

## END OF PROJECT EVALUATION OF THE DG-ECHO PROJECT

1-APRIL-2012 to 31-DECEMBER-2013  
& October-2013 to March-2014



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## I. Acronyms

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CFW	-	Cash For Work
CHV	-	Community Hygiene Volunteers
CHW	-	Community Health Worker
CNT	-	Community Nutrition Team
CWW	-	Concern Worldwide
DG-ECHO	-	European Commission – Humanitarian Aid and Civil protection
FSNAU	-	Food Security and Nutrition Analysis
GAM	-	Global Acute Malnutrition
HP	-	Hygiene Promoter
IDP	-	Internally Displaced Persons
ITN	-	Insecticide Treated Nets
LLGI	-	Lifeline Gedo international
M&E	-	Monitoring and Evaluation
MAM	-	Moderate Acute Malnutrition
NFIs	-	None-Food Items
P4	-	Program Participant Protection Policy
RWC	-	Rain water catchment
SAM	-	Severe Acute Malnutrition
WASH	-	Water, Sanitation and Hygiene
WES	-	Water, Environment and Sanitation

## II. Acknowledgements

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A successful evaluation project exercise involves so many people. Because of the limited space, I cannot thank all of them individually and my inestimable debt of gratitude goes to you all.

Very special thanks go to the Concern Worldwide Country Director Mr. Abdi Rashid Haji Nur, Deputy Country Director Karyn Beatle, Grants and Information Manager Mr. Michael Passarelli and the Emergency Coordinator Mr. Abdinasir Hussein Moalin and the entire project support staff in Mogadishu Office not forgetting all the local affiliate NGOs that implemented the project under review for all the support provided during the entire exercise.

All enumerators, supervisors and respondents in this exercise please accept my appreciation.

Dr. Nyamu  
Lead Consultant

### **III. Executive Summary**

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#### **BACKGROUND**

The project aim was to save lives and reduce hardships faced by civilians affected by natural disasters and conflict in South Central Somalia, with the specific objective of meeting immediate food, WASH, nutrition, protection and shelter needs of vulnerable individuals in South, Central Somalia. The evaluation covered two ECHO grants (ECHO/-HF/BUD/2012/91035 running from 1-April-2012 till December-2013 and ECHO/-HF/BUD/2013/91036 running from 1-October-2013 to 31-March-2014).

#### **DESIRED PROJECT RESULTS**

This project was designed to achieve the following results:

1. Increased access to clean water, sanitation facilities and improvement in hygiene and sanitation practices.
2. Improved health and nutritional status of children, pregnant and lactating women.
3. Improved access to food for vulnerable and displaced-families.
4. Improved dignity of IDPs through provision of shelter, NFIs and dignity-kits.
5. Enhanced capacity of local partner NGOs for improved service delivery.

#### **METHODOLOGY**

The final evaluation utilized both quantitative and qualitative methods of data collection and employed a multi-pronged approach to ensure triangulation of the findings. Quantitative data was collected through a household questionnaire while the qualitative data was gathered through in-depth interviews, key informant interviews (KII) and beneficiary focus group discussions (FGDs). The beneficiaries interviewed in Mogadishu (Cash and WASH) were those that benefitted from both ECHO 2012 & 2013 funding.

#### **FINDINGS**

The project's investment geared towards scaling up the levels of hygiene and sanitation was successful in both Gedo villages and Mogadishu IDP Camps. This is in spite of the fact that access to safe water needed further intervention since a majority (57.4%) of respondents in Gedo mainly accessed their water from shallow wells (considered to be unsafe water sources) compared to 15.2% of those whose main water source was boreholes (considered to be source of safe water). In Mogadishu, the picture was encouraging especially in the IDP camps where 77.5% of households accessed piped (tap) water compared to 42% reported during the baseline survey. This combined with the 0.5% of those who accessed water from boreholes in the same camps brought the proportion of beneficiaries in Mogadishu who accessed water from safe

water sources to 78%. The fact that respondent groups acknowledged practicing hand washing as well as scaled up use of latrines especially in Gedo region where access and use of latrines was reported at 80% up from 0% reported during the baseline survey, was testimony enough that the project had made positive impact in improving hygiene and sanitation standards in target communities.

On water treatment, an encouraging proportion of 63.7% of households in Gedo region reportedly used at least one method of ensuring safety of drinking water with the main method used being boiling. On the other hand, 88.5% of IDP households in Mogadishu practiced at least one method of ensuring water safety with the main method being use of chemicals (aqua tabs). The above-mentioned was an indication of great improvement in the practice of water treatment considering the fact that in the baseline survey of August 2012, only 1% of households were reported to make effort aimed at ensuring water safety through use of sedimentation and cloth filtering as the only method.

Project documents indicate that the project set out to improve health and nutrition status of children. The consultant established that there was evidence that this had been achieved, although exclusive breastfeeding remained low with only 24% of mothers in Mogadishu reporting to have exclusively breastfed their children. However, 77.9% of new mothers reported having initiated breastfeeding within one hour after birth. This was a significant increase from the baseline figure of 32.3%. Findings also indicate that the project's quest to alleviate malnutrition led to the achievement of the following prevalence levels with regard to the nutritional status of children in the survey area: SAM was reported at 3.8% (2.4-6.2CI) while the MAM prevalence was reported at 6.9% and this added up to GAM levels of 10.7% (8.2-13.9 CI).

In comparison to the aforementioned, statistics obtained from the FSNAU report of a nutrition survey conducted in around Mogadishu in December 2013 revealed that the SAM levels had declined to 1.6% while the GAM levels had gone down to 8.2%. This was a significant improvement considering that a similar survey carried out in December 2011 had indicated a grimmer situation where the SAM levels had been reported at 5.6% while the GAM levels stood at a high of 21.1%. This clearly indicates that there has been substantial improvement in the nutrition of children over the project period.

The consultant rates the project under review's efforts in improving target communities' access to food as above average. This is informed by the fact that the findings indicate that a majority (50.3%) of the respondents across the program area received relief food during the project period. This compared impressively to a much lesser proportion of 4% reported during the baseline survey period. The fact that 46.3% of respondents were reportedly able to purchase their own food following project interventions denoted an improvement in life quality of the

target beneficiaries since only a proportion of 4% made the same report during the baseline survey. The consultant attributed this improvement to the fact that this could have been achieved courtesy of the cash-for-work initiatives which were reported to have benefitted at least 14.5% of the targeted households compared to 4% of those who benefitted from the same schemes during the baseline survey period. The consultant therefore concludes that this could be an indication of the ripple effect of increased income in a society where the benefits felt cascades down to other (indirect) beneficiaries and should be continued in future programming.

The consultant noted the project's success working towards alleviating some of the distress of displacement experienced by IDP households in Mogadishu by providing NFI kits which benefitted an overall proportion of 62.6% of these households. These kits enabled beneficiaries to re-build their lives having arrived at the camps with nothing at all. This proportion was a considerable improvement from 4% of IDP households which received the same, earlier during the baseline survey.

Past CWW reports had recommended that partner NGOs be capacity built to improve their service delivery capability and the project took up this task putting in substantial effort to ensure that capacity of the partners was enhanced with various trainings carried out and the desired outcomes witnessed by the improvement of various indicators across the project such as improved hygiene and sanitation awareness and IYCF package uptake among others.

## **CONCLUSION**

The project increased access to clean water and sanitation facilities through rehabilitation and drilling of new boreholes as well as providing useful training and sensitization on hygiene to the community leading to improvement in hygiene and sanitation practices. The project also led to improved health and nutritional status of children including malnourished children <5 years, pregnant and lactating women through relevant trainings and provision of medication and food material. There was improved access to food for vulnerable and displaced families through food vouchers and direct food-stuff distribution to families. Dignity of IDPs was improved through shelter, NFIs (In Mogadishu) and dignity kits provision. Capacity of local partner NGOs for service delivery and local level emergency preparedness and response by CWW was strengthened through various trainings.

## **LESSONS LEARNT**

1. Community involvement was key to the project's success. The project clearly employed great community participation as witnessed in the proportions of community members involved in sensitization activities on hygiene-promotion among other project activities.
2. The project had implemented rehabilitation and drilling of new boreholes just as recommended in past evaluation reports which provided sustainable solutions to perennial problems like water shortage. It is therefore paramount to note that the

project was also responsive to past recommendations thereby bringing about envisaged positive outcomes.

3. While the provision of cash and food vouchers to the beneficiaries improved their livelihood, it also helped the business community to sharpen their skills like invoice writing, record-keeping & relating with organizations.
4. Capacity-building of partners is essential for the achievement of the desired objectives.

### **RECOMMENDATIONS**

This section contains the consultants general recommendations with more specific ones detailed in Chapter Six of this report:

1. Uptake of exclusive breastfeeding is still low among the target communities which call for concerted effort by all stakeholders to enlighten fathers and mothers on the importance of the same.
2. Sustain and expand the nutrition activities since the target community remains vulnerable.
3. More effort should be placed in future programming to ensure larger coverage on the provision of NFI-kits to IDPs.
4. Where communities are somehow settled, livelihood interventions should be initiated.

# CHAPTER ONE

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## 1.1 Background

Concern Worldwide, with support from DG-ECHO and in collaboration with three local partner NGOs, implemented an emergency intervention in Gedo, Bay and Banadir regions of southern Somalia: ***“Emergency Response Somalia 2012-13”***. The project aim was to save lives and reduce hardships faced by civilians affected by natural disasters and conflict in South Central Somalia, with the specific objective of meeting immediate food, WASH, nutrition, protection and shelter needs of vulnerable individuals in South Central Somalia.

### 1.1.1 Desired Project Results

This project was designed to achieve the following five results:

1. Increased access to clean water, Sanitation facilities and improvement in hygiene and sanitation practices.
2. Health and nutritional status of children including <5 years malnourished children, pregnant and lactating women is improved.
3. Access to food is improved for vulnerable and displaced families (this includes a component for 400 IDP families who were assisted to voluntarily return to their places of origin)
4. Dignity of IDPs is improved through shelter, NFIs and dignity kits.
5. Capacity of local partner NGOs for service delivery and local level emergency preparedness and response is strengthened.

## 1.2 Evaluation Purpose and Scope

The end of project evaluation intends to assess the effectiveness of the project design, achievements of its results and objectives. It will also assess the efficiency of the implementation process. In addition, it shall draw some recommendations that will benefit the design of future interventions.

## CHAPTER TWO

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### 2.1 Evaluation Methodology

#### 2.1.1 Methodology

The final evaluation utilized both quantitative and qualitative methods of data collection and employed a multi-pronged approach to ensure triangulation of the findings. Quantitative data was collected through household<sup>1</sup> questionnaire while the qualitative data was gathered through in-depth interviews, key informants interviews (KII) and beneficiary focus group discussions (FGDs).

#### 2.1.2 Sampling Design of the Final Evaluation

The evaluation team undertook the exercise with special consideration placed on the project's area of coverage. This meant that the envisioned respondents included both beneficiaries and non-beneficiaries to the project activities.

A two stage cluster survey methodology was thereby employed in accordance with the revised WHO cluster method of sampling and in some instances purposive sampling was done as advised by the client. The unit of study was the household in the villages/camps since Somali community lived in villages while in Mogadishu the focus was in IDP camps where the desired number of households was selected guided by the probability proportional to size principle of cluster sampling with the guiding factor being the population size in the villages/ Camps from data provided by the project management.

A sample size of 270 and 378 households for Gedo region and Mogadishu respectively were considered in this final evaluation. The sample size was arrived at after the Concern World Wide staff on the ground considered various factors such as security issues and accessibility of some areas since the evaluation was conducted at a time when insecurity in Somalia was at the peak following the attack at the Presidential Palace.

Tables 1, 2, 3 and 4 below depict the sampling frames used in mapping out the evaluation's respondents:

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<sup>1</sup> A group of people living together and eating from the same pot during the past 6 months.

## Mogadishu Sampling Frame

*Table 1: Mogadishu Sampling Frame*

IDP Camp	District	Household	Sample size	Reduced HH sample
Ceelwaaq 2	Wadajir	250	76	54
Somali Aboow	Wadajir	300	76	50
Maslax	Wadajir	400	133	65
	<b>Total</b>	950	285	169
Jabuuti	Wadajir	645	190	133
	<b>Total</b>	645	190	133
Shabelle	Bondheere	141	38	38
Adisagoore	Hodan	192	57	38
	<b>Total</b>		95	76
	<b>Total</b>		<b>570</b>	<b>378</b>

## Gedo Sampling Frame

Village	District	Households	Sample Size	Reduced HH Sample
Dabalo	Beletxaawo	190	38	18
Warcadcad	Beletxaawo	290	76	36
Qurac Dubane	Beletxaawo	145	38	18
Hareeri hoosle	Beletxaawo	300	57	27
Tuute	Ceelwaaq	125	19	9
Warcadeey	Ceelwaaq	135	38	18
Ali Adan Dhere	Ceelwaaq	153	38	18
Holwadaag (Siyad Abdullahi)	Ceelwaaq	118	19	9
Oktobar(Nur Gura)	Ceelwaaq	127	38	18
Dahir fuyuke	Ceelwaaq	86	19	9
Dharkaynle	Ceelwaaq	92	19	9
Cilmi Guure	Ceelwaaq	115	19	9
Ceeldhuub	Beletxaawo	125	38	18
Ceelmacaan	Beletxaawo	87	19	9
Korbees	Ceelwaaq	118	19	9
Harer-hoosle	Belet Xaawo	300	76	36
	<b>Total</b>		<b>570</b>	<b>270</b>

*Table 2: Gedo Sampling Frame*

## KII Sampling Frame

REGION			
GEDO		MOGADISHU	
KII	No. Conducted	KII	No. Conducted
Contractor	1	Emergency coordinator	1
Local Leader	3	WASH/Shelter coordinator	1
Finance Officer	1	Nutritionist	1
Head of Humanitarian Affairs/DC-Belet Hawo	1	Cash/Returnees coordinator	1
LLGI program Manager	1	Protection officer	1
LLGI Director	1	Finance Manager-Nairobi	1
Concern Staff	1	Local Partner	1
LLGI water Engineer	1		

Table 3: KII Sampling Frame

## FGD Sampling Frame

REGION			
GEDO		MOGADISHU	
FGD	No. Conducted	FGD	No. Conducted
Men	4	Men	4
Women	5	Women	4
WES committee	3	Hygiene promoters	1

Table 4: FGD Sampling Frame

### **2.1.3 Selecting Respondents**

The team of data collectors with the assistance of the local elders went to the center of the selected village tossed a pencil and followed the direction of the tip of the pencil and administered the questionnaire to households within 45<sup>0</sup> until they reached the boundary. The starting point each time was the center of the Camp in case of Mogadishu and village for Gedo region until the required households per camp/village were covered. The selection of the respondents for the food voucher/ cash component qualitative data was done through random selection from a list of beneficiaries provided by the Emergency Coordinator as was the case for the voluntary returnees who were interviewed through mobile telephone.

### **2.1.4 Questionnaire Design and Development**

The survey questionnaires were designed and developed in line with Concern Worldwide strategic areas of focus. The questionnaires were developed, discussed and agreed upon by the Consultant and CWW Program staff before the commencement of the training.

### ***2.1.5 Training of Supervisors and Enumerators***

A three-day fully participatory training was conducted for participants and supervisors in Gedo region while in Mogadishu the training took two days. The training covered areas such as ethical issues in research, interviewing techniques, purpose and relevance of informed consent and interpretation of the evaluation questions in the local language.

### ***2.1.6 Data Collection, Tabulation & Analysis***

Data collection was supervised by two program staff in each region. Each team was given a copy of the sampling frame and prepared its own data collection plan under the guidance of the respective supervisor before departure to the field. The Supervisors communicated with the Consultants every evening to discuss the day's progress and addressed any challenges encountered during the data collection. Data was later analyzed using SPSS version 21 for quantitative data and thematic analysis for qualitative data.

## **2.2 Limitations**

1. The geographical terrain of the project area was vast and characteristic of a typical rural arid settlement area hence enhanced difficulty in movement. However the consultant did all that was possible to ensure that sampling and data collection were done in a way that reduced bias to the very minimum, distance and terrain to the location of the exercise notwithstanding.
2. There were reports of insecurity due to attacks by militias on communities in certain project areas like Shebelle and Bay regions during the evaluation period. This prompted the consultant and CWW to discuss on a way forward which resulted in a decision made to avoid these areas, though they had initially been earmarked for the evaluation exercise.
3. The initial sample size (570 per region) of the households that had been calculated by the Consultant was reduced by CWW due to reasons of insecurity though this did not negatively impact on the quality of sampling since the required measures of assuring the same were adequately employed.

## CHAPTER THREE

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### 3.1 Evaluation Findings

#### *3.1.1 Sources of Information*

The report was derived from the analysis of quantitative and qualitative data from the following sources in each of the regions. Other useful sources of information that informed the compilation of this report include project documentation such as baseline surveys and end-line evaluations.

#### *3.1.1.2 Quantitative Data:*

A total of 270 households were interviewed in Gedo region which covered Belet Hawo and Ceelwaq districts while 378 households were interviewed in Mogadishu region covering Wadajir, Bondheere and Hodan districts.

#### *3.1.1.3 Qualitative Data:*

**Key Informant Interviews:** A total of 10 KII were conducted in Gedo region while 7 were done in Mogadishu region.

**Focus Group Discussions:** A total of 12 FGDs were conducted in Gedo region while 9 were done in Mogadishu region.

## I. Access to clean water and sanitation facilities and improvement in hygiene and sanitation practices

### ***Increased access to Clean Water***

The evaluation sought to establish if the project had led to an increase in the beneficiary communities' access to clean water and the findings were as discussed below:

#### **Gedo**

A majority (57.4%) of respondents accessed their water mainly from shallow wells followed by 15.2% from boreholes. The findings further revealed that 10.7% of the community in Gedo region accessed their water mainly from rain water catchments while 9.3% were only able to access water through water trucking with the least (7.4%) proportion depending on underground water tanks. From the foregoing analysis, it was evident that only a small proportion of the households got water from safe source such as borehole (15.2%) and water trucking (9.3%) with all others collecting water from unsafe sources which comprised of a staggering 75.5%. It should be noted that borehole is a safe source of drinking water so long as it is collected and stored in clean containers.

In order to keep track of safety of water sources, the project tested the quality of water using a shared water testing kit in 22 out of 33 water sources with 10 (45.5%) of these showing a high level of pollution confirmed by the high coli-form count. It is worth noting that project documents don't indicate the results of subsequent water testing exercises.

The community faced various challenges at water source such as water shortage reported by 6.3%, long walking distance (A proportion of 4.1% reported to walk more than 10 Km), 14.8%, long queues/overcrowding 13%, polluted /dirty water and breakage of pumping machine with a proportion of 1.1% each. In a focus group discussion with women at Harer Hoosle village, the following was stated:

***“Long queues and overcrowding used to be the key challenges that we faced before the construction of the new water source.”*** Mrs. Safia FGD with women.

***“Sometimes the water source is overcrowded and you can only get 1 or 2 jerry cans of water which is not enough for family use”*** Mrs. Deega Moalin Mohamed FGD with women (Harer hoosle) village.

The findings revealed that only 23.6% of the respondents in Gedo region got and consumed adequate amount of water per day according to WHO standards of 20 litres per day per person. This means that water sources within the area remain inadequate and require more attention. However, 6,425 households were able to access 15 litres of water per person per day, compared to the baseline survey of August 2012, when it was reported that the average water consumption was 6.93 litres per person per day. The foregoing shows that although there was improvement on the amount of water consumed in the households per day, more water projects should be initiated.

Further analysis revealed that an overall proportion of 63.7% of the respondents in Gedo region reported to treat their water before consumption using methods such as boiling reported at 34.8%, chemicals like Pur/chlorine 15.6%, straining water reported at 10.4%. In a focus group discussion with women in Dharkaynle village the following was stated:

*“We boil drinking water and store it in a clean and well tightened containers or jerry cans for use after it cools down.”* FGD women in Dharkaynle village.

### **Mogadishu**

The findings revealed that majority (77.5%) of respondents in Mogadishu IDP Camps mainly accessed water from water kiosks (a considerable improvement of households with access to tap water compared to 42% of those reported during the baseline survey). Another 11.5% accessed water from water vendors while 8.9% from protected shallow wells with only 0.5% accessing water from boreholes. It is important to note that the project under review had invested in piping of water from some privately owned boreholes to water kiosks in various camps, thus the high proportion of beneficiaries accessing water from the water kiosks. One could argue that so long as the piping system was intact from source to the water kiosks, then 77.5% of the respondents got water from a safe source. The foregoing therefore indicates that most people (78% - 77.5% from piped and 0.5% from boreholes) in the IDP Camps in Mogadishu accessed their drinking water from safe sources.

It is worth noting that the condition of the collecting containers, transportation and storage of the water at household level eventually determines the quality of water at the point of consumption.

In Mogadishu IDP camps, a proportion of 88.2% of respondents reportedly treated their drinking water with use of Aqua tabs being the main method of treatment.

The evaluation learnt that beneficiaries faced various challenges at water source such as long queues/overcrowding reported 19.6%, polluted /dirty water 9.9% , water shortage/seasonal 9.4% among others.

### ***Improved Hygiene and Sanitation Practices***

The evaluation sought to establish the proportion of beneficiary communities which had access to sanitation facilities and the findings were as discussed below:

## Gedo

Figure 1 below illustrates latrine coverage of the Gedo region community:

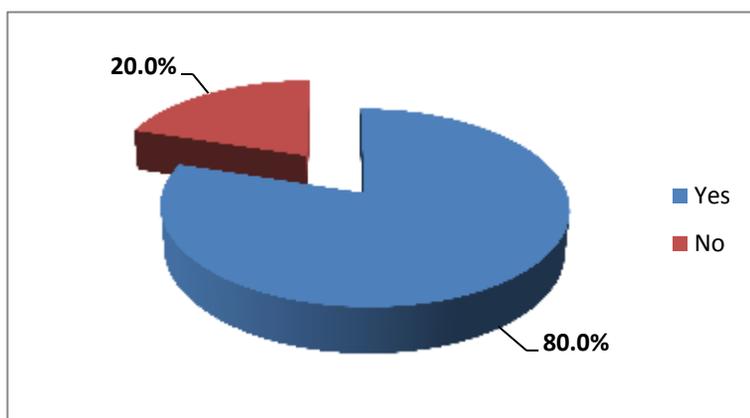


Figure 1: Proportion of respondents with access to latrines in Gedo

Figure 1 shows that a proportion of 80% of the respondents in Gedo region had access to latrines which was a significant improvement from 0% recorded during the baseline survey. The project under review had made notable achievement of constructing a total of 450 pit latrines in Belet Hawo and Ceelwaq Districts which must have contributed to the afore mentioned increased access to pit latrines in the area. The evaluation however noted that the quality of some of the superstructures of the pit latrines provided were sub-standard which called for close supervision by those responsible.

The practice of proper disposal of children waste remained below expected standard as only 43.7% disposed their children's waste in the latrine. This remains an area of concern that should be addressed by LLG through the hygiene promotion initiatives.



Figure 2: Latrine in (Harer hoosle) village-  
Belet Hawo district



Figure 3: Constructed Latrine in Dharkaynle village,  
Ceelwaq district

The evaluation further sought to examine the practice of hand washing among community members in Gedo region and the findings revealed that an overall proportion of 85.6% of the respondents used soap across the 12 villages to wash their hands (compared to 1% during the baseline survey), 4.8% used ash (compared to 3.9% in baseline survey) while 3.7% used sand.

Further analysis revealed that soap was used during the following occasions as shown in table 5 below:

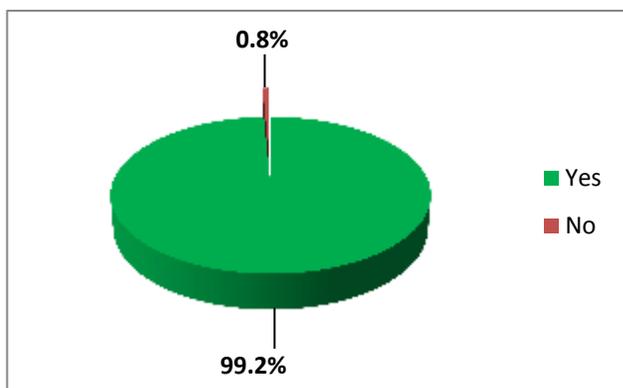
**Table 5: Proportion of people using soap, sand and ash-Gedo**

What soap was used for by the respondents	Proportion reporting the same (%)
After defecation	20.4%
Washing clothes	62.6%
Wash hands before feeding Children	18.5%
Washing the body	52.9%
Washing children;s hands	14.4%
Before eating	25.6%%
Before preparing food	11.9%
Washing children	9.3%

The strategy by LLGI through the Hygiene Promoters working together with the WES committees to conduct house to house visits to educate people on the relationship between unhygienic practices and many common diseases in the communities contributed greatly to the improved health practice. The success could further be attributed to the involvement of Religious leaders who made inspirational speeches that promoted the importance of good hygiene in religious perspective.

**Mogadishu**

The evaluation sought to establish latrine coverage among communities covered by the project in Mogadishu region and the findings were as illustrated in figure 4 below:



**Figure 4: Latrine coverage in Mogadishu region**

Figure 4 above shows that a proportion of 99.2% had access to latrines in the program area compared to 0% during the baseline survey. This was impressive considering the impact of use of latrines to the health of the community. The foregoing statistics paint a picture of a successful project which has greatly encouraged uptake of this critical sanitation practice. The usage of latrines was not however without challenges as revealed during a focus group discussion with women at Jabuuti IDP Camp who stated as follows:

*“Yes, we use latrines. However here in Jabuuti we have a challenge of using latrines at night. Some of the latrines are situated by the roadside of the camp and at times security forces man the road and therefore we don’t go out at night to avoid suspicion. Regarding the maintenance of the latrines we have organized ourselves with the help of camp elders the responsibility of maintaining and cleaning them.”* Mrs. Nasra Hussein Hassan, FGD with women at Jabuuti IDP camp.



*Figure 5: Collapsed Latrine*



*Repaired Latrine courtesy of the DG-ECHO Project*

The evaluation observed that the quality of the super structures in Mogadishu were of better quality in terms of finishing compared to those in Gedo region.

The evaluation further established that an overall proportion of 85.9% of the community used soap for hand washing. Although the baseline survey of August 2012, revealed that 96.57% of the respondents washed their hands after using the toilet, 61.76% before eating and 26.9% before feeding baby, less than 1% reported using soap and only 3.92% washing their hands with ash. The increase in the number of people using soap indicated significant improvement in positive knowledge and practice on hand-washing.

More details on other times when soap was used shown in table 5 below:

*Table 6: Proportion of people using soap, sand and ash-Mogadishu*

<b>What soap was used for by the respondents?</b>	<b>Proportion reporting the same (%)</b>
After defecation	80.6%
Washing children’s hands	56.3%
Wash Children	55%
Before preparing meals	52.9%
Before feeding	49.7%
Before eating	38%

Overall, the effort by the project on hygiene promotion was commendable as evidenced by the high level of knowledge and practice among the beneficiaries in both Gedo villages and Mogadishu IDP Camps.

## **II. Health and nutritional status of children including malnourished children under 5 years, and pregnant and lactating women is improved**

### ***Breastfeeding and weaning***

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large. Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to Two years of age or beyond – WHO.<sup>2</sup>

According to the Mogadishu IDP and Urban Slum SMART Survey Report Draft of October 2013 which served as the end line to the ECHO funded Project, exclusive breastfeeding was dismally low reported at 24% compared to 22% at baseline survey. Although the project under review had put a lot of efforts to improve the foregoing, concerted effort by all stakeholders to further enlighten the mothers on the importance IYCF should be encouraged.

It was important to note that an overall proportion of 77.9% of the new mothers initiated breastfeeding within one hour after birth as reported in the Initiation Survey of August 2013 which was a significant increase compared to the baseline figure of 32.3% reported in Dec, 2012. It was further reported that an overwhelming proportion of 93.6% of women started breast feeding of their young ones earlier than they did for their previous baby which could be attributed to the advice given by Concern World Wide staff.

During various focus group discussions, some hindrance to breastfeeding was highlighted as; lack of awareness on the importance of exclusive breastfeeding, ignorance, lack of sufficient breast milk due to inadequate diet and poor mothers' health.

### ***Malnutrition Prevalence***

According to the Mogadishu IDP Camps and Urban Slum SMART Survey Report DRAFT of October 2013, that Severe Acute Malnutrition prevalence was reported at 3.8% (2.4-6.2 CI) while Moderate Acute Malnutrition levels were reported at 6.9% giving a Global Acute Malnutrition levels of 10.7% (8.2-13.9 CI). It was significant to note that there were no cases of Oedema. Statistics obtained from the FSNAU report of a nutrition survey conducted in around Mogadishu in December 2013 revealed that the SAM levels had declined to 1.6% while the GAM levels had gone down to 8.2%. This was a significant improvement considering that a similar survey carried out in December 2011 had indicated a grimmer situation where the SAM

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<sup>2</sup> <http://www.who.int/topics/breastfeeding/en/>

levels had been reported at 5.6% while the GAM levels stood at a high of 21.1%. This clearly indicates that there has been substantial improvement in the nutrition of children over the project period.

However, the fact that at least 12.3% of children had one regular meal only pointed to the fact that nutrition was an area that required further effort in future programming. It was positive to note that more than 70.2% of children received more than two meals on daily basis which was a testimony to the project’s efforts towards curbing malnutrition among children in the program area.

### **Immunization Coverage**

*A fully immunized child is one who has received doses of the “standard SIX” antigens – BCG, diphtheria–tetanus– pertussis (DTP) (3 doses), polio (3 doses), and measles vaccines at the age of one year. New vaccines (hepatitis B and Haemophilus influenzae type b [Hib] are not usually included in this definition –WHO.<sup>3</sup> Immunizations are most effective if they are given at the ages specified, or as close to those ages as possible.<sup>4</sup>*

The survey sought to determine whether children in Mogadishu region had received all the recommended immunization regimens with respect to age and the findings were illustrated in table 6 below:

**Table 7: Immunization Coverage**

REGIMEN	Villages						Total
	1.Ceelwaaq2	2.Somali Aboow	3.Maslax	4.Jabuuti	5.Shabelle	6.Adisagoore	
<b>BCG</b>	65.9%	70.0%	38.0%	62.1%	55.3%	20.5%	53.7%
<b>POLIO 0</b>	59.1%	46.0%	44.3%	64.4%	52.6%	23.1%	51.8%
<b>POLIO1</b>	50.0%	70.0%	51.9%	58.3%	57.9%	20.5%	53.7%
<b>POLIO2</b>	34.1%	42.0%	45.6%	56.8%	39.5%	10.3%	43.5%
<b>POLIO3</b>	20.5%	30.0%	24.1%	42.4%	39.5%	10.3%	30.9%
<b>DPT1</b>	38.6%	48.0%	24.1%	51.5%	55.3%	7.7%	39.8%
<b>DPT2</b>	27.3%	40.0%	17.7%	41.7%	39.5%	5.1%	30.9%
<b>DPT3</b>	18.2%	28.0%	13.9%	39.4%	31.6%	5.1%	25.9%
<b>MEASLES</b>	18.2%	20.0%	26.6%	34.1%	28.9%	5.1%	25.4%

Table 7 above illustrates that a proportion of fully immunized children were reported at 25.4% across the 6 IDP camps. This was relatively low compared to the global coverage of almost 80.

It is however important to note that the fully immunized fell below the recommended threshold of 75% which essentially means that there is no “herd” immunity within the program area and outbreaks of immunizable diseases such as measles, poliomyelitis among others could occur at any time. In as much as CWW is not directly involved in the provision of such services, there was need to strengthen the collaboration with the service providers.

<sup>3</sup> Immunization coverage cluster survey – Reference manual 2005

<sup>4</sup> CLINICAL MANAGEMENT AND REFERRAL GUIDELINES VOL. 1 2009 (Pg.67 ) –Ministry of Medical Services & Ministry of Public Health & Sanitation

## ***Diarrhea***

*Diarrhea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the child. Severe diarrhoea leads to fluid loss, and may be life-threatening, particularly in young children and people who are malnourished or have impaired immunity.*

The survey sought to find out how many children in Mogadishu region had suffered diarrhoea in the 2 weeks preceding the review and the findings revealed that a proportion of 13.6% of children in the program area had suffered from diarrhoea. A proportion of 7.6% of the caregivers gave their children suffering from diarrhoea same food as they had used to offer them followed by those who offered their children less than usual reported at 7.3% while 3.7% gave their children more than usual to eat. The baseline survey indicated that the community in Gedo and Mogadishu region had some level of knowledge on the care of children with diarrhoea, as evidenced by 29.4% of mothers having knowledge on oral rehydration solution and 3.05% who knew about the transmission route of faecal oral diseases, this could have been attributed to the awareness creation done by the HPs and CHWs and also due to the fact that the region had suffered episodes of cholera in the past which could have led the community learn on how to deal with those issues.

## ***Insecticide treated (mosquito) Nets usage***

An overall proportion of 81.2% of the respondents utilized ITNs in the region with an overall proportion of 73% of children being reported to have slept under ITNs across the 6 IDP camps. Further analysis also revealed that a proportion of 33% of the respondents got ITNs from Concern Worldwide and its Partners followed by those who had bought from shops/supermarkets at 29.1%, 10.7% had received from other NGO/Organizations and 8.6% were given from health facilities while 0.8% had received from other people like friends and relatives. The foregoing shows that majority of the people in the IDP camps knew the importance of using ITNs and this could be attributed to the efforts carried out by the HPs and CHWs on hygiene and sanitation promotion.

## **III. Access to food is improved for vulnerable and displaced families**

The evaluation findings revealed that a majority (50.3%) of the respondents across the program area got food from NGOs like Concern Worldwide a significance improvement compared with only 4% of community members who had access to food aid as reported in the baseline report while 46.3% purchased their own food, reportedly with part of the cash from Concern's Cash for Work activities. 14.5% of households were reported to have benefitted from the cash for work scheme, an improvement from 4% who were beneficiaries during the baseline survey since it had increased their daily meal frequency to more than one meal per day in addition to enabling them have a variety of meals. It was worth noting that 2.9% and 0.5% got food from relatives and well wishers respectively.

## Cash transfers and Food voucher in Mogadishu region

The evaluation learnt that CWW distributed vouchers to 8,728 households in July; 23,579 in August; and 30,439 in September/October in 2012. Further analysis revealed that a proportion of 76.2% of the respondents had received unconditional cash only followed by 19.6% who received cash and food vouchers while 4.2% had received food vouchers only. The provision of the foregoing mentioned support to the IDPs was of great help to them as was evidenced during a focus group discussion with some beneficiaries who stated as follows:

*“Concern gave us support of food voucher; it was good for our families and children’s life improvement. Our daily life was good at that time, but after they stopped the food voucher our condition is not good.”* Mr. Abdirashid Abukar.

### Usage of cash by beneficiaries

The evaluation findings on the usage of cash by beneficiaries were as illustrated in table 8 below:

*Table 8: Usage of cash by beneficiaries*

Area of Expenditure	Percentage
1. Purchase of food items	37.8
2. Purchase of shelter items	5.8
3. Purchase of medicines	23.1
4. Debt repayment	17.6
5. Purchase of clothes / shoes	11.2
6. Purchase of livestock (chickens, goats, sheep, etc)	1.2
7. Used for business or other income-generating activity	1.6
8. Gifts or contributions to other people (sadaqa)	1.7

The beneficiaries of cash and food vouchers were informed before the change from food voucher only to food and cash transfers. The community reported to be happy with the idea since some members of the community had requested for this change. The community required cash to attend to other needs and therefore their request to CWW which was granted. In an interview with the CWW Emergency Coordinator, the following was stated.

*“The people wanted food only at the beginning but they also wanted to buy other stuffs like milk, so after getting the opinion of the community, we talked to ECHO and they agreed that we change from food voucher only to cash and food vouchers.”* Mr. Abdinasir Moalin, Emergency coordinator

The foregoing confirms that CWW respected the views of beneficiaries and did not impose procedures that could have been perceived to oppress the already vulnerable community which is in line with SPHERE, Code of Conduct of the Red Cross and the Red Crescent Movement and NGOs in disaster response.

## **Conditional cash**

A total of 500 people benefited from conditional cash and the following conditions were applied;

- Sending children to school
- Regular taking seriously malnourished children to OTP centres
- Sanitation campaigns to IDP camps

Monitoring of those who had chosen the condition of sending their children to school was done by the school committee who were expected to certify to CWW if the children really attended school. A certificate confirming the same was usually issued. For those who chose the condition of sanitation, CWW staff had their schedule of checking how sanitation campaigns were progressing. It is the Consultant's view that giving the beneficiaries a choice to select a condition of their choice was in a way empowering them to be part of the decision making and not be merely recipients. This was a very good approach of supporting beneficiaries.

## **Impact of Cash and Food voucher**

The evaluation sought to establish the impact of cash and food voucher to people in the program area and the findings revealed that 66% reported had an increase in daily meals with 26.7% reporting increase in diversity of food consumed in the household. There was however a small proportion of 5.2% who stated improvement in health and well being for household members with 0.3% indicating an increase in household assets such as livestock, house etc with 0.8% business improvement and having to avoid selling household assets to meet family needs.

The provision of cash and food voucher to the beneficiaries had a positive impact on their lives as evidenced by the following statement made during a focus group discussion with women in Shabelle IDP camp.

*"Concern's assistance of food and cash distribution programme has really improved our living standards, shelter, dignity and self-confidence."* Mrs. Halimo Mohamed, FGD with women at Shabelle camp in Bondhere District.

In addition to the foregoing, the impact of cash and food voucher went beyond the targeted beneficiaries as it made the business community improve their skills in record keeping, issuing of receipts and also learnt how to interact with organizations such as CWW.

## **Mode of cash transfer**

The evaluation learnt that the mode of cash transfer was through mobile phones which seemed to have been received quite well by the beneficiaries. In a focus group discussion with women beneficiaries in Shabelle IDP camp, the following advantages of mobile phone cash transfer were stated:

- High confidentiality whereby nobody knows what you have.
- Less time spent receiving cash because there are no queues
- Loss of cash and theft reduced.
- It simplifies all required payments without transportation and movements.
- More saving than usual
- Made it easier for them to buy whatever they wanted through e-cash system.

### Cash for work in Gedo region

An overall proportion (28.9%) had been involved in cash for work. Further analysis revealed that a proportion of 20.4% had been paid 101-150 USD, 6.3% 51-100 USD, and 1.5% had received more 200 USD while only 0.7% received 151-200 USD.

### Usage of cash for work earnings

The evaluation findings on the usage of cash by beneficiaries were as illustrated in table 9 below:

*Table 9: Use of cash for work earnings*

Area of Expenditure	Percentage
1. Purchase of food items	25.6
2. Purchase of shelter items	13.4
3. Purchase of medicines	14.8
4. Debt repayment	18.3
5. Purchase of clothes / shoes	11.7
6. Purchase of livestock (chickens, goats, sheep, etc)	12.4
7. Used for business or other income-generating activity	1.4
8. Gifts or contributions to other people (sadaqa)	2.4

***“I used all the money I got from cash for work to buy food for my family which has taken me a month now without buying more food”*** Mohamed FGD with men Dharkaynle village

It was important to note that women, men, disabled and the elderly were all considered during selection for cash for work activities as testified in these statements:

***“During cash for work we still consider the old and the disabled. They also get the ul but because they cannot work the young people do the work and the old are paid.”***

Mr. Dhimbil Mohamed, FGD with men in Harer Hoosle.

***“I call them special group which include destitute & disabled person and they are our first priority during food aid and none food items distribution but sometimes I usually ask the Muslim leaders like Sheiks to offer any assistance they can to the children & families.”*** Mr. Mohamed Ibrahim- Local Leader Dharkaynle

#### IV. Dignity of IDPs is improved through shelter, NFIs and dignity kits



A proportion of 62.6% of the respondents had received NFI kits; a substantial improvement from the 4% during the baseline survey. The IDPs arrived with almost nothing at hand for use and therefore distribution of NFI kits was a step in the right direction.

##### Protection

CWW had taken measures to protect not only the staff in the program but also the beneficiaries. Available reports show that meetings had been held on security of IDPs and certain measures laid down to ensure their protection. Some of the efforts made on insecurity of IDPs were: Awareness creation on security issues like what the communities should do in case of insecurity cases, Maintaining communication between the organization, the community and other security personnel to know the security situations in the region and Installation of street lights.

During an interview with CWW Protection Officer, the following was stated:

*“We gave them our phone numbers at the beginning of the project so that they could be able to communicate to us and inform us on any insecurity cases. Before the solar lighting, women could not go out or send their daughters in the evening for fear of being harmed or raped.”* Mrs. Faduma, KII with Protection Officer.

While the street light helped in improving the security situation, there were other added benefits from the same as stated below:

*“Some of the children use the street light for reading in the evening when they get back home from school and darkness has set in.”* Mr. Abdulkadir WASH coordinator.

While there was no doubt that the street lighting improved the security in the camps, the evaluation was informed on the need to install lights that were brighter than those provided.

##### Returnees

CWW supported 400 returnees by end of year 2013. During various phone interviews with the returnees, it was reported that the assistance comprised of Cash through EVC-plus and no challenges were reported. It was important to note that the beneficiaries received no other support from other NGOs. This was evident during the interviews where the following statement was made.

***“I received no other support from other NGOs.”*** Mrs. Lul Adam, FGD with women- Bur district.

The benefit of cash transfer to the returnees was evident during the interviews where one of the participants stated:

***“By transferring cash to us through EVC-plus, we were able to dig our own farms.”***

Mr. Madey Osman Suleiman, FGD with men in Aybutey village Gedo Region.

CWW kept close communication contact with the returned families to know about their safety and where about and everything was reported to be alright by the end of the project period.

### **(v) Capacity of local partner NGOs for service delivery and local level emergency preparedness and response is strengthened.**

CWW carried out a capacity building program that covered various aspects of project implementation such as issues around local partners’ humanitarian operations, preparedness and response in Somalia for 89 staff from five local partner NGOs in four different regions of southern Somalia.

It was evident that CWW had put in a lot of effort to ensure that capacity of the partners was enhanced. This improvement in service delivery by the partners could be the reason behind the improvement of various indicators across the project such as improved hygiene and sanitation awareness and IYCF package uptake among others.

It was however evident that there was no much follow up on the training. In addition to the foregoing, certain weaknesses in the partners such as the low level of documentation skills at LLGI and inadequate monitoring and evaluation skills among all the partners remained un-addressed. There seemed to have been not much effort made to strengthen the structures of the partners in areas such as Governance, Management and Resource mobilization which was crucial for their growth. This would require a purposeful study conducted to establish the reasons behind the rationale that guided the same activities as well as their envisaged outcomes

The evaluation established that Concern partners were involved in all the stages of project implementation as evidenced in a key informant interview with YouthLink Director who stated the following:

***“When it comes to project implementation, we are involved in all the stages like planning and proposal writing.”*** Mr. Abdurrahman Barkhal, YouthLink Director.

It was worth noting that most of CWW partner NGOs was reported to have no M&E personnel or units. This was evidenced during a key informant interview with one of the partners where the following statement was made:

***“We have done a lot of good work in the camps but if you don’t have someone to monitor what you have done then you can’t show the good work you did after sometime. This is an area we feel there is a gap that should be addressed even though Concern Worldwide did their best to support us.”*** Mr. Abdurrahman Barkhal, YouthLink Director.

Working with and through partners whose capacity had been built added value to the project since CWW staff could not reach every part of the project area. In an interview with the Emergency Coordinator the following statement was made.

***“We could not reach the people in Likoley due to security reasons but LLGI staff had access and therefore we relied on them in such cases and this really added great value to us.”***  
Mr. Abdinasir Moalin, Emergency coordinator Mogadishu.

## CHAPTER FOUR

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### Indicator Assessment

On the overall, the evaluation sought to address the following aspects of the project:

*i. Relevance, appropriateness and coverage of the Intervention:*

It is the consultant's view that the interventions chosen were in line with local priorities. Views collected from the respondents indicated that beneficiary communities felt that the interventions were most appropriate and their implementation relevant to the operational environment in the different programme areas. Also testified by respondents, was the fact that the most vulnerable and poorest targeted households in the communities were targeted since community leadership in programme areas were involved in beneficiary selection. The beneficiary selection processes were also in line with community needs on the basis of target geographic areas since these areas were selected with regard to accessibility and needs to be addressed.

It is the consultant's belief that concern had the required capacity to deliver the programme. It is also the consultant's view that the project interventions were relevant and appropriate in relation to the target groups, recipient and donors owing to the fact that it was an emergency project that covered a vast area targeting the IDPs in Mogadishu region, and the vulnerable families in Lower Shabelle, Bay and Gedo region. This was appropriate since most of the people in program area had nothing and therefore depended heavily on the project interventions such as provision of water, cash and food vouchers, provision of NFI kits which in turn improved their dignity.

Responses obtained from the data collection process also attest to the fact that the interventions chosen were in line with the target communities' priorities which was further underpinned by respondents in various interviews. This is evidenced by the improved living status of the community members. For instance the high latrine coverage indicates the success of hygiene sensitization forums. The evaluation confirmed from the findings that the most vulnerable and poorest were targeted as quoted from a community leader elsewhere in this report where he states that he and other leaders were involved in selection of the beneficiaries hence his assurance that only the most vulnerable and poorest were selected.

It is evidenced from the impact realized that the geographic areas targeted were appropriate since they were areas with the highest numbers of IDPs as well as occurring in places worst hit by social and natural crises. The respondents reported great satisfaction by the project's interventions, and this could safely be interpreted to mean that their expectations had by and large been met. The fact that the project began and ended in time while achieving its desired objectives, is testimony enough of CWW sufficient capacity to deliver the programme.

*ii. Efficiency:*

The efficiency of the interventions was evident in the way the project was completed within the planned period. During the evaluation exercise, respondents hailed the project as one that occurred at a time when there was much suffering due to effects of displacement due to factors like poor weather conditions and conflict among others.

The consultant lauds the timeliness of the implementation of the interventions. There is no doubt whatsoever that the achieved outcomes had a positive impact on the target beneficiary communities evidenced by their overall positive feedback on the project activities where some stated that had the project been delayed, their communities would have experienced untold suffering. There was no reason for the consultant to believe that the cost of implementing the project could have been any better than what it cost then and therefore the project implementation was done at the best price achieving desired results in the process.

*iii. Effectiveness and Quality of Interventions and achievements:*

Taking into account the operating context, project assumptions and risks, the evaluation established that the stated desired effects and outcomes were largely attained owing to the project's ability to meet beneficiary expectations. Activities like rehabilitation and drilling of new boreholes provided sustainable solutions to perennial problems like water shortage.

The consultant established that the project scored above average in at least each of the set indicators. Specific achievements are as listed below:

1. The project reduced target communities' future vulnerabilities through improvement of access to clean water and sanitation facilities;
2. The project achieved capacity building of target communities by disseminating useful training and sensitization messages on hygiene and sanitation to the community;
3. The project improved health and nutritional status of children including malnourished children under 5 years, and pregnant and lactating women through relevant trainings and provision of food material and medication;
4. The project also improved access to food for vulnerable and displaced families through food vouchers and direct food-stuff distribution as well as improving dignity of IDPs through shelter, NFIs (In Mogadishu) and dignity kits provision.
5. The project's effort towards building the capacity of local partner NGOs improved service delivery and local level emergency-preparedness and response.

More specific achievements include:

### **GEDO**

1. Provision of water through boreholes, shallow wells, underground tanks and water trucking.
2. At least 6,425 households got access to 15 litres of water per person per day from water sources .
3. The Likoley Borehole was the main source of water for the community living in the Likoley area serving a total number of 1080 households and an estimated 30,000 livestock.
4. A total of 15 rain water catchments, 3 underground tanks and 15 shallow wells were rehabilitated. The rain water catchment improved access to water for 2,803 families while 813 households benefited from the underground tanks with shallow wells benefiting 2963 households with 17,778 individuals.
5. A total of 6000 jerry cans were distributed to 6000 families for storage of drinking water and hence improved the hygiene and sanitation standard of the communities.
6. The project procured and distributed 35 sets of sanitation tools which enabled the communities to collect garbage and maintain environmental cleanliness within their locations or camps.
7. A total of 450 latrines were constructed (1:20) in Gedo (548 in Mogadishu) and they were not more than 50m from dwellings. 80% of the latrines were well maintained and widely used by the end of the project intervention.
8. Majority-70% of the households that had attended hygiene promotion forums and were able to demonstrate at least three key hygiene practices that had been implemented by the end of the project.

### **MOGADISHU**

1. Water provision through water kiosks to the IDP camps helped a great deal in ensuring availability of potable water to the camps.
2. Even though the uptake of breastfeeding was still low in the region reported at 24%, Concern Worldwide and its partners did their best to enlighten the mothers on the importance of the same.
3. OTP programs supported many malnourished children and hence reducing the rate of malnutrition prevalence in the region. This is one among other areas that CWW had performed well in the project under review.
4. Awareness creation by the HPs and CHWs to the communities contributed to the small proportion of children who reported to suffer from diarrhea in the region (13.6%) 2weeks prior to the evaluation.
5. Majority of the beneficiaries in the region were IDPs (95.8%) and therefore depended on NGOs like CWW who provided them with cash and food vouchers which led to an

increase in diversity of food consumed in the households and thus improvement in health and well being, increase in household assets to meet family needs.

6. Provision of NFI kit, sanitation tools and installation of street lights greatly improved the dignity of the IDPs in the camps.
7. It was important that CWW monitored closely the quality of the project through its staff and partners. It was the consultant's view that future projects should borrow from strategies employed in the project under review owing to the achievements witnessed from the same.

The project's monitoring and evaluation system implemented through a well-elaborated reporting system ensured that activities were kept in line with the set out activity plans. The fact that strong indicators were used in gauging the progress of the project, enabled the monitoring and evaluation process to achieve its set objective of ensuring a creative, dynamic and robust implementation of project activities.

#### *iv. Impact:*

As mentioned above, the overall performance of the project indicators was impressive and this was indicated by the achievement of both intended and unintended positive outcomes highlighted in the previous section on the *Effectiveness and Quality of Interventions and achievements* of the project interventions.

Provision of water to the beneficiaries increased per capita water consumption and therefore improving the hygiene and sanitation standards of the community since most of the people reported to practice hand washing, washing clothes and also bathing.

Capacity building of HPs, CHWs and WES committees and distribution of sanitation tools led to improvement of hygiene and sanitation standards of the people in the program area. Majority of the people knew the importance of water treatment (63.7% in Gedo and 88.5% in Mogadishu) which could have led to the very few cases of child diarrhea reported in Mogadishu region (13.6%).

Implementation of cash for work activities and provision of cash and food vouchers to the communities led to improvement in food accessibility, increase in household assets like livestock and improvement of health and well being of the beneficiaries.

Introduction of OTP programs in Mogadishu greatly improved the nutrition status of children in the region and hence reducing the level of morbidity of young children being reported.

Installation of street lighting in the IDP camps by CWW reduced the alarming cases of insecurity in the region since the frequency of attacks by malicious groups at night had reduced drastically while distribution of sanitation tools improved the environmental hygiene of the IDPs as they were able to collect garbage in their compounds

Capacity building of the CWW partners greatly added value to their skills and performance in their areas of interventions during the project implementation period.

*v. Sustainability/ connectedness:*

The consultant learnt that CWW trained local partners on relevant aspects of project implementation thereby adding value to the quality service provision. The local partners on the other hand, ensured that CWW reached target beneficiary communities through their involvement in the implementation of the project activities. Due to the success witnessed in implementation of the project, the consultant holds the view that the selected partners were ideal for the partnership and management of the project in the respective programme areas. The monitoring system where partners only had direct access was well managed and ensuing reporting deemed satisfactory by the consultant. It is the consultant's view that the impact realized by the project following sensitization exercises will most likely have a long-lasting effect on future community generations so long as the knowledge is shared and widely practiced.

Concern facilitated capacity building activities which enhanced the performance of the partners as witnessed in the way project objectives were met. The capacity building initiatives were evidence of effective partnership between concern and the other partners. Some of the benefits that will go beyond the implementation of the project despite it being an emergency response initiative include availability of water due to rehabilitation and drilling of new boreholes and communities practicing acquired skills due to training especially on hygiene and sanitation.

The partnership between CWW and its local partners greatly added value to the project implementation and especially in areas where CWW had no access and therefore depended heavily on their reports. This showed that the selected partners were appropriate for the project.

The project indicators were in line with the needs of the beneficiaries. Elsewhere in this report, majority of the people in the program area reported to be thankful for the implementation of the project interventions in the region.

Even though the project was an emergency response, water provision to the beneficiaries was a long term solution to the problem of water shortages and long walking distance to water points.

Capacity-building of the communities living in the camps by HPs and CHWs on hygiene and sanitation could go a long way in improving the standards of hygiene and sanitation in the program area.

*vi. Accountability:*

Involvement of beneficiaries right from the planning to the implementation stages of the project, ensured beneficiaries were kept well informed. The project targeted vulnerable groups like women, the elderly and the disabled in most of its activities. Community involvement at every stage was one of the indicators that CWW was transparent and therefore carried out the project without any bias.

Development of complaint mechanisms and feed back through phones by CWW was quite commendable since it allowed beneficiaries to articulate their grievances at any time they wished to. The plight of the vulnerable groups like elderly and disabled was well addressed whereby the youth would labour on their behalf and get paid. They were also given the first priority in any project intervention as reported elsewhere in this report. It was important to note that HIV/AIDS was not considered much in this project.

*vii. Learning:*

The evaluation process led to recommendations that have been captured in another section of this report. These are envisioned to advise any future programming.

The foregoing revealed that CWW P4, SPHERE, Code of Conduct of the Red Cross and Red Crescent movement and NGOs in disaster response were adhered to by all stakeholders who participated in the project.

## CHAPTER FIVE

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### Conclusion

The project increased access to clean water and sanitation facilities through rehabilitation and drilling of new boreholes as well as providing useful training and sensitization on hygiene to the community leading to improvement in hygiene and sanitation practices. The project also led to improved health and nutritional status of children including malnourished children under 5 years, and pregnant and lactating women through relevant trainings and provision of food material and medication. There was improved access to food for vulnerable and displaced families through food vouchers and direct food-stuff distribution to these families. Dignity of IDPs was improved through shelter, NFIs (In Mogadishu) and dignity kits provision. All the aforementioned was made possible by the fact that capacity of local partner NGOs for service delivery and local level emergency-preparedness and response was strengthened through trainings by CWW.

## CHAPTER SIX

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### General Recommendations

1. Uptake of exclusive breastfeeding is still low among the target communities which call for concerted effort by all stakeholders to enlighten fathers and mothers on the importance of the same.
2. Sustain and expand the nutrition activities since the target community remains vulnerable.
3. More effort should be placed in future programming to ensure larger coverage on the provision of NFI-kits to IDPs.
4. Where communities are somehow settled, livelihood interventions should be initiated.

### Specific Recommendations

#### GEDO

1. It is the consultant's view that funding of LLGI was not commensurate to the demands on the ground and therefore required further review in order for them to work effectively. This stems from the fact that beneficiaries interviewed during the evaluation process, continually mentioned that though the assistance received was important to them, oftentimes it was barely adequate
2. Hygiene promoters and WES committee members should be remunerated in a way that will instill morale and the zeal to work harder, effectively and efficiently. The consultant holds the view that given the fact that these promoters and Wes Committee members were not engaged in the project on a full-time (day-to-day) basis, remunerating them would go a long way in further injecting impetus towards their work. This could be in form of supporting them with IGAS.
3. There was need for further hygiene awareness on disposal of child waste.
4. There is need to monitor quality of latrine constructions to ensure desired quality is achieved.
5. Provide LLGI with water-testing kit so as to test water regularly and re-train assistant water engineer in use of the same.
6. Strengthen the institutional structures of LLGI through capacity-building.

#### MOGADISHU

1. More water kiosks should be provided in the camps to ease the congestion at the draw off points.
2. Nutrition interventions for mothers and children should be promoted among the IDP-communities.
3. Promote IYCF in the project area so as to benefit more children. This package if implemented will address the various challenges facing infants and young children.

4. Most IDPs are still without any source of livelihood and therefore cash provision should continue.
5. Strengthen the capacity of partners as far as M&E is concerned and also build their capacity on basic operational research.
6. A livelihood intervention should be implemented in the area to support the more settled communities where security situation permits.
7. HIV/AIDs awareness-raising should be integrated in future programs.

# CHAPTER SEVEN

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## Annexes

### Evaluation Tools

#### GEDO



Water Quality Test  
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Report October 2013



Lifeline Gedo Monthly  
Report December 201



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# CHAPTER EIGHT

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