, new-born and child health in Banadir and lower Shabelle.

**Outcome 4:** Concern Programme and its 2 local NGO partners are better prepared to respond to natural disasters and conflicts.

To achieve these outcomes, activities were planned to include:

- Stakeholder consultations, including establishment of village relief committees, beneficiary household selection, verification and registration.
- Unconditional cash transfer to beneficiaries and post-distribution monitoring activities.
- Enrolment campaigns in IDP and host communities for supported schools and EiE centres.
- Provision of incentives to teachers and school principals.
- Training of community education committees and teachers on prevention of sexual exploitation and abuse (PSEA), child protection in emergencies (CPiE) and disaster risk reduction (DRR).

<sup>8</sup> Concept Note-CHC-Somalia, March 2023



→ Strengthening the capacities of Concern and its Partners through workshops and exercises to develop

emergency preparedness and response plans.



## Evaluation Scope and Purpose

The purpose of the Mid-Term Evaluation (MTE) is to assess progress against indicators and targets and the impact derived through the programme's implementation to date across all sectors. The evaluation results are intended to contribute to accountability, learning and decision-making regarding future programming.

## Methodology

The Mid-Term Evaluation adopted a mixed-methods approach using both quantitative and qualitative techniques and the OECD-DAC<sup>9</sup> evaluation criteria to assess the relevance, coherence, coverage, effectiveness, efficiency, impact and connectedness of the programme and to explore cross-cutting issues such as localisation, gender, protection, and system strengthening.

A structured survey was administered to beneficiary households. Qualitative data was captured through key informant interviews (KIIs) with programme and partner staff, and key stakeholders and focus group discussions (FGDs) with programme beneficiaries. The evaluation therefore adopted and used a variety of methods to collect the data which included the following:

**Desk Review:** Secondary data collection included a desk review of various reports and guidelines, such as progress reports, concept notes, nutrition and health guidelines, monitoring evaluation and learning (MEAL) reports and other relevant literature. The ET reviewed documents throughout the evaluation process to address the evaluation questions (EQs) and served as a complementary source for triangulation with primary data.

**Household Survey:** The HH survey questionnaire evaluated the programme's ability (to date) to meet the needs of displaced populations and the impact of the emergency response, and to measure changes and effectiveness of MPCA, Health and Nutrition, Education and ERP. Overall, a total of 360 households were interviewed, 54% (n=195) in Banadir and 46% (n=165) in Lower Shabelle. Some of the respondents were receiving more than one support intervention: as such, the sample overlaps across various sectors. H&N, for example, cut across education and MPCA components. Table 1 provides a summary of the survey sample.

Table 1: Breakdown of survey sample into groups of beneficiaries:

Target respondents	Banadir	Lower Shabelle	Total
MPCA	61	5	66
Health and Nutrition	99	163	262
EiE	83	2	85

<sup>9</sup> Organization for Economic Cooperation and Development's Development Assistance Committee.



**Focus Group Discussions (FGDs):** Eleven (11) FGDs were conducted with programme beneficiaries, disaggregated by gender and type of activity. Of the 77 FGD participants, 48 (62%) were female as shown in Table 2 below.

Table 2: Breakdown of FGDs by FGD Type and location

Location	FGD participants	# FGDs	# Participants
Bananey (EiE and MCPA)	Mixed (parents and beneficiaries)	1	8 (5 female and 3 male)
Banadir, Jalaqsan (EiE and MCPA)	Women only	1	8 female
Weydow (MCPA and Health & Nutrition)	Men only	1	8 male
Deyniile, Tokyo (MCPA)	Women only (parents)	1	6 female
Deyniile, Tokyo (MCPA)	Women only (parents)	1	6 female
Afgoye (MCPA and Health & Nutrition)	Women only Men only	2	14 (7 female and 7 male)
Wanlaweyn (Health & Nutrition)	Women only Men only	2	14 (7 female and 7 male)
Banadir, Deyniile (MCPA)	Women only Men only	2	13 (6 female and 7 male)
Total number of 11 FGDs (77 participants: 48 female and 29 male)			

**Key Informant Interviews:** A total of 22 KIIs were conducted with a range of programme and partner staff and key stakeholders, including national level Ministries, Partner staff, and

Concern Worldwide Programme management and field-based staff. The stakeholders consulted across the locations are presented in Table 3.

Table 3: Relevant stakeholders consulted

KII	Location	# Interviews
Concern Worldwide Programme Staff	Head Office	7 (Acting Country Director, MEAL Coordinator, Operations Director, Health and Nutrition Programme Coordinator and Country Financial Controller, Education Programme Coordinator, and Emergency Programme Manager)
	Programme Staff Office	2 (Senior Education Officer and Emergency Programme Officer)
Government Representatives	Banadir Lower Shabelle	3 (2 MoH and 1 MOECHE)
Heads of Health Centres	Lower Shabelle	1 (Gargaar Health Centre)





KII	Location	# Interviews
	Banadir	4 (Obasibo, Sinka-Dher, Wiil-waal and Weydow Health Centres)
Local NGO partner	Implementation location	2 (Youth Link Organization, SHACDO)
School head teachers	Banadir (EiE Centres)	3 (Banaaney school, Jalaqsan school, and Tokyo school)
Total KIIs		22

## Data Analysis

Qualitative and quantitative analyses of the data were undertaken to determine the achievements and shortcomings of activities in terms of the objectives, targets, and evaluation questions. Qualitative data gathered through KIIs and FGDs was analysed using thematic analysis, which captured repeated themes emerging across the lines of enquiry (LoE), narrated and used to triangulate or substantiate quantitative data findings. Quantitative data was cleaned and analysed using Excel and cross-tabulated to visualise trends for critical indicators using descriptive statistics.

A scoring criterion was used to rate the performance against each criterion on a scale of 0 to 5 (0 being unacceptable and 5 being outstanding), allowing for conclusions on performance levels and relative success among different programme components.

## Ethics

The evaluation team upheld evaluation ethics respecting participants' right to confidentiality and avoidance of harm especially in respect to vulnerability, gender, age, and race. The principles of anonymity and non-attribution were also assured to all interviewees. Informed consent was explicitly solicited and obtained prior to all interviews. Thus, only general identifying information (organization, geographical unit) are used in the report- and only when they preserve anonymity. Overall,

the team ensured that all data were coded and stored safely with limited access.

## Limitations

The evaluation faced a number of challenges, summarized below.

- Mobilization and Communication: The ET faced some difficulties coordinating with beneficiaries, particularly for nutrition and cash assistance programmes. Considering the large samples needed to be covered in this sector, it took some time for the partners to mobilise the required number of samples from the targeted locations. Education sites were generally easier to mobilise, and coordination was completed well.
- Delays in Cash Assistance: Beneficiaries interviewed mentioned to the ET that they had registered for cash support over a year ago and they still hadn't received any response or assistance. This meant that there was limited beneficiary response related to this component.
- Security Concerns in Mogadishu: With an increase in checkpoints, mobilizing teams was challenging in places like Weydow, Sinkadheer, and Garasbaaleey. Road closures meant evaluation teams had to walk long distances to reach their destinations.



## Findings

### Demographics

The majority of survey respondents (n=360) were female: 95% (n=342) and only 5% (n=18) were male. Nearly half of the respondents (48%, n=174) were host community households, 25% (n=91) were newly displaced community HH, 18% (n=64) were IDP HHs from 2-5 years and 9% (n=31) IDP HHs for 6 years and above that. The mean age of the respondents was 31.2 years, 43% (n=154) of the respondents fell between the ages 25-34 years, followed by respondents aged between 18-24 years (24%, n=86), 35-45 aged between 20% respondents (n=73), 6% (n=23) respondents aged between 46-55 years, and 3% (n=11) aged between 15-17 years old, while only 4% (n=13) were over 55 years.

The majority of respondents are currently married (78%, n=280), while 12% (n=42) are

divorced/separated, 9% (n=32) are widowed, and only 2% (n=6) have never married. The average household has 7.8 persons, 37% (n=132) of the respondents of 8-10 members, followed by 25% (n=91) with households of 6-7 members, while 23% (n=82) had smaller households of up to 5 members with 15% (n=55) having larger households of more than 10 members. Almost a third (29%, n=105) of the respondents had self-reported disability and/or functional impairment.

The ET revealed the majority of beneficiary respondents received different support from the programme with the majority of the household receiving health and nutrition services.

Table 4: Surveyed households and support received

Type of assistance received	Count by respondent
Cash Assistance	66
Education	85
Health and Nutrition	262



## Relevance

### Findings Summary: Relevance

The programme is both relevant and appropriate to the Somalia context. The outcomes are aligned with national development priorities and in the Somalia's national development plan 2020-2024. The programme aims to address key issues surrounding health and nutrition and access to basic education for communities living in target locations. The programme's overall goal aligns with Pillar 4 social development of the national development plan.

#### EQ.1: Were the objectives and the design of the intervention relevant and appropriate to the context and to the needs of recipients?

The objective of the programme is highly relevant and appropriate to the needs of vulnerable households. Climate shocks and conflict continue to affect the livelihoods and welfare of an already vulnerable population. These crises contribute to displacement, loss of livelihoods, poor access to education and lack of access to basic services, such as water and sanitation. The Humanitarian Needs and Response Plan (2024),<sup>10</sup> calls for multi-sectoral interventions to mitigate and respond to the humanitarian crises.

In this context, the overall objective of the programme "to provide lifesaving and sustaining multi-sectoral assistance to conflict and natural disaster affected people in Somalia, as well as fostering preparedness" is highly relevant and appropriate to the needs of vulnerable households in Banadir, and Lower Shabelle. Additionally, the planned activities are in line with Somalia's National Development Plan<sup>11</sup>, especially for what the Pillar 4 on social development is concerned. The Pillar 4 refers to 'strategies and interventions that improve access by Somali citizens to health, education and other

essential services, including social protection systems'.

During the inception stages, Concern Worldwide staff reported that the programme team relied on external information/assessments and contextual knowledge along with inputs from the previous programme (another Irish Aid programme funded until 2022) in the identification and selection of activities and areas of implementation to ensure that support reached the targeted groups. For instance, Concern Worldwide used seasonal nutrition assessments conducted by FAO's Food Security and Nutrition Analysis Unit - Somalia (FSNAU) on the prevalence of global acute malnutrition (GAM), worsening food security conditions and an influx of IDPs due to conflict and droughts.

According to the Concern Worldwide staff, the routine multi-disease integrated disease surveillance conducted by the Federal Ministry of Health also provided critical information on morbidities and mortalities and the contextual understanding of the local environment guided identification and targeting

<sup>10</sup> OCHA Somalia, 2024 Gu (April to June) Season Floods Weekly Situation Report No. 1

<sup>11</sup> Somali National Development Plan 9-2020-2024 (<https://mop.gov.so/wp-content/uploads/2022/07/Somali-National-Development-Plan-9-2020-2024.pdf>)



mechanisms such as the identification of the poor and extremely poor households, gender inequalities, and the type of support required to address their needs. The contextual information and assessment findings on the performance of key health and nutrition indicators contributed to the design of activities and location selection. KIs with Concern Worldwide staff revealed that the conceptual design was also revised from an integrated type of assistance (including livelihood, WASH, and other types of assistance) to a selection of specific sectors - education, health, and MPCA support. However, no multisectoral needs assessment was conducted.

The desktop review of documents revealed that a detailed risk assessment was carried out during the programme design to identify associated risks; including, but not limited to insecurity, fraud mitigation, financial management, risk management/ planning, and national-level risks. Based on the identified risks contingency plans were developed concerning drought, recurrent beneficiary displacement and other adaptation needs.

According to the beneficiaries, they perceived that all activities were relevant to their needs and the priorities of targeted communities. Nearly all (99%, n=79) of education beneficiaries reported the education provided at the school was relevant for their children. Nearly two-thirds (59%, n=39) of the cash beneficiaries reported that the support received was quite helpful in meeting their needs; 38% (n=25) reported this as helpful, while 3% (n=2) regarded it as not helpful.

The head teachers interviewed by the ET confirmed that EiE centres were established in close collaboration with local communities to enhance relevance of the services and accessibility. These communities were instrumental in identifying neighbourhoods

with a significant number of out-of-school children. Concern Worldwide staff reported that key data, including age, enrolment status, and distance to existing schools, was collected to inform the establishment of these centres. The specific locations were chosen to address the critical educational needs of the densely populated areas.

All FGDs participants emphasized education as a critical priority in the locations. They cited the absence of educational services for the community and the lack of basic services. In Banadir region, IDP camp residents particularly valued the education provision, as it directly addressed their immediate needs. The majority of respondents confirmed their involvement in consultations and satisfaction with the response to their requests. Given their displacement and disrupted social structures, education emerged as a top priority for these communities.

The health and nutrition services provided in Lower Shabelle and Banadir regions were tailored to meet the immediate needs of the local populations and accompanied by community mobilization and awareness campaigns, reported Concern Worldwide staff. These efforts informed the community about the range of healthcare and nutrition services offered at the designated health centres. By actively engaging the community, it was possible to ensure that the target population could benefit from essential nutrition services and primary healthcare.

Concern Worldwide staff said the programme adopted the Somalia Inter-Agency Cash Working group guidelines on the implementation of cash assistance. However, due to budget limitations and a new influx of displaced persons, the organization has not been able to meet the recommended amount of US\$120 and instead provided US\$90.



The one-off MPCA was provided to beneficiaries to enable them to prioritize their most urgent needs and was expected to stabilize their wellbeing for a period of three months and deemed ideal due to the mobility nature of the beneficiaries, prevention of overlap of beneficiaries and effective use of limited resources. In total 198 households were registered for the MPCA, mostly vulnerable IDP and host households composed by mainly female and child-headed households, households with a member living with a disability or chronic illness, and families

with malnourished children and newly displaced households. Concern Worldwide staff reported that to select beneficiaries the 13 Step Beneficiary Selection was used which included a comprehensive and verification process<sup>12</sup> and the locations were determined on Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Projections<sup>13</sup> and in coordination with the Food Security Cluster and Cash working group to avoid any duplication and overlapping with other actors.

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<sup>12</sup> Concept Note-CHC-Somalia

<sup>13</sup> <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1157952/?iso3=SOM>



## Effectiveness

### Findings Summary: Effectiveness

The performances of the outcome indicators portray a mixed scenario where some indicators performed fairly well in meeting the programme targets while other indicators were not met.

The programme has been successful in providing cash assistance to vulnerable households, increasing access to quality education, and improving health and nutrition outcomes.

However, the programme has also faced challenges, including low student attendance rates, and difficulties in accessing healthcare services, particularly in rural areas. Additionally, the programme has struggled to build the capacity of local organizations and implement emergency preparedness and response plans in 2024.

EQ.2a: Is there evidence that anticipated results are being achieved at the current stage of the programme?

Expected Results	Performance Indicator(s)	Baseline (2022)	Target 2024	Target 2023	Actual 2023
Outcome 1: IDPs and vulnerable host households affected by natural disaster and conflict have improved access to basic needs including food and non-food items					
	Percentage of beneficiary HHs reporting that cash helped them meet their basic needs	N/A	90%	90%	72%
Output 1.1 IDPs and vulnerable host households affected by natural disaster and conflict are supported with multi-purpose cash to meet their basic needs	# of beneficiary HHs enabled to meet their basic needs through UCT	N/A	396	66	198
	%beneficiary HHs reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner	N/A	95%	95%	96%
Outcome 2: Increased equitable access to quality education in a protective environment for conflict and natural disaster affected children in Somalia					
	% of boys and girls in Grade 3 (or equivalent) scoring 45 cwpm on the Reading passage subtest of an Early Grade Reading assessment	59.2% (48.6% boys, 69.2% girls)	62% (53% boys, 71% girls)	61%	-





Expected Results	Performance Indicator(s)	Baseline (2022)	Target 2024	Target 2023	Actual 2023
	% of boys and girls Grade 3 (or equivalent) scoring 70% on the missing number and level 2 addition/subtraction subtest of Early Grade Mathematics Assessment,	1.32% (2.63% boys, 0% girls)	4.7% (5.5% boys, 4% girls)	3%	-
Output 2.1. Children affected by conflict and natural disasters are attending schools and EiE centres	Average attendance rate of pupils enrolled in the education centres per month	87% (88% boys & 86% Girls)	91%	90%	91%
Output 2.2. Children affected by conflict and natural disasters have an improved wellbeing environment	Average score on a test of knowledge of teachers and CECs on the topics of PSEA, CPIE & DRR	88% (teachers 89.5%, CECs 86.5%)	91% (teachers 92%, CEC 90%)	89% (90% Teachers and 88% CEC)	91.5% (96 teachers and 87% CEC)
Output 2.3 WASH technical assessment of Education facilities and improvement in WASH facilities and services to meet minimum standards of WASH in EiE centres	Number of EiE centres which has assessments conducted	N/A	3	3	3
	Number of EiE centres meeting minimum standards of WASH in EiE	N/A	3	3	3
Outcome 3: Improved access to quality essential primary health and nutrition services focusing on maternal, new-born and child health in Banadir and lower Shebelle					
	% of beneficiaries accessing quality essential primary health and nutrition services in Banadir and Lower Shabelle	Primary Health 60%, Nutrition 85%	N/A	Primary Health 90%, Nutrition 90% cured	94%
Output 3.1 Children 6-59 months admitted to the OTP programme in 6 supported facilities	Number of children 6-59 months admitted to OTP	10,691	10,960	10,851	10,956
	Proportion of the total number of discharged across the six health facilities over the period of the programme which are discharged as cured	85%	91%	89%	91%



Expected Results	Performance Indicator(s)	Baseline (2022)	Target 2024	Target 2023	Actual 2023
Output 3.2 : Women of reproductive age receive maternal health care services, including prevention and detection of pregnancy related complications	Total number of women attending ANC2 + visit	10,398	10,660	10,554	10,765
Output 3.3: Beneficiaries have increased access to outpatient consultations for communicable and non-communicable diseases	Number of people who receive primary health care consultations	109,909	112,673	111,558	117,526
	Number of health centres in which WASH assessments have been conducted	0%	40%	33%	50%
	% HFs with water quantity from the main improved and functioning water source sufficient for all the HF needs	50%	55%	50%	50%
	% HFs with a hand hygiene facility available within 5 meters of all toilets with water and soap present	50%	55%	50%	50%
Outcome 4: Concern Somalia/Somaliland Programme and its 2 local NGO partners have enhanced preparedness and are responsive are to natural disasters and conflicts					
	% of humanitarian emergencies (PEER threshold) responded to using organization level preparedness and response plan	N/A	100%	100%	100%
Output 4.1 Organization-level emergency preparedness and response plan is developed	Number of emergency preparedness and response workshops conducted	0	1	1	2
	Number of emergency preparedness and response plans finalized and circulated to relevant stakeholders	1	6	1	1



Expected Results	Performance Indicator(s)	Baseline (2022)	Target 2024	Target 2023	Actual 2023
Output 4.2 Organization level Emergency Response Teams are established and oriented	Organization-level Emergency Response Teams (ERT) are established, adequately trained and prepared for rapid response interventions	1	6	1	1
	Number of ERT members oriented on their terms of references	N/A	30	0	0
	Number of ERT members trained on technical/managerial subjects	N/A	15	0	0

Based on the CHC Annual Report 2023, the following section presents a brief summary of the four outcome indicators is presented below:

1. **Outcome 1:** MPCA provided cash assistance to 198 vulnerable households in Deynile district to address urgent basic needs, modifying the project design to extend reach while reducing payment frequency.
2. **Outcome 2:** Education access was improved for 3,137 crisis-affected children in Banadir and Lower Shabelle by addressing barriers such as fees, teacher shortages, and school resources. Interventions included teacher incentives, school materials,

and enrolment campaigns, increasing enrolment by 408 children.

3. **Outcome 3:** Integrated health and nutrition services were delivered through six health centres and one mobile clinic, reaching 117,526 individuals. Services included outpatient care, maternal health support, vaccinations, and malnutrition treatment, benefiting children and women significantly.
4. **Outcome 4:** Concern Somalia enhanced disaster preparedness through training for five local NGO partners, focusing on humanitarian principles and emergency response planning.

## EQ.2b: Is the programme achieving the planned outputs and outcomes and are they on time?

For EiE activities, 94% (n=80) of education beneficiaries reported that they had received educational materials from the programme. Furthermore, there were high levels of satisfaction with educational materials; 86% (n=69) of the education beneficiaries were very satisfied, and 14% (n=11) were satisfied, and none were dissatisfied with the materials. Head teachers interviewed confirmed that the education services were

delivered at an opportune time, emphasizing the positive impact of timely construction. The community has witnessed significant improvements, with more than half of FGD participants reporting positive developments among school-attending children. To further enhance educational outcomes, schools have formed community education committees (CECs) to encourage parental involvement, track student dropout rates, enrolment



processes, teacher selection, and monitor teacher attendance, Concern Worldwide staff reported. CECs voluntarily support the programme and are highly respected within their communities, making them well-suited to contribute to the programme. The CECs composed of both IDPs and host community members, played a crucial role in securing land for school construction through the signing of MOUs.

*The local community education committees supervise the enrolment process, teacher's selection/ training, curriculum development - the entire handover process, the local government also facilitate the government approval and collaborate with the Concern education team. This community-level engagement/ management turned out really effective and got the desired outcome.*

- KII, Concern Worldwide Staff

Beneficiaries noted several challenges in the delivery of the education services. The first one was the challenge of low attendance rates of students in classrooms. Some of the parents expressed concern over the schools being far away, classes missing necessary resources, and teacher absenteeism. The CEC's commitment is challenged at times considering their different priorities, and not able to provide the level of engagement needed. The IDPs are at risk of eviction which poses a challenge in ensuring consistent attendance. There were specific challenges raised concerning three schools located in emergency centres. These schools only accommodated students from Grade 1 to Grade 4, and there are no nearby free private schools for students to continue their education after completing Grade 4. This creates a major challenge for the transition of students to Grade 5, as there are limited options available for students to further their

education. However, Concern Worldwide has continuous advocacy and transition approaches for student progression. These efforts include connecting students to nearby public schools, providing scholarships funded by other grants and expanding classroom capacity. Concern Worldwide also conducts monitoring visits to check on the availability of learning materials and teacher attendance.

For the MPCA, over three quarter of the beneficiaries stated that the cash was received on time to cover their household needs: 12% (n=8) reporting it as very timely and 64% (n=42) as timely, while 24% (n=16) indicated that the timing was inappropriate, arriving later than the desired time. Majority of the FGD participants who received the cash assistance confirmed that it helped them cover their basic needs such as food, rent and necessities in a household. There were no other challenges highlighted in the distribution of cash assistance.

*The cash assistance arrived on time, which we were very grateful for. Personally, I used the funds for purchasing food, some for medicine and acquiring some essential household tools. The support made a real difference in our daily lives.*

- FGD Female, Mogadishu

There were generally high levels of satisfaction with the health and nutrition services: 77% (n=203) of the beneficiaries were very satisfied with the H&N services and 18% (n=46) were satisfied while 2% (n=4) were dissatisfied. However, findings show that some health facilities were not easily accessible: 18% (n=47) of the respondents indicated that the centres were not easily accessible for them as the majority reported that the facilities were far from them (n=43) and some mentioned other issues such as safety concerns, overcrowding,



and understaffing. In the FGDs, beneficiaries explained that the long distance to health facilities was the main difficulty hindering access, followed by insecurity, and the busyness of the facility which led to failure to get services on time. They thought that the busyness and increased pressure on the facilities was due to the increased number of IDPs. Another key concern raised by FGD participants was the limited operational hours of the facilities, which could potentially hinder their ability to respond to night emergencies.

Stakeholders also confirmed that access to healthcare facilities presented a significant challenge. Government officials in Afgoye emphasized the absence of health facilities within a 10km radius of the town. The recent closure of health facilities in these regions (by other projects) further compounded the issue, especially for IDP populations. According to stakeholders in Banadir region, overcrowding in health facilities was a major concern, deterring beneficiaries from seeking care. Increased caseloads due to a surge in IDP

populations were placing additional strain on these facilities. Delays in ordering nutrition treatments and inconsistencies between needs and orders highlighted the need for additional support to improve estimation accuracy, according to stakeholders. The external stakeholders acknowledged the successful implementation of awareness campaigns by the local partner in reaching the region's vulnerable population. The health centres also worked closely with the local hospital to refer patients when appropriate.

A review of the health monitoring data<sup>14</sup> demonstrated active steps were taken to monitor and supervise health facilities. This included the review of registration and attendance records to track children's progress and mobilisation of CHWs to track defaulter children. While capacity building was provided to health facility managers to enhance data collection consistency, security concerns sometimes limited the feasibility of physical site visits, reported stakeholders.

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<sup>14</sup> Concern Worldwide OTP Patient files, CMAM Database, DHIS2 Database CMAM, ANC registration cards



## Efficiency

### Findings Summary: Efficiency

The programme's financial analysis reveals that the majority of the budget was allocated to direct programme operating costs and staff costs. While the programme efficiently allocated resources to its targeted outcomes, particularly health and nutrition, there was consensus among staff that additional funding was necessary to fully address the needs of the conflict-affected and climate-displaced populations.

The programme's goals and the influx of new beneficiaries strained the available resources, especially in the areas of cash assistance and health and nutrition. Despite these challenges, there was consensus among programme staff that activities were implemented cost-effectively. Use of local community structures such as the CECs and CHWs further contributed to effective resource distribution.

EQ.3: Did the intervention use the available resources in the most efficient manner to achieve its outputs?

According to the financial statement provided by the programme, direct programme operating costs and staff costs represented the highest expenditure categories (66% and 19% respectively). The programme effectively steered its resource allocation into its targeted outcomes, about 60% of the direct costs was

allocated for Outcome 3 followed by Outcome 2 while Outcome 4 had the lowest allocation. The allocated budget for direct costs was higher than the initial programme estimates of the operation costs. Table 7 presents a summary of the outcome-wise budget utilizations.

Table 6: Budget allocations and utilization (Euro)<sup>15</sup>

	Total Expenditure	%	Initial plan allocation %
Total staff costs	76,003	19%	25%
Total partnership costs	33,053	8%	7%
Total field support/ indirect costs	28,325	7%	3%
Total direct programme operating costs	262,618	66%	65%
Outcome 1. IDPs and vulnerable host households affected by natural disaster and conflict have improved access to basic needs including food and non-food items.	39,393	15%	15%
Outcome 2. Increased equitable access to quality education in a protective environment for conflict and natural disaster affected children in Somalia	52,524	20%	20%
Outcome 3. Improved access to quality essential primary health and nutrition services focusing on maternal, new-born, U-5 and community health	157,571	60%	60%

<sup>15</sup> Budget Somalia Irish Aid Chronic Crisis Stream Budget 2023





Outcome 4. Concern Somalia/Somaliland Programme and its 5 local NGO partners are better prepared to respond to natural disasters and conflicts	13,131	5%	5%
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There was unanimity among the Concern Worldwide staff interviewed that funds were allocated efficiently though they are insufficient to address all the needs of the conflict and climate-affected households. The needs on the ground grew throughout the programme implementation mainly due to the influx of IDPS which stretched the budget and opportunities to cover an increased number of needy populations. This is especially evident in the MCPA, where only one round of assistance was completed, falling short of providing the suggested sum of the MCPA<sup>16</sup> due to the

increased number of beneficiaries (mentioned under the findings for the relevance of the programme).

Additionally, the health and nutrition sectors require increased resource allocation to accommodate the influx of people into the region, which was not fully accounted for in the original programme design and target population, specifically for the drugs procurement and Ready-to-Use Therapeutic Food (RUTF), reported Concern Worldwide staff.

<sup>16</sup> Cash Transfer Records Beneficiary Lists 2023



## Impact

### Findings Summary: Impact

The evaluation highlights that the programme has demonstrated a significant positive impact on the lives of beneficiaries, particularly in education, health, and nutrition. Key achievements include increased school attendance rates, improved learning outcomes, and reduced malnutrition rates. The multi-sectoral approach, including cash assistance, has had an impact in addressing the complex needs of vulnerable communities.

However, challenges remain, such as limited access to education, particularly for older children, and access to healthcare facilities. Additionally, the impact of cash assistance has been limited due to its short-term nature and the ongoing economic challenges faced by beneficiaries.

#### EQ.4: Did the intervention achieve the intended impacts?

The programme has effectively achieved its targets for key outcome areas in 2023, demonstrating a substantial impact on the education, health, food consumption, and basic needs of the beneficiaries. Results reported in 2023 indicate satisfactory progress in service access, with measurable improvements across sectors compared to the baseline. According to beneficiaries, the programme has contributed positively to the education, health and nutrition, and well-being of community members. During the FGDs, participants believed that the multi-sectoral approach had a significant impact on the prevention of malnutrition and access to education, while cash assistance enabled them to meet their essential needs.

The majority of the respondents (93%, n=85) reported that they had observed changes in their child/children since attending the school, while the rest had not. However, only 42% (n=36) of the respondents rated favourably the support to address education needs in the community, while 26% (n=22) rated the activity as poor. Some of the reasons for dissatisfaction amongst these respondents were due to the lack of sufficient teachers, inadequacy of education materials and long distance to the EiE centres. Some of the FGDs participants mentioned that the children they had not

observed were more likely to not attend classes as frequently due to competing priorities.

*Unfortunately, I have faced challenges in sending my children to school. The distance to the school is quite far, making it difficult for them to attend regularly. Additionally, there are times when the school lacks sufficient teachers and necessary materials, which affects the quality of education. These issues have made it hard for my children to fully benefit from their schooling experience.*

*- FGD male participants, Kahda*

Beneficiaries highlighted the important role of EiE centres established throughout the programme. For example, children living with a disability were able to resume their studies. Schooling also provided a sense of normalcy and routine for displaced children and encouraged their transition to secondary school. The major concerns that emerged from the FGDs were that the education support activities did not include some education supplies such as school uniforms, there was a lack of free schooling for students to transition



to Grade 5 and the discontinuation of school feeding programmes.

Furthermore, the lack of a school feeding programme and inadequacy of cash transfer amounts to meet education and other essential needs were highlighted as challenges to school enrolment and attendance rates by FGD participants.

*There were feeding programmes in schools before, and we need to restart those initiatives. The small amount of money we receive is insufficient to cover food, clothing, water, electricity bills, and school fees. We need the school feeding programmes to continue, as it previously provided children with free breakfast.*

- FGD female participant, Mogadishu

There was a notable improvement in mothers, new-borns and children's overall health. Nearly all agreed (strongly agreed (70%, n=184) or agreed (27%, n=70) that the services provided at the centres have improved mothers, new-borns and children's overall health in the community. Similarly, 93% (n=243) of the respondents indicated that they had observed changes in their child's overall health during the treatment. Ninety-five percent of the respondents (95%, n=249) had received ANC services, with 35% (n=86) rating the services as being very good, 21% (n=52) as good, whereas 35% (n=86) rated the services received as below average/poor in quality. The reasons for dissatisfaction were reported to be due to the overcrowding and busyness of the facility and the limited working hours to cater to emergencies at night.

Based on FGDs, beneficiaries generally appreciated the H&N support and according to the participants, they appreciated free health services, improved nutrition outcomes

for children and promoted improved health-seeking behaviours.

*The healthcare services have significantly improved, preventing children from suffering from even minor illnesses like fever or contagious diseases. The medical centre is conveniently located, making it accessible for everyone in the community. This facility effectively serves all of us, contributing to a better overall quality of life.*

- FGD female participant, Mogadishu

However, some beneficiaries reported that they had not realised any health benefits. During the FGDs, participants from Bananey expressed their challenges in accessing health services, and that associated costs and distance were major barriers to seeking health care.

*Respondent 1: Accessing health care for my children has been quite challenging. Often, the health facilities are overcrowded, leading to long queues that make it difficult to get timely assistance. I find myself waiting for hours, which is not ideal when my children need urgent care. Additionally, the clinics often lack sufficient staff, making the situation even more frustrating. There have been times when I've had to choose between taking my children to the clinic or attending to other responsibilities, and unfortunately, health care is often delayed as a result.*

*Respondent 2: I have faced several issues when trying to access health care for my children. The clinics are quite far from our home, and traveling to them is*



*not always feasible, especially when we have limited resources. Furthermore, the services are often provided at inconvenient times, such as during working hours or on days when I have other commitments. This makes it difficult for me to bring my children in for the care they need. these obstacles have prevented me from seeking timely health services for my children.*

*Respondent 6: Currently, we do not have a healthcare centre in our area. To access medical services, we often have to travel a considerable distance and pay approximately \$5 USD per person for care. While the services we receive are somewhat supportive, the challenges of reaching these facilities and the costs involved is a big challenge.*

*Respondent 7: We seek healthcare services at distant facilities, where we also pay around \$5 USD. While this fee helps us receive some level of care, the distance we must travel makes it a challenging situation for our community. I cannot always access health care centres; it is very difficult and time-consuming. Even with a payment of \$5 USD, the facilities are overcrowded. Many people lack sufficient funds, leading to long wait times. If you arrive in the morning, you might not be seen until 2:00 PM after waiting in long queues.*

- FGD female participants, Bananey

Findings highlighted that unrestricted MPCA was used to a significant extent for basic needs. The majority of the respondents, 88% (n=58) spent their cash on food, followed by school fees 59% (n=39). Other uses included clothing (39%, n=26), debt repayment (39%, n=26), as well as paying transport and utility bills (11%, n=7). Beneficiaries were generally satisfied with the cash distribution process: 80% (n=53) of the respondents were very satisfied with the process of receiving cash assistance and 20% (n=13) were satisfied, none were dissatisfied with the process.

There was a general consensus among FGD participants that the cash assistance had helped beneficiaries meet immediate needs such as food, shelter, school fees, other basic household expenses and even to start a small business. Despite these improvements, FGD participants highlighted that the cash support was inadequate to support long-term livelihood activities such as farming.

*Many people here have started their own businesses with the support they received, and we are grateful to Allah for this opportunity. These businesses are still operating and running successfully. For example, the Kalkaal market now hosts many individuals who were beneficiaries of cash assistance. They sell fruits, vegetables, charcoal, and firewood. Some have invested in farming, while others have focused on livestock.*

- FGD female participant, Mogadishu



## Coverage

### Findings Summary: Coverage

The programme's implementation was significantly influenced by the complex dynamics of community engagement, particularly the role of community leaders. While efforts were made to ensure inclusivity and to target vulnerable groups, challenges arose due to the influence of these leaders, often referred to as "gatekeepers." These individuals sometimes manipulated the selection process, leading to concerns about aid diversion and inequitable distribution.

To mitigate these challenges, the programme relied on a combination of strategies, including direct beneficiary registration, community surveys, and collaboration with local authorities. However, the pervasive influence of community leaders remains a significant obstacle, requiring ongoing attention and adaptation of programme approaches.

#### EQ.5: Was the coverage of the programme extensive and inclusive?

The programme adheres to specific policies and guidelines to ensure inclusivity among beneficiaries. Selection criteria prioritize vulnerable groups, especially children and women, based on population needs. The Concern Worldwide staff confirmed in the KIs their commitment to the "Leave No One Behind" policy by providing services to all those in need and that the programme provided the necessary training to implement the policies accordingly.

The programme's assessments and context analysis informed the selection of beneficiaries and the establishment of committees to ensure diverse representation. However, the cash assistance programme faced challenges, including issues during registration and concerns about aid diversion raised by Concern Worldwide staff, while none of the FGD participants raised any issues of making payment to any person or community leaders.

These challenges around diversion of aid were particularly pronounced among IDPs, who often faced demands from host communities for fees or participation in activities, even if they did not meet the eligibility criteria, as reported

by Concern Worldwide staff. The main issue that is faced by the implementation of this programme, and other programmes, is managing the expectations of community leaders who are termed as 'gate keepers.' This is an ongoing concern nationwide, reported Concern Worldwide staff.

*The community leaders also seen as gatekeepers sometimes request for their friends and family become beneficiaries as well and taking that role away is problematic. It is an issue which is not easy to solve. We normally involve the community leaders for targeting but we do surveys to verify info. We will never be able to eliminate this kind of relationship. People not receiving money for the land might end up being evicted.*

- Concern Worldwide staff

In Somalia, gatekeepers range from community leaders, to businessmen, to militias, to landlords/ owners - some are from the IDP communities while others are not<sup>17</sup>.

<sup>17</sup> Source: <https://www.thenewhumanitarian.org/news-feature/2019/07/18/Somalia-internally-displaced-people-private-camps>



The lack of direct engagement between donors and IDPs leaves significant control in the hands of gatekeepers, which can lead to unequal aid distribution and limited accountability<sup>18</sup>. The gatekeeper issue in Somalia is relatively well-known, with a range of studies conducted over the last ten years along with this project's efforts to explore the pervasive influence of community leaders, but significant engagement by humanitarian (or other) actors to mitigate its negative impact and improve accountability has remained challenging. Donors and international NGOs rely heavily on gatekeepers for interaction with IDPs, including needs assessments due to persistent security issues. This indirect engagement perpetuates gatekeepers' control over resources and access to information.

From the Focus Group Discussion (FGD) with female participants in Afgoye, several discrepancies were highlighted. The discussion included seven respondents, almost half expressing concerns about inconsistencies in the beneficiary selection process, particularly those receiving cash assistance. Key feedback from the participants is summarized below:

*Respondent 4: Elderly individuals and those with disabilities may not have received support equally.*

*Respondent 5: Some registered beneficiaries did not receive assistance. In some cases, individuals were contacted for follow-up questions regarding their situation but have not heard back since; they are still waiting for a resolution. There were also reports of people from Mogadishu*

*interviewing community members, which many felt was not a fair process.*

*Respondent 6: Some individuals were asked about their living conditions, income, and family details, while others did not receive support despite being registered. We are aware of these discrepancies in the distribution process.*

*- FGD female participants, Afgoye*

Nearly all (98%, n=83) of education beneficiaries reported their child/children were regularly attending schools supported by the organization while 2%, (n=2) were missing or irregularly attending school. Reasons cited for school absence related to health, family hardships, and need to work/help at home.

Almost all (98%, n=65) of respondents believed that the cash assistance was provided to the most deserving in the community. The vast majority of beneficiaries receiving cash assistance reported that they were selected directly through the organization (45%, n=30) and by visiting the health facility (45%, n=30) while 11% (n=7) were selected by community leaders and 6% (n=4) by an IDP leader.

Beneficiaries stated that the treatment for malnourished children, pregnancy care and medical consultations were the main health and nutrition services received. Among the various health services received, 76%, (n=199) of the respondents indicated that they had received support for treatment of their malnourished children, 72%, (n=189) pregnancy care, and 71%, (n=186) medical consultations. Other health support received included information on nutrition and breastfeeding (55%, n=144) postnatal care

<sup>18</sup> Source: [https://e4c.org/wp-content/uploads/2024/02/Discussing-Gatekeepers-in-Somalia\\_12\\_02\\_24\\_Final.pdf](https://e4c.org/wp-content/uploads/2024/02/Discussing-Gatekeepers-in-Somalia_12_02_24_Final.pdf)





(42%, n=109) and 3%, (n=7) other services children.  
such as medication and vaccination of



## Coherence

### Findings Summary: Coherence

Overall, the programme's design and implementation are highly coherent, aligned with various policies and standards, a multi-sectoral approach, implementation with local partners, and close collaboration with various actors.

#### EQ.6: Was there consistency between Concern's activities and the relevant policies?

The programme design and support are in line with the government's own efforts and that of other humanitarian actors, and comprehensive sector-wide efforts. The programme is aligned with and respect SPHERE Standards for the nutrition and education implementation by incorporating the relevant indicators. It is also aligned with the Somalia National Guidelines for Community-based Management of Acute Malnutrition (CMAM) for the implementation of CMAM admission and discharge protocols. The programme also encompasses one of the policy priorities of the Health Sector Strategic Plan III (HSSP III) 2022-2026<sup>19</sup> which is '*to improve access to health services of acceptable quality [...] to produce the desired health outcomes in terms of reducing maternal, neonatal and child mortalities rates, decreasing the rates of undernutrition, controlling prevalent communicable and non-communicable diseases.*'

The programme is consistent with Concern's Approach to Emergencies, Approach to Disaster Risk Reduction Policy<sup>20</sup>, Approach to Protection, and the How Concern Understands Extreme Poverty and Community Engagement Guidelines. The key policy guidelines were implemented that directly addressed issues around Gender Based Violence (GBV)<sup>21</sup> and the policy on extreme poverty and HIV/AIDs guideline. In addition, the programme

objectives remain highly coherent to the context triggered by conflict and natural disasters and the multi-sectoral needs of vulnerable groups in the community. The selection of local partners was also well founded as their direct experience, existing structures and long-established relations with local communities aided implementation and ensured synergies were leveraged, reported Concern Worldwide staff. The planned activities were also found to be well-aligned to their respective output, target group, and beneficiary challenges that they were designed to address. There was, in general, good coordination with various Cluster working groups which continues to inform processes and implementation of the activities, claimed Concern Worldwide staff.

The general perception of Concern Worldwide staff consulted is that there is a high degree of alignment with national policies and standards including education and health guidelines, and humanitarian core principles. These informants noted the programme aligned with the Ministry of Health (MOH) Health Cluster working group, Education Working Group and CWG consortium and this led to coherence notably between the national and humanitarian approaches and avoided duplication of other efforts.

<sup>19</sup> Federal government of Somalia, Somalia Health Sector Strategic Plan, 2022-2026 (HSSP II)

<sup>20</sup> Concern Worldwide, Approach to Emergencies Policy 2018

<sup>21</sup> Concern Worldwide, protection guidance engaging with communities



## Sustainability

### Findings Summary: Sustainability

The programme results could be sustained where they align with national policies and local partners' priorities and also where the local partners have necessary funding. Potential challenges noted that may affect sustainability include continued reliance on cash assistance, insufficiency of drugs and medical equipment, and lack of funding for the continued operation of EIE centres and health facilities. There is also currently no phase-out strategy in place. Despite the strong emphasis on capacity building and strengthening of the local partners, there are no concrete steps towards ensuring the sustainability of actions.

#### EQ.7: Will the benefits achieved through Concern's intervention last?

High quality education facilities are perceived as essential for continued and sustained learning. The majority of the respondents (85%, n=72) believed that provision of quality education facilities as necessary to motivate students to continue with their education, followed by prevention of school overcrowding (69%, n=59), availability of feeding programme (67%, n=57) and 64% (n=54) ensuring quality teachers in schools.

The majority of the respondents (92%, n=240) believed that the health facilities have the necessary resources to provide quality services to women in the community and 8% (n=22) indicated multiple explanations that they were inadequate to sustain the health benefits. They believed there was a shortage of drugs and medical equipment (82%, n=18), while 59% (n=13) stated that there were insufficient rooms, and 55% (n=12) indicated that the number of staff was inadequate to attend to patients. Other shortcomings included inadequacy of the waiting area and lack of water and sanitation facilities.

Understandably, some outputs and outcomes are more sustainable than others. FGDs participants highlighted the constructed EIE Centres and improved WASH facilities will potentially continue operating even after the

end of the programme. However, FGD participants raised concerns about sustainability; the most vulnerable households were reliant on the cash assistance to meet their basic needs and are still facing multiple vulnerabilities, and further support is needed. Key informants from Concern Worldwide further noted that provision of services at the health centres would not be sustainable without support from other donor interventions as the lack of funding may lead to shortages of nutrition supplements, lack of medication and vaccines and even closure of health facilities thus reversing health gains.

As an emergency intervention, the programme has no phase-out strategy to map out a transition to sustainability. Key informants from Concern Worldwide made several recommendations that, if included, could improve sustainability in the future. The suggestions included the extension of the programme to a similar wider location with the enrolment of beneficiaries into other long-term interventions, lobbying/networking with other NGOs for alternative funding, engaging with the government for sector specific supply support and potential hand-over engagement with UNICEF for nutrition supplies.



However, the programme's strong emphasis on capacity building and strengthening of the two local partners is a key aspect of its sustainability. As reported by Concern Worldwide staff, there is knowledge transfer and technical support, ensuring that the established plans can continue thereafter. According to programme partners, some aspects of the programme, specifically education, may continue in the future even potentially without support.

*Indeed, there are certain programmes that community members can continue to work on independently. For*

*example, in the education sector, even if a programme halts, parents and teachers may choose to keep teaching children, allowing education to persist without external support. In contrast, the healthcare system poses greater challenges for sustainability. It is expensive to maintain, and ongoing financial support is not guaranteed, making it difficult for healthcare programmes to continue without adequate funding*

*- Partner, Mogadishu*



## Connectedness

### Findings Summary: Connectedness

Although the programme was designed as an emergency response, there is a lack of connectedness of achievements and long-term interventions. The collaboration with various stakeholders, achievements in capacity building and sector interlinkages are potentially a link of emergency and long-term interventions. There is some level of connectedness with local structures and the community. No trainings were conducted in 2024.

EQ.8: Are the emergency, short term activities carried out in a context that takes longer-term and interconnected problems into account?

According to the project concept note, this emergency intervention entails a Triple Nexus approach. Concern Worldwide intended '*to deliver basic services across several sectors (the health, nutrition, education and WASH) that, ideally, would be state-run. In Somalia, considering the current context and the limited capacity of respective government ministries and departments, it is crucial for Concern and partners to continue providing these services as an emergency provision until government ministries and departments are in a position to take over.*'

All informants contacted for this Mid-Term Evaluation overall reported that Concern Worldwide invested in capacity building and there is great collaboration with the implementing partner, government offices in the education and health sector and within the NGO Consortium which has directly contributed to the smooth implementation of activities. The programme focuses on building the capacity of two local NGOs, mainly due to the lack of other organizations operating in the target location. The programme facilitated capacity building of the local NGOs through training, on-the-job coaching, and technical support on emergency preparedness focused on the preparation of emergency preparedness and response plans. These partners are well-positioned to sustain the programme results, and initiate/implement

similar programmes in future. The learning and knowledge transfer are seen as crucial in ensuring that local actors are better equipped to cope with crises in future, Concern Worldwide staff claimed.

The programme has made important efforts to connect to the community members, local structures and leaders in various ways for instance, stakeholders and Concern Worldwide staff consulted indicated that the programme facilitated capacity-building sessions for Community Education Committee (CEC) members to improve school management. The local leaders were also involved in selection of cash support beneficiaries and in establishment of EIE centres.

The majority of the key informants noted that all activities are interlinked such as the establishment of health and nutrition centres near EiE centres which contributed to the achievement of the sector's twin goals of enhancing access to education and health and nutrition services. The key informants noted that the integrated multisector approach addressed interconnected problems of the target groups and has a positive impact on several outcomes.

Overall, there was a consensus among the national stakeholders interviewed that the programme worked with national and sector



actors and expressed optimism in establishing partnerships with other organizations towards developing long-term strategies. However, none of the key informants and stakeholders

interviewed reported any systematic integration across the sectors to support the sustainability of programme outcomes.



## Cross-cutting themes

### Findings Summary: Cross-cutting Themes

The programme effectively leverages existing initiatives and collaborates with government agencies and key stakeholders to avoid duplication and enhance impact. While potential partnerships with UN agencies, particularly UNICEF, were identified, concrete collaborations have yet to be established.

The multisectoral approach and active participation in the cash working groups and coordination in Somalia shows the commitment of the programme to address themes.

### What were the synergies and interlinkages between this programme and other interventions?

Overall, there are potential synergies and linkages with other initiatives and programmes implemented jointly or separately by local partners which has ensured complementarity and avoided duplication. The programming focus has also provided opportunities for interlinkages and cross-sectoral collaboration with government authorities and key stakeholders in education and health sectors.

Although the stakeholders and Concern Worldwide staff interviewed were able to identify potential partners and areas of

collaboration, none provided evidence of an already established collaboration to enhance synergies moving forward, except for one with UNICEF which is related to the provision of Ready-to-Use Therapeutic Food (RUFT). The health partner SHACDO works in other clinics in the same area allowing beneficiaries to have access to health services, Concern Worldwide staff also felt that there is a need to identify other potential partners and opportunities for interlinkages in education and income generation.

To what extent did all aspects of operational support and programme design, implementation and monitoring consider the core humanitarian principle and themes such as; equality; protection; Disaster Risk Reduction (DRR); conflict sensitivity; the environmental impact; and partnership

The ET revised the Concern DRR (2016), the Approach to Emergency Policy (2018), the Approach to Protection paper (2018), the Policy on Extreme Poverty and HIV and AIDS (2007), the Protection Guidance: Engaging with Communities (undated) and the Gender-Based Violence (Protection): Linking, referrals and case management (undated).

The DRR policy seems not to be relevant for the context considering that the project has no DRR component, similarly to the Policy on Extreme Poverty and HIV and AIDS. The

Approach to Protection policy appears relevant to the implementation area and it is expressed in the Concern Code of Conduct and its associated policies (the Programme Participant Protection Policy, the Child Safeguarding Policy and the Anti-Trafficking in Persons Policy, hereinafter collectively referred to as the Concern Code of Conduct). The Code of Conduct seeks to ensure the maximum protection of Concern programme participants, especially beneficiaries, from abuse and exploitation, and require certain





standards of behaviour from all of those involved in our programmes. Concern has agreed to be bound by key international codes of conduct and practice, including the Code of Conduct of the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, the Humanitarian Charter, and Sphere's Minimum standards in disaster response.

Staff are trained on Concern's core policies, such as the Code of Conduct, safeguarding, whistleblowing, no harm to the community, and fraud mitigation. Staff are trained on Concern's core policies, such as the Code of Conduct, safeguarding, whistleblowing, no harm to the community, and fraud mitigation.

From the revision of the project concept note, design, implementation, and monitoring of the programme were highly sensitive to gender, equality, and inclusion of PWDs, these were systematically incorporated into its components. The result framework objective and output level indicators incorporate gender and disability indicators indicative of

mainstreaming in the programme design. Regarding gender equality, it was noted that the programme is aiming to achieve gender balance in the number of beneficiaries targeted and across Outcome 1 activities.

Half of the interviewed Concern Worldwide staff affirmed that there were policies and procedures in place for programme participants' protection, prevention and response. These include Child Safeguarding Policy, Programme Participant Protection Policy, PSEA, HIV and AIDS, Code of Conduct, whistleblowing, no harm to the community, and fraud mitigation policies. They indicated that all staff must sign and adhere to the Concern policies to ensure maximum protection of programme participants. Further, the informants noted that some programme activities have incorporated discussions on inequalities and human rights such as the school peer groups activities incorporated topics related to climate change, child rights, safeguarding, GBV, and corporal punishment.



## Discussion and Conclusions

The evaluation team believe that the programme is highly relevant for addressing the problems faced by vulnerable groups affected by conflict and climate-related disasters highlighted by Concern Worldwide context analysis from previous interventions in the area and sectoral surveys. However, questions remain regarding the lack of a (rapid) multisectoral assessment conducted at the design phase of the programme which the evaluators believe could have helped designed the intervention in a more strategic and integrated way, for instance by estimating caseload better and exploring options for better integration of sectors.

The programme is also strategically aligned to national and international development policy frameworks and strategies. The Mid-Term Evaluation findings revealed that the sectoral support remains extremely relevant to current community needs, such as education provision at the EiE centres identified as a priority for children and MPCA regarded as helpful in meeting their various needs. The local partnerships developed at the onset of the programme demonstrate the proactive use of existing local structures that made the programme highly relevant in the context of fragility and coordination and implementation of activities.

In terms of effectiveness, the programme has made significant progress towards achieving its objectives, with many outcome indicators being met or partially met. The programme has been effective in achieving the intended outcomes, as evidenced by improved access to education and utilization of health services. The expected outcome of increased household access to cash assistance for essential needs was achieved, demonstrating the programme's effectiveness in providing timely support to vulnerable households.

The budget allocation reflects emphasis towards programme activities and is allocated accordingly. The budget allocation reflects a strong emphasis on programme activities, ensuring that resources are directed towards achieving the desired outcomes. However, there is a consensus that the budget was stretched by the recurrent influx of newly displaced beneficiaries who were covered by the H&N and EiE services but whose number was not part of the original target. Concern Worldwide managed to include these needy families in the programme but that came with a cost; for instance, the amount of MPCA as suggested by the CWG was reduced and that might have affected impact of this specific sectoral activity.

The programme demonstrated various outputs and showed to be on track to meet major targets, including improved mothers, new-borns and children's overall access to health, improved access to education for previously unenrolled children, while the cash assistance enabled beneficiaries to cover basic expenses such as food, school fees, clothing and transport and utility bills. Despite facing challenges, the programme has demonstrated its potential to make a positive impact on the lives of vulnerable communities. However, the impact derived from the multisectoral approach from this programme will be nearly impossible to measure; the programme did not target unique beneficiaries so multisectoral impact cannot be measured if the beneficiaries are diverse and not completely overlapping. For instance, for this intervention MPCA was given to mothers of malnourished children but also to other vulnerable beneficiaries. School-aged children are a different target group from the malnourished children targeted by CMAM as the latter are by definition under the age of 5 years. Furthermore, the MPCA impact in addressing



malnutrition and generally in improving nutrition outcomes cannot be determined unless specific follow-ups measures are put in place. This will include growth and nutrition monitoring for the child/children targeted by the cash assistance to assess nutritional outcome and establishing a control group of children not being assisted to compare gains. Cash assistance for nutrition usually focuses on vouchers to buy nutritious food and/or fresh food for either moderately malnourished children or recovering severely acute malnourished children.

The programme has established strong connections with local communities and stakeholders, fostering a collaborative environment for service delivery. While the programme was designed as an emergency response, there is a lack of connectedness between immediate achievements and relief and long-term interventions. However, collaboration with local structures and community leaders has facilitated some level of integration, which is essential for sustainability. The programme has a strong coordination with government officials and joint monitoring has supported in getting the necessary buy-ins from the community members. As Concern Worldwide is operating other, longer-term interventions, this might allow for some connectedness but also, to an extent, safeguard the impacts of those interventions from the effects of new displacements and future shocks.

Targeting of the beneficiaries was effective in providing support to the most vulnerable groups as emphasized by Leave No One

Behind policies. The programme activities focused especially on women and children and other vulnerable groups among them. Challenges associated with the 'gate keepers' phenomenon could not be analysed in depth for this Mid-Term Evaluation, but it is understood that it is a widespread challenge for NGOs working in the area. A locally relevant understanding and monitoring of coverage, as intended for nutrition services, might have increased the effectiveness of the associated nutrition activities. In particular, coverage assessment methods aimed at measuring the treatment coverage of CMAM programmes, i.e., at the time of the assessment, the percentage of severely or moderately acutely malnourished children in a defined area such as a health district or region who are successfully enrolled in the programme. While a Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) was conducted in 2023 under a different grant in a programme adjacent to the target areas, having a clear vision on the coverage in the programme area would have supported the H&N sector.

The programme's strong emphasis on capacity building and strengthening of local partners is a key aspect of its sustainability, but the complexity and the cost of some sectoral activities such as EiE and CMAM will make those activities unsustainable. While this is an emergency intervention which at present does not have a defined phase-out plan or an exit strategy, the evaluation team believes that long-term solutions for this action will need to be developed soon to guarantee a continuum in the provision of services and assistance.



## Recommendations

### Recommendation 1: Strengthening integration and sustainability

while it is understood that the project relies on early funding from Irish aid and this Intervention will be most likely continued beyond 2024, It is pivotal that the organization already now develops a phase-out and exit strategy that ensures a smooth transition for beneficiaries and aligns with long-term recovery efforts, following the principle of Triple Nexus as stated in the concept note. This strategy should include partnerships with government, UN agencies, and other stakeholders for sustained funding and program support and focus on resilience of the target population.

### Recommendation 2: Strengthening Monitoring, Research, and Evidence-Based Impact Measurement

In order to be able to measure Impact, especially the multi-sectoral one from the MPCA and the nutrition sector, the organization must develop systems or conduct research to monitor the nutritional outcomes of children targeted by MPCA or alternatively by the cash/voucher assistance targeting families of malnourished children. From literature review, it appears that similar studies have been conducted in the past<sup>22</sup> but results showed that a similar intervention in the same context did not contribute to reducing acute malnutrition risk. The current evidence collected by UNICEF 'Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes'<sup>23</sup> also suggest that cash assistance in terms of impact on nutrition status of children has produced 'mostly positive evidence on stunting, mixed evidence on wasting, limited and inconsistent evidence on micronutrient status'. It is then recommended that the project invests more effort in measuring the impact of these combined activities with methodologies such as non-randomised cluster trials but also conducts formative research to understand cash assistance targeting and timing. According to the Global Nutrition Cluster 'Using cash and voucher assistance for nutrition outcomes' paper, the role of conditionality of cash, the timing/duration/amount, and the receiver of cash are predicting factors to the Impact and those have to be analysed and fine-tuned in every cash intervention encompassing nutrition.

### Recommendation 3: Understand and address the contextual issues of gatekeepers

This evaluation outlines measures to address the influence of community leaders, which, while unlikely to disappear, requires reform. Key recommendations include, increasing project staff presence on the ground, which allows for closer activity monitoring and context-appropriate responses; ensuring transparent selection or election processes of the gatekeepers to ensure fairness and representation, promoting public recognition of effective gatekeepers to encourage

<sup>22</sup> [A cash-based intervention and the risk of acute malnutrition in children aged 6–59 months living in internally displaced persons camps in Mogadishu, Somalia: A non-randomised cluster trial](#)

Grijalva-Eternod CS, Jelle M, Haghparsat-Bidgoli H, Colbourn T, Golden K, et al. (2018) A cash-based intervention and the risk of acute malnutrition in children aged 6–59 months living in internally displaced persons camps in Mogadishu, Somalia: A non-randomised cluster trial. PLOS Medicine 15(10): e1002684. <https://doi.org/10.1371/journal.pmed.1002684>

<sup>23</sup> [https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2021-02/UNICEF\\_Cash-report\\_EN\\_RGB\\_170221\\_V9\\_FINAL\\_0.pdf](https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2021-02/UNICEF_Cash-report_EN_RGB_170221_V9_FINAL_0.pdf)



accountability and adherence to best practices, and facilitating open dialogue with communities and gatekeepers in safe spaces to address sensitive issues like gatekeeping beyond programming modalities and expectations from both ways to make things more communicative.

## Recommendation 4: Enhance and Sustain Sectoral Services

The overcrowding at the health centres remains challenging due to the influx of IDPs and, in some cases, the closing of similar facilities by other NGOs. Addressing the overcrowding in health facilities by creating linkages with other stakeholders and strengthening referral pathways to reduce strain and improve service delivery, for instance, encouraging joint planning and resource sharing among stakeholders to maximise impact and reduce duplication of efforts. This will include developing robust referral networks that connect health centres with secondary and tertiary care facilities to distribute patient loads more effectively. This approach has been proven successful in reducing overcrowding in other humanitarian contexts, as documented by studies on health system's resilience in protracted crises<sup>24</sup>. Also, identifying cost-effective ways to sustain complex sectoral activities, such as EiE, by partnering with relevant actors. The project has expanded its efforts with similar Irish Aid-funded projects and working for the transition of IDP children to government schools.

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<sup>24</sup> Source: <https://fic.tufts.edu/wp-content/uploads/Another-HC-in-Somalia.pdf>



## Scoring

The findings above were used to appraise the programme's performance against each criterion on a scale of 0 to 5 (0 being unacceptable and 5 being outstanding), which has concluded performance levels and relative success among the different programme components.

Criteria	Rating 0-5 (0 – unacceptable – 5 outstanding)	Evidence
Relevance	5	The program aligns with the national development plan. Programme beneficiaries confirmed that the timely implementation of the programme was crucial, as the community was recovering from displacement, drought, and insecurity.
Effectiveness	4	The programme has achieved significant progress, with 57% of outputs fully met, 22% partially met, and 22% unmet.  There have been substantial achievements, including the construction of schools and the provision of essential health services.
Efficiency	3	While the budget was allocated adequately, the project faced some issues in the resource allocations such as cash assistance, which only benefited 198 beneficiaries instead of the planned target for 2024.
Impact	4	The programme has significantly improved health outcomes for vulnerable populations, including mothers, newborns, and children. Additionally, it has expanded access to quality education, particularly for previously unenrolled children, fostering a supportive learning environment. Multisectoral impact would be nearly impossible to measure as the beneficiaries are not unique beneficiaries.
Sustainability	4	While this programme is an emergency intervention, its long-term sustainability is in doubt lacking plans for phase-out or transition to more long-term sustainable solutions.
Connectedness	4	The programme has fostered strong partnerships with local communities and stakeholders, facilitating collaboration and integration laying the groundwork for potential longer-term collaboration.
Coverage	4	The programme targeted the right beneficiaries and was able to cover the neediest ones in the communities. issues around diversion of aid in terms of beneficiary's selection were raised but could not be in-depth explored
Coherence	5	The programme is coherent with international guidelines and standards and national priorities on health and nutrition



## Annex A: Evaluation Matrix

Evaluation Criteria	Key questions	Sub-question(s)	Data Source
Relevance	EQ 1: Were the objectives and the design of the intervention relevant and appropriate to the context and to the needs of recipients?	<p>To what extent was a clear rationale for the selected intervention activities established?</p> <p>What is the level of community satisfaction (people targeted by the intervention) that the programme design met their needs sufficiently?</p> <p>How did Concern Somalia adapt in response to any changes in the context and lessons learnt during the implementation of the intervention? Were the adaptations appropriate for the context?</p>	<p>Literature Review</p> <p>Key Informant Interviews</p> <p>Household surveys</p> <p>FGDs with community members</p>
Effectiveness	<p>EQ 2A: Is there evidence that anticipated results are being achieved at the current stage of the programme?</p> <p>EQ 2B: Is the programme achieving the planned outputs and outcomes and are they on time?</p>	<p>What is changing because of the programme?</p> <p>What evidence is there that anticipated results are being achieved at the current stage of the programme?</p> <p>To what extent can the emerging results be attributed to Irish Aid Chronic Humanitarian Crises Scheme?</p> <p>How do target communities feel about the effectiveness and timeliness of the delivery of the response when most needed?</p> <p>To what extent does the response team coordinate effectively with external stakeholders (e.g., clusters, other NGOs and agencies, relevant government units, etc.)?</p>	<p>Literature Review</p> <p>Key Informant Interviews</p> <p>Household surveys</p> <p>FGDs with community members</p>
Efficiency	EQ 3: Did the intervention use the available resources in the most efficient manner to achieve its outputs?	<p>Did the intervention have sufficient and appropriate resources?</p> <p>Did the intervention pay competitive prices for its inputs – in other words: did it prove cost effective?</p> <p>Were there any alternatives for achieving the same results with fewer inputs?</p>	<p>Literature Review</p> <p>Key Informant Interviews</p>
Impact	EQ 4: Did the intervention achieve the intended impacts?	<p>Provide evidence of change at impact level (positive, neutral or negative). What contributed to this change?</p> <p>What are the wider effects of the programme on: individuals; groups (gender, age, disability); communities; institutions; or conflict dynamics? Were they positive or negative?</p> <p>Were there any unintended results? Were they positive or negative?</p>	<p>Literature Review</p> <p>Key Informant Interviews</p> <p>Household surveys</p> <p>FGDs with community members</p>





Coherence	EQ 6: Was there consistency between Concern's activities and the relevant policies?	<p>How was the intervention informed by and aligned with fundamental humanitarian principles (adherence to the Red Cross Code of Conduct, Sphere, Core Humanitarian Standard and sector-specific standards, where appropriate)?</p> <p>Provide evidence that the intervention adhered to relevant Concern policies (e.g., Approach to Emergencies, DRR, Equality, Protection, Child Safeguarding Policy, HIV and AIDS).</p>	<p>Literature Review</p> <p>Key Informant Interviews with programme staff, health centre CHWs, Household surveys</p> <p>FGDs with community members</p>
Sustainability	EQ 7: Will the benefits achieved through Concern's intervention last?	<p>How is the intervention building an enabling environment for sustainable development?</p> <p>How has the intervention identified elements for both actual and prospective sustainability?</p> <p>Identify risks and potential trade-offs.</p>	<p>Literature Review</p> <p>Key Informant Interviews</p> <p>Household surveys</p> <p>FGDs with community members</p>
Coverage	EQ 5: Was the coverage of the programme extensive and inclusive?	<p>How did the intervention "leave no one behind" as per Concern's core mandate and targeting criteria?</p> <p>Was coverage of the intervention, as well as the targeting criteria, discussed in a participatory fashion with internal and external stakeholders as appropriate?</p> <p>To what extent was the coverage inclusive of most vulnerable groups, taking into account Concern's crosscutting themes (more details below)?</p>	<p>Literature Review</p> <p>Key Informant Interviews</p> <p>Household surveys</p> <p>FGDs with community members</p>
Connectedness	EQ 8: Are emergency, short term activities carried out in a context that takes longer-term and interconnected problems into account?	<p>How has the impact of relief/life-saving activities been considered system-wide so far (e.g., on local power structures, government capacity, gender equality or the environment)?</p> <p>Provide evidence that strong partnerships have been established?</p> <p>What emphasis has there been on capacity building and knowledge transfers to ensure that local actors are better equipped to cope with crises once the programme ends?</p>	<p>Literature Review</p> <p>Key Informant Interviews</p> <p>Household surveys</p>



## Annex B: Interview Guides

Methodological note: Not all questions will be relevant for all respondents. Interviewers will adjust questions as required.

### Household based Questionnaire Tool Guide

#	EQ	Question	Type	Answer options
1a	Meta data	Respondent unique identifier	ID	
1b	Meta data	Programme code	ID	
1c	Meta data	Location of interview	Text	
1d	Meta data	GPS coordinates	Coordinate	
2	Consent Statement	<p>Hi, my name is_____, you have been selected to participate in a survey designed to gather information about your experiences with the different support you have received from Concern Worldwide such as MCPA transfer, health and nutrition support or education programme support. The purpose of this survey is to help us understand your needs, assess the effectiveness of the support you have received, and identify areas for improvement. Your participation is entirely voluntary to answer. You also have the right to refuse to participate or to withdraw from the survey at any time without giving a reason. Your decision to participate or not will not affect the support you receive.</p> <p>All information collected through this survey will be treated as confidential. Your personal information will not be shared with anyone outside of the evaluation team or with any third parties without your explicit consent. Your participation may contribute to the improvement of the support you receive ultimately benefiting you and others in your community. Do you have any questions (Y/N).</p>		
2a	Consent	<p>Do you consent to participate in the survey?</p> <p><i>(If the response is no: Thank the person for their time and explain that there will be no further questions because your aim today is to talk with people who have consent to participate in the survey.)</i></p>	Boolean	<p>1. Yes</p> <p>2. No</p>
3	Demographics	Gender of respondent	Single	<p>1. Female</p> <p>2. Male</p>
4	Demographics	Age of respondent	Integer	



5	Demographics	Which group do you belong to?	Single	1. Host Community 2. Newly displaced community (1-2 years) 3. IDP more than 2 years 4. IDP more than 5 years 5. IDP for 6 and above years
6	Demographics	How many people live in this household? Including yourself with whom you usually share meals, and/or live under the same roof for at least 6 months of the year and whom you consider to be members of your household.	Integer	
7	Demographics	What is the marital status of the respondent?	Single	1. married 2. Single, never married 3. Divorced/Separate 4. Widowed
8	Demographics	Are you a PWD or live with someone with PWD?	Single	1. Yes 2. No
9	Programme	What type of support have you received from this programme?	Multiple	1. Cash 2. Education 3. Health and Nutrition
Education in Emergencies (EiE)				
10	Coverage EQ5	Are your child/children regularly attending school supported by the organization?	Single	1. Yes 2. No
11	Coverage EQ5	If no, what are the reasons your school-aged child/children are not attending school regularly?	Multiple	1. Family responsibilities for care 2. Journey is unsafe 3. Too far to attend 4. Need to work to earn money 5. Too costly 6. Lack of qualified and trained teachers 7. Schools do not have water 8. Work/looking for work 9. Medical reasons 10. Family problems 11. Conflicts 12. Other, specify



12	Effectiveness EQ 2a/b	Have your child/children received any educational materials from the programme?	Single	1. Yes 2.No
13	Effectiveness EQ 2a/b	How satisfied or dissatisfied are you with the quantity/quality of items provided by the programme?	Single	1. Very satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very dissatisfied
14	Effectiveness EQ 2a/b	If dissatisfied, why were you dissatisfied with the materials you received?	Long text	
15	Relevance EQ1	Would you say the education provided at the school is relevant to your child/children?	Single	1. Yes 2.No
16	Relevance EQ1	If no, please explain	Long text	
17	Impact EQ4	On a scale of 0-5, how would you rate the activity in being able to address the education needs in your community?	Single	where 0 represents the lowest rating/score and 5 the highest rating/score
18	Impact EQ4	What more can be done to improve the enrolment of out of school children?	Long text	
19	Impact EQ4	Have you seen any changes in your child/children since attending the school?	Single	1.Yes 2.No
20	Sustainability EQ7	What might be the main reasons for children not continuing with their education in your community?	Long text	
21	Sustainability EQ7	What do you think is necessary to motivate students to continue with their education?	Multiple	Sufficient funds for the schools Quality education facilities Preventing school overcrowding Availability of feeding programme Ensuring quality teachers in school Financial security Others
Multipurpose Cash Assistance (MCPA)				
22	Coverage EQ5	Have you received cash assistance from the programme/organization?	Single	1.Yes 2.No



23	Coverage EQ5	How were you selected to receive the cash assistance?	Multiple	1. Directly through the organization 2. Through the community leader 3. Through the IDP leader 4. By visiting the health facility 5. Other, specify
24	Coverage EQ5	Do you feel that the cash assistance was provided to those that deserve it the most in the community?	Single	1. Yes 2. No
25	Relevance EQ1	How helpful was the cash assistance for you to cover your needs?	Single	1. Very helpful 2. Helpful 3. It did not help 4. It's difficult to say 5. Worsened my condition
26	Impact EQ4	How did you spend the cash assistance?	Single	1. To pay rent 2. To pay debts / loans 3. For school fees 4. To buy food 5. To buy clothes 6. To buy cattle/livestock 7. For bills such as electricity, transport 8. Others, specify
27	Effectiveness EQ2a/b	How timely was the cash assistance to your household?	Single	1. Very timely 2. Timely 3. Wish it came sooner
28	Impact EQ4	Did you face any challenges with how the cash assistance was provided to you?	Single	1. Yes 2. No
29	Impact EQ4	If yes, what were these challenges?	Long text	
30	Effectiveness EQ2a/b	How satisfied were you with the overall process of receiving the cash assistance?	Single	1. Very satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very dissatisfied



Health and Nutrition				
31	Coverage EQ1	What type of support have you received from the local health centre?	Multiple	1. Medical Consultations 2. Pregnancy care 3. Treatment for malnourished children 4. Information on nutrition and breastfeeding (IYCF) 5. Postnatal Care 6. Other, specify
32	Effectiveness EQ2a/b	On a scale of 0 to 5, how satisfied are you with the services you received, either for you, your child or some other family members?	Single	1. Very satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very dissatisfied
33	Impact EQ4	Please indicate how much you agree or disagree with the statement: 'services provided at the centre have improved mothers, new-borns and children's overall health in the community'	Single	1. Strongly Agree 2. Agree 3. Neutral or Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree
34	Effectiveness EQ2a/b	Is the centre located in an area that is easily accessible to you?	Single	1. Yes 2. No
35	Effectiveness EQ2a/b	If not, what are the main challenges in terms of access?	Multiple	1. The facility is very far 2. The location is not safe 3. It is always busy, and I can never get services on time 4. The facility staff are not enough or not always present 5. There are no drugs 6. Other, specify
36	Impact EQ4	Did you see any changes in your child's overall health during the treatment?	Single	1. Yes 2. No
37	Effectiveness EQ2a/b	How busy was the health facility when you last visited	Single	1. Very busy 2. Busy 3. A bit busy 4. Not busy at all



38	Effectiveness EQ2a/b	Do you think the facility has the necessary resources to provide quality services to the women in this community?	Single	1.Yes 2.No
39	Sustainability EQ7	If no, what do you think is missing from the facility?	Multiple	1. Enough staff to attend patients (I.e. everyone seeking consultations Is attended on the same day they come to the facility). 2. Sufficient drugs and medical equipment 3. Sufficient rooms 4. A waiting area or a large enough place for people to sit and wait 5. Proper Water and sanitation facilities 6. Others, specify
40	Effectiveness EQ2a/b	Did you or any family member receive ANC services from the facility?	Single	1.Yes 2.No
41	Impact EQ4	If you did, on a scale of 0 to 5, how would you rate the ANC services you received?	Single	where 0 represents the lowest rating/score and 5 the highest rating/score
45	Closing	Is there anything else you would like to add we have not covered in this interview?	Long text	

## FGDs with programme beneficiaries H&N/MCPA

Methodological note: Not all questions will be relevant for all respondents. Interviewers will adjust questions as required.

General Information	
Name & surname of the facilitator:	
Name & surname of the note taker:	
Name & surname of the interpreter:	
Location [Province/District]:	





Date [dd/mm/yyyy]:			
Sector			
IP / Activity / Location:			
Members' Characteristics			
SN	Type	Age (in years)	Gender
<p>Instruction for the FGD facilitator start the discussion:</p> <p>Greet the participants and thank them for taking the time to attend the discussion.</p> <p>Introduce yourself and your role: "My name is (<i>name</i>), I work for the Humanitarian Impact Institute (HII), who is contracted by the IP Name to conduct an evaluation of the programme you received services from.</p> <p>Explain the purpose of the discussion: "We would like to ask a few questions regarding your experience from the assistance that you have received from the organization. The information you share with us today will be used to help improve the activities and services provided." Explain that they have the option not to respond to a question or the whole interview - it is their choice,</p> <p>Be clear about the ground rules: "Respect other participants' opinions. Please do not use your names at any time. You have been asked to participate in the discussion voluntarily, so remember that you are not obliged to answer all our questions, and you can leave the discussion whenever you like. We will not record any information that would allow you to be personally identified - everything you say will be anonymised. We also would like you to keep all information you have heard here today, especially from other participants, private, so please do not share it with anyone".</p> <p>Present the note taker: "This is my colleague [<i>name</i>]. S/he will take notes that we can use later to remember the main points discussed here today, as we analyse the information afterwards. As mentioned, these will not be shared with external parties".</p> <p>This session will last approximately an hour.</p> <p>Ask if there are any questions before the session starts and clarify questions that may emerge.</p>			
#	EQ	Questions	



1	Relevance EQ1	<p>In your opinion, what are the key needs of the community targeted by this programme? Please explain.</p> <p>Has the programme successfully addressed any or all of these needs? Please explain.</p> <p><i>Prompt 1:</i> for health, can you tell me how was access to health service before the organization provide health services? How it is now?</p> <p><i>Prompt 2:</i> for education, can you tell how was access to school for children before the organization provide schooling for children? How it is now?</p> <p><i>Prompt 1:</i> for meeting basic needs such as buying food and paying for other expenses, can you tell how did you do before the organization provide health services? How it is now?</p>
2	Effectiveness EQ2b	<p>Was the assistance provided by the programme both timely and smooth for the communities? Please explain.</p> <p><i>Prompt 1:</i> for health, explain to us if you were able to access the health care you or your family needed when you wanted or if there were issues preventing you from it, such as long queues at the health facilities, lack of staff at the clinic or distance from your home</p> <p><i>Prompt 2:</i> still for health but talking about your children, explain to us if you were able to access the health care your children needed when you wanted or if there were issues preventing you from it, such as long queues at the health facilities, lack of staff at the clinic or distance from your home or services which were provided in a way that will prevent you from attending. For instance, at inconvenient times, on days when you were busy.</p> <p><i>Prompt 3:</i> still for your children, how about the school services, explain to us if you were able to send children to school or if there were issues preventing it. For instance, distance, lack of teachers or materials.</p> <p><i>Prompt 4:</i> for the cash assistance, explain to us if you received the money on time and when you most needed it. Tell us also if there were any issues, delays, or other problems associated with it.</p> <p>Regarding all the assistance you received, were there any instances when you had to use the assistance for other purposes than what it was intended for?</p> <p><i>Prompt 1:</i> For instance, did you sell any drugs or items you received at the local health centre? Did you have to sell any education items given to your children such as books? If so, can you explain why you did that? Did you need extra money or were the items not useful or any other reason?</p>
3	Impact EQ4	<p>After the activities conducted by the organization in health, education and cash support, can you tell us if you see any improvement in your community?</p> <p>If so, which improvement do you see?</p> <p><i>Prompt 1:</i> for instance, how did the cash support help you?</p> <p><i>Prompt 2:</i> to what extent did health services help you and your family?</p> <p><i>Prompt 3:</i> how about schooling? How did education help your children?</p>



4	Impact EQ4/Equality- Gender	To what extent do you believe that different groups in the community benefitted from the support provided? In other words, do you believe that every group - men, women, elderly, children, boys and girls - in the community benefitted equally from the activities? Or did some groups benefit less or were excluded from the activities?
5	Coverage EQ5	<p>Can you explain to us how you think the organization selected the various beneficiaries especially those supported by cash assistance? To what extent do you believe vulnerable groups were considered for the activities? E.g., people with disability, elderly, widows.</p> <p>Did the organization approach you to discuss the selection criteria used to select the beneficiaries? If so, how?</p> <p>Do you think the selection criteria are fair? Why? Are there any other criteria or circumstances the organization should have taken into account to select beneficiaries and you would like to suggest those to the organization for next time?</p>
10	EQ 10 Sustainability	<p>Which programme activities do you think will be continued after the programme ends? Why?</p> <p>Which recommendations would you give to the organization on how to enable the community to continue all or most of the activities which are now part of the programme?</p>
11	Recommendations	What more does the organization need to do in your opinion to continue supporting the needs of your community?
12	Closing	Is there anything else you would like to share with us today?

## KIIs with Concern staff and relevant stakeholders/partners

Methodological note: Not all questions will be relevant for all respondents. Interviewers will adjust questions as required.

No	Evaluation Criteria	Question	Type	Options
1	Meta	Form ID	ID	Auto recorded
2	Meta	Interviewer ID	ID	
3	Demographic	Location of interview	Single	
5	Demographic	Date of interview	Date	
6	Demographic	Start time of interview	Time	
7	Demographic	Now I have read out the purpose of the interview and how your information will be used and protected, do you consent to this interview? If no --> End	Boolean	1. Yes 0. No
8	Demographic	What is your position at Concern?	Short Text	



9	Demographic	Enter the participant's biological sex (do not ask – just enter) (suggested question only)	Single	
10	Demographic	Please describe your role.	Short Text	
11	Relevance EQ1	Please tell us what types of assessments were conducted to design the different types of activities and areas of implementation that were agreed on. What did these assessments highlight? In case there were any changes such as contextual changes, how did you assess the new areas and adapt activities accordingly?	Long text	
12	Relevance EQ1	<i>(For education)</i> How did the school designs meet the specific needs of the affected communities in Qoryoley and Wanlaweyn? Were the EIE Centres at Jalaqsan, Tokyo, and Banaley located in areas where they were most needed? Why yes/why not?	Long text	
13	Relevance EQ1	<i>(For Health and Nutrition)</i> How were the health and nutrition activities provided by SHACDO relevant to the specific needs of the target communities in Lower Shabelle? How did the community-based activities, such as mobilization, awareness raising, case identification, and referral, address the most pressing health and nutrition issues in the area?	Long text	
14	Relevance EQ1	<i>(For MCPA)</i> What was the main reason this was a one-off payment? Who were the target beneficiaries and what were the selection criteria for beneficiaries?	Long text	
15	Effectiveness EQ2a/b	<i>(For education)</i> How did the school construction programmes improve access to education for children in the affected communities? If so, how did you monitor this activity? Did the capacity building sessions for CEC members lead to improved school management practices? How did you monitor this activity? Any specific implementation challenge related to the education activities?	Long text	
16	Effectiveness EQ2a/b	<i>(For Health and Nutrition)</i> Did the health and nutrition interventions improve the health and nutritional status of the target population? How did you monitor this activity? Any specific implementation challenge related to health activities? Were the community health workers effective in providing community-based services? How well/not so well has the partnership with local organizations been working?	Long text	



17	Efficiency EQ3	Were the resources allocated sufficiently and efficiently? I am referring to monetary resources as well as resources in general such as manpower and other programme related resources.	Long text	
18	Efficiency EQ3	Were the health and nutrition interventions delivered efficiently, with minimal waste of resources?	Long text	
19	Efficiency EQ3	Were the community health workers utilized effectively in providing services?	Long text	
20	Coherence EQ6	Which international standards or guidelines were considered for each sector of intervention? E.g., Sphere or CHS or other health guidelines such as CMAM guidelines	Long text	
21	Coherence EQ6	Is the intervention also including Concern Approach to Emergencies, DRR, Equality, Protection, Child Safeguarding Policy, HIV and AIDS? How?	Long text	
22	Coverage EQ5	How did you decide on the selection criteria for beneficiaries? Did you implement the Leave No One Behind policy? How? To what extent do you think the criteria you used were useful to identify and support the neediest beneficiaries?		
23	Connectedness EQ8	Please describe to me the partnerships been established for this intervention either with local stakeholders or/and organizations. How did you ensure there was an emphasis on capacity building and knowledge transfers to ensure that local actors are better equipped to cope with crises once the programme ends?		
24	Impact EQ4	What long-term impacts is the programme expecting to see as a result of the activities?	Long text	
25	Impact EQ4	Are there any emerging achievements you can share with us across the implementation of the activities in the different locations you are present in?	Long text	
26	Connectedness EQ8	Can the impact of the programme activities be measured beyond the programme objectives (e.g., on local power structures, government capacity, gender equality or the environment)?		
27	Sustainability EQ7	Has Concern any sustainability plans in place to ensure sustainability of the action? What are those?	Long text	
28	Recommendations	Any recommendations you would like to make to the programme going forward?	Short text	
29	Closing	Is there anything else you would like to share with us today?	Short text	





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