UNICEF SOMALIA - Final evaluation of “Improving children’s access to water and sanitation in Somalia (2015-2018)”

Final report

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<td>ADRA</td>
<td>Adventist Development Relief Agency</td>
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<td>CGDs</td>
<td>Community Group Discussions</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IPC</td>
<td>Integrated Food Security Phase Classification</td>
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<td>IPs</td>
<td>Implementing Partners</td>
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<td>ISIS</td>
<td>Islamic State of Iraq and Syria</td>
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<td>JMP</td>
<td>Joint Monitoring Programme for Water Supply, Sanitation and Hygiene</td>
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<td>KAP</td>
<td>Knowledge, Attitude, and Practices</td>
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<td>KIIIs</td>
<td>Key Informant Interviews</td>
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<td>MCH/OPT</td>
<td>Maternal and Child Health / Operations Theatre</td>
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<td>MHM</td>
<td>Menstrual Hygiene Management</td>
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<td>MICS</td>
<td>Multiple Indicators Cluster Survey</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MoEWR</td>
<td>Ministry of Energy and Water Resources</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOMEW</td>
<td>Ministry of Minerals Energy and Water</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<td>NRC</td>
<td>Norwegian Refugee Council</td>
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Executive Summary

Purpose and object of the evaluation

In this document, we present the end-line evaluation of the SIDA-supported project implemented by UNICEF “Improving children’s access to water and sanitation in Somalia”. This evaluation provides UNICEF with accountability for its project results, and catalyses learning from its experience of implementing WASH projects in Somalia. The evaluation follows the OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability, and adds a focus on gender and inclusivity.

This evaluation generates lessons learnt, findings, conclusions and recommendations, focusing on producing lessons for designing and implementing similar projects in the future in Southern Somalia and the three areas of Somalia, and also includes recommendations on how to ensure complementarity with other major funds active in Somalia, such as the ones funded by the EC.

The evaluation scope includes all activities of project design, implementation, and monitoring, as well as the results and exit strategy, which UNICEF, SIDA, the implementing partners conducted between August 2015 (date of the project proposal for funding) and December 2018 (end-date for implementation. The geographical scope of the evaluation includes the regions of Awdal in Somaliland, Galgaduud and Lower Juba in South Central Somalia, and Bari in Puntland.

We employ a mixed-method approach and triangulation of findings from different data sources. We have combined qualitative data from KIIs and CGDs with stakeholders, beneficiaries, IPs, and UNICEF staff, with quantitative data from a non-statistically significant survey with beneficiaries, review of background documents, direct observation, and media from photographs of facilities. We have visited all regions of the project, including IDP communities, and rural and remote communities.

The project aimed at reducing the risk of burden of water-related diseases, with a focus on children and women. To achieve this aim, it focused on three interlocking pathways: expanding safe water-sources, expanding access to latrines, and conducting awareness raising for hygiene practices; additionally, it worked on the support pathway of strengthening the policy and enabling environment for WASH. The project integrated WASH with health and education, as it targeted water sources, latrines, and users in schools and health facilities.

UNICEF targeted four regions: Lower Juba, Galgaduud, Awdal, and Bari. The project targeted a mix of urban, peri-urban, and remote locations of South-Central Somalia, Somaliland, and Puntland.

The WASH project included a strong gender component. It refurbished latrines in schools, including the provision with menstrual hygiene bins, trained school staff and girls in Menstrual Health Management (MHM), and assumed that expanded water sources in schools and clinics would benefit women and children the most.
UNICEF SOMALIA - Final evaluation of “Improving children’s access to water and sanitation in Somalia (2015-2018)”

UNICEF collaborated with five implementing partners and with government partners, to which it provided logistical support and quality assurance. UNICEF chose ADRA, NRC, SHILCON, SRCO, and PSAWEN as implementing partners for specific regions. It collaborated with the Ministry of Water Resources in Somaliland, the Federal Ministry of Energy and Water Resources, and state ministries for health and education in Somaliland, Puntland, and the South-Central region.

The northern Somali regions of Somaliland and Puntland have an arid climate, whereas the South has relatively higher rainfall than the north and also suffered from widespread collapse of State authority. During the project implementation period, Somalia, and especially its Northern regions, first faced a drought (2016-2017) and then floods and natural disasters, such as a cyclone hitting Somaliland and Puntland (2018). This led to malnutrition, large population movements, and a recrudescence in cholera and other water borne diseases, especially in Banadir and other regions in the South.

Findings

The WASH project and its approach were relevant. Supporting expansion of water sources and sanitation is relevant to the needs of the people, especially children and women, in all project areas. The project was relevant to the donor country-strategy and to the strategy of the federal and state governments. UNICEF used evidence on what approaches had worked in Somalia to build a strong WASH approach that relied on solar energy, a mix of water sources, Community-Led Total Sanitation, and, increasingly PPPs. It also leveraged its experience as a cluster lead for WASH and nutrition, and with integrated programming, to target WASH in schools and health facilities.

The project has achieved a qualified success in reducing water borne disease, and expanding school attendance for girls. We have collected positive qualitative signs of change. However, the project did not affect region-wide cholera rates in Lower Juba. The project reached its output indicators by December 2018, after a six-month no-cost extension linked to the re-focusing of UNICEF on the 2017 L-2 humanitarian emergency. The project succeeded in expanding water availability in Lower Juba, Galgaduud, and Awdal, and to a much lesser extent in Puntland. In Puntland, rainfall was lower in 2018 and the threat of ISIS stronger. This created challenges for the project in terms of access to locations for UNICEF staff and IPs, security of operations, and relevance to drier conditions of the types of wells, shallow or deeper, which the project had initially chosen. However, Lower Juba reports challenges in the quality of the water, which was available. The project expanded latrine availability in all locations, with, again, weaker performance in Puntland and a persistent problem in keeping the new facilities clean and free from signs of faeces. The project succeeded in triggering Open Defecation Free (ODF) status in villages in 2016, but saw many communities slide back into Open Defecation (OD) because of lack of running water, focus on humanitarian water provision, and population movements.

The project was a qualified success on gender and inclusivity for WASH in schools and health facilities, but faced challenges to be gender-friendly and inclusive in the wider communities. Children, girls, and women can access water sources and latrines in schools and health facilities. WASH committees have a good representation of women, IDPs, and children (as there are student WASH clubs). However, girls, women, elderly and disabled people, and children under-5 face challenges in accessing public latrines in
communities, as they lack privacy, are not well equipped, and can be dangerous. The project reached IDP communities in Lower Juba, Galgaduud, and Puntland.

**Contribution analysis revealed that the stronger drivers of positive performance are:**

- Public-Private Partnership schemes, where private companies run the water sources supported by the project
- The effective use of solar energy in powering water systems, as they lead to low running costs
- Integrating WASH in schools and health facilities, as school and health facilities can better manage water sources and latrines than the general communities, and have a stronger focus on hygiene and inclusivity
- Using WASH committees in the communities and schools to raise awareness on community-wide sanitation problems
- Establishing mini water systems which can be resilient to damage compared to the wider network from disasters

**Contribution analysis also revealed the main challenges to performance:**

- Relying on shallow wells in drought conditions, as shallow wells run dry or produce sour water, which is unsuitable to drink
- Operating in Iskushuban District, Puntland, which is an ISIS stronghold increases risk
- Lacking a specific approach for children under-5 and disabled people
- Targeting ODF activities at the village level is the ideal approach. However, targeting and coordinating ODF at the district level would make the approach more resilient to population movements from village to village
- Selecting the location and ownership of new water sources can be a complex negotiation process with local authorities and the Government
- UNICEF faced challenges in monitoring the quality of the WASH infrastructures. For example, it has employed three WASH staff in the regional office for Somaliland, which is appropriate for a project of this size. However, the WASH staff was responsible for a broader portfolio, and faced security and logistical challenges in accessing project locations, some of which were very remote
- UNICEF faces challenges in sourcing spare parts for solar to all locations

**The project approach was cost-efficient, considering the challenging circumstances.**

Positive points in the project approach to efficiency include:

- The project spent its budget steadily through the years
- The PPP approach has resulted in a greater reach, coverage, and impact. The complementarity with other programmes, such as the JNHP brought; household-led activities used their own materials to construct latrines; and the introduction of solar powered pumps have contributed to cost-efficiency
- Moving resources from development to humanitarian programme was appropriate and efficient in the context of the L-2 emergency

We also noted challenges to efficiency:
Various external factors also affected efficiency, including insecurity, government reshuffling, and drought. Additionally, some project locations were remote and access was challenging.

Communication with the SIDA, the donor, was not always smooth and effective. While UNICEF has stringent financial management, supplier’s and Implementing Partners selection procedures, the donor had the perception that UNICEF could have managed the grant better. This is a matter of divergent expectations between the donor and UNICEF. The donor expected that the UNICEF country office were timely and detailed in sharing financial information, and invoicing for the next milestone payment. However, this does not recognise the reality of UNICEF grant management. On contract signature, UNICEF country offices receive full payment from UNICEF HQ to smooth implementation. UNICEF HQ then follows up with the donor on financial reporting and invoicing.

On selection of implementing partners, SIDA expected selection of Implementing partners through open tender, whereas UNICEF has procedures to select partners from a database of implementers, which have been pre-selected in the past. Both procedures have potential to ensure efficiency, which leads us to conclude that divergent judgement on performance are due to miscommunication from both sides.

We noted challenges in monitoring the quality of WASH technical activities and infrastructures: UNICEF staff could not move easily out of their compound offices because of security reasons, the TPM arrangements do not seem to include monitoring by engineers and water experts and UNICEF does not monitor communities who have achieved ODF status and mainly relied on Government certification process. Not completing the MTR was a missed opportunity, especially considering the lack of a project-specific baseline study. Among the challenges, we also noted logistical challenges in importing and delivering material based on interviews with IPs.

The project shows promising signs of sustainability from the use of PPPs for water provision, solar powered pumps, embedding facilities in schools and clinics, and establishing institutional arrangements at community and government level.

- There are signs that ownership and maintenance of infrastructures is present among communities, schools, and health facilities. However, other challenges to on-going maintenance, such as low government funds remain.
- The PPPs appear to have been an essential element in the project’s approach to attaining sustainability. The use of PPPs can ensure more sustained service delivery, beyond the life of the project. Water companies have leveraged investments in infrastructures in providing services over time with private resources and cost-covering schemes. However, the government should have a safeguarding role for marginalised groups.
- Solar powered pumps contributed to lower running cost and decreasing rate of technical breakdowns. However, risks remain, such as the supply of spare parts or capacity of repair work.
- The project has not paid enough attention to future proofing its approach, especially for water sources, to changes in the climate, weather, and human settlement. The choice between boreholes, shallow wells, and other water
systems should factor future risk of droughts, disasters, and population movement

- Maintaining ODF status requires continuous monitoring and encouragement are required, government certification process may not be enough to secure the sustainability of ODF status.

**Recommendations**

The Evaluation team discussed recommendations of the project in a dedicated meeting, once it had reached a consensus on findings and conclusions. Each recommendation connects with a conclusion. For example, finding that Public Private Partnerships with water companies was effective in expanding water provision led us to recommend that UNICEF Somalia continues working with private companies. We present the top five recommendations on programme approach, and follow with additional tactical programme recommendations. Secondly, we present two recommendations on project management.

**Strategic programme recommendations**

1. **UNICEF should continue involving water companies in water service delivery**, especially those that are not fully dependent on NGO or government contracts, and maintain good relations with communities and businesses. UNICEF should consider enhancing the capacity of governments to monitor and regulate private water service delivery, where necessary to ensure the safe and affordable delivery of water.

2. **UNICEF should consider continuing the use of solar powered pumps and fill the gaps in access to spare parts and capacity to repair the solar pumps.** One of the reasons for the solar pumps not functioning might be inappropriate system design, such as; the location of water tanks in relation to the pump, selection of solar panels that matches the capacity of solar pump, and good cabling and pump installation work, are all important components of functional solar pumps. Therefore, the selection of vendors who can design appropriate system and/or provide good workmanship is an important factor, as well as technical monitoring of installation works. Hybrid systems of solar power with diesel generators can offer flexibility in pumping capacity, which may fit for the areas where high population increases are expected.

3. **UNICEF should continue its integrated approach of WASH in schools and health facilities**, as it has proven successful in reaching children and girls.

4. **UNICEF should look into schemes that allow for continuous monitoring and encouragement on ODF status, as this is required for sustainability.** External and internal influences easily affect ODF status of communities. Continuous monitoring of both communities who have already received ODF status and communities in the process of achieving ODF status is required. We encourage UNICEF to build the monitoring capacity of government agencies, so that Somalia can achieve SDG target of eliminating ODF by 2030.
5. UNICEF should strengthen the future proofing of its approach to expanding water sources, and make it more resilient to weather, climate change and population movement. This might require considering choices between boreholes, shallow wells, and other systems under different future scenarios for climate and population movements, as well as, according to their ability to withstand climatic and man-made shocks. In this perspective, UNICEF should consider including water conservation components in water expansion projects, in the forms of messages in trainings, and use of water storage facilities. Projects should also be able to forecast and monitor changes in the context in real-time, and modify their approach accordingly, as UNICEF did with the L-2 emergency response.

**Tactical programme recommendations**

5. UNICEF’s and IPs’ log-frames, indicators and progress reporting should be disaggregated by gender. For future project design, especially for projects that have very specific objectives on gender, more effort is needed to ensure that activities and data also reflects gender awareness and sensitivity.

6. UNICEF should strengthen its approach to inclusivity, by considering disabled people of different kinds in toilet designs.

7. UNICEF should include a component on proper knowledge of pit emptying and excreta disposal in sanitation trainings. Without knowledge of disposal management, the sustainability of using latrines may be at risk, as people may go back to OD when they found the sanitation facilities are not fit for the use.

9. UNICEF should consider including a component dedicated to developing markets for latrine construction and waste removal, which can complement the behavioural changes achieved through CLTS in the project. This might include training artisans in the skills required to build quality latrines. It should also include training for disposal of faeces from children under five.

10. UNICEF should consider adding water points dedicated to animals, and ring fencing those dedicated to people. In regions where livestock is an essential part of life, animals might otherwise use the same water-source as people, and contaminate them.

11. UNICEF should consider whether there are any working options to improve the cleanliness of communities, including general rubbish treatment and disposal. Providing working options for garbage disposal can enhance further actions to improve cleanliness. It would complement the current inclusion of training on general rubbish disposal in school WASH club and community WASH committee.

**Recommendations for project management**

1. We recommend that UNICEF strengthen its overall communication with the donor. This includes reaching out to the donor with regular explanations on key choices, even when the donor is not explicitly asking for them, and involving the donor in key choices for project management.
2. UNICEF should improve its monitoring of the quality of the WASH infrastructures (latrines and water points) delivered by its sub-contractors and IPs. UNICEF should consider strengthening its internal capability to monitor WASH projects in case its regional officers are responsible for monitoring a broader portfolio over a terrain, which is insecure and difficult to access. The monitoring should include the quality of WASH infrastructure by engaging engineers. The TPM arrangements should be able to pick up the monitoring of water quality and water facilities to ensure the delivery of safe water.
1 Introduction

In Somalia, poor sanitation and hygiene, coupled with the use of unsafe water sources, is affecting the lives of almost every Somali, every day. UNICEF Somalia responds to the problem with strategy and projects in WASH, and aims to reduce infant and under-5 mortality caused by WASH related diseases, especially diarrhoea and enhance the protective environment for girls and women to improve access to WASH facilities. UNICEF WASH works to ensure that all girls and boys have access to appropriate WASH services that minimise the risk of physical and sexual violence. SIDA and UNICEF have collaborated to ensure that more communities use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours.

In this document, we present the end-line evaluation of the SIDA-supported project implemented by UNICEF “Improving children’s access to water and sanitation in Somalia”. This evaluation provides UNICEF with accountability for its project results, and catalyses learning from its experience of implementing WASH projects in Somalia. The evaluation follows the OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability, and adds a focus on gender and inclusivity.

This report responds to the requirement from SIDA that all programmes funded with Swedish funds be evaluated. SIDA and UNICEF have collaborated in the present programme. SIDA made available funding for the programme, and UNICEF provided grant management and assured the quality of the implementing partners working on the project.

This report is the final product of a five-month evaluation, which kicked-off in December 2018. It builds on the inception report, data collection conducted in Somalia and remotely, and data analysis of interviews, community discussions, survey, and literature review. It is a tool for assessing the results of development cooperation, the reasons why results were or were not achieved, and provides knowledge of what works, for whom, and under what circumstances.

This report presents the usual structure of presentation of the programme and context, methodology, main findings, conclusions, and recommendations:

- In chapter 2, we present the object of the evaluation, which is the project activities and logic and their context in Somalia
- In chapter 3, we present the methodological approach, including our experience in the field and the limitations in our approach. We append at the end of the report the evaluation matrix
- In chapter 4, we present our main findings per evaluation criteria
- In chapter 5, we draw our conclusions
- Finally, in chapter 6, we present our recommendations.
We have included dedicated sub-chapters on gender and inclusivity in the relevance, effectiveness, and sustainability chapters, and provided dedicated recommendations.
2 Evaluation purpose and scope

2.1 Purpose

UNICEF Somalia has commissioned the end-line evaluation of its SIDA-supported project “Improving children’s access to water and sanitation in Somalia”. The evaluation aims to hold UNICEF accountable for project results, and catalyse learning from its experience of implementing WASH projects in Somalia. The overall purpose of this evaluation is to understand the successes, achievements, and planned activities of the project, provide project management, SIDA, and UNICEF with a basis for identifying relevance, effectiveness, impact, and sustainability for the project, and learn for future project design and implementation. The evaluation is a learning moment and document for UNICEF, SIDA, federal and member state government partners, UNICEF project implementers, and other stakeholders and donors.

This evaluation generates lessons learnt, findings, conclusions and recommendations, focusing on producing lessons for designing and implementing similar projects in the future in Southern Somalia and the three areas of Somalia, and also includes recommendations on how to ensure complementarity with other major funds active in Somalia, such as the ones funded by the EC.

The evaluation provides a basis for learning on the dimensions of the OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability, and add a focus on gender and inclusivity. The evaluation assessed the project outputs and outcomes, and their contribution to reaching the goal of the project. The OECD DAC criteria guided the development of the methodological framework.

- Under relevance, the evaluation explores if and how UNICEF designed and implemented the project that beneficiaries and stakeholders wanted and needed. It will also explore how the technical approach of the project fits in the context and international best practices, builds on the evidence, and has been correctly updated as conditions changed
- Under effectiveness, the evaluation reviewed progress against targets, and collected actual signs of change, both positive and negative, and of contribution towards outcomes-level change, which it places into its broader context and causal webs
- Under efficiency, the evaluation reviews how UNICEF spent the project funds and implemented efficiency-related management and financial procedures
- Under sustainability, the evaluation reviews the likelihood that social change will be embedded in and maintained by actors active in the local context, institutions, and organisations
- Under gender and inclusivity, the evaluation reviews inclusion of women and IDPs in project design and implementation, choice of interventions and approaches that respond to their needs as well as the need of children, disabled people, and the elderly, and improvements in their conditions.

Figure 1 WASH club members of one of the beneficiary schools

2.2 Scope

The evaluation focused on the activities supported jointly by SIDA, UNICEF, and the implementing partners, and where relevant in collaboration with other development agencies, such as the European Union, which are collaborating in the achievement of the outcome.

The geographical scope of the evaluation covers all project activities supported jointly by SIDA and UNICEF. SIDA and UNICEF jointly supported activities in WASH in Awdal, Galgaduud, Lower Juba, and Bari between 2015 and 2018. Table 1 presents a short summary of definitions of key geographical terms.

Thematically, the final evaluation covers project design activities, implementation, performance against targets, causal mechanisms for producing change and contribution, and the approach to the exit strategy. The evaluation includes UNICEF internal procedures to the extent that they are relevant for project activities, including selecting and monitoring IPs, financial management, and sourcing products.

The chronological scope of the evaluation is from August 2015 to December 2018. In August 2015, UNICEF submitted its project proposal to SIDA, and in December 2018 concluded the project, six months after the date originally planned as the endline.
Table 1 Key geographical terms

<table>
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<tr>
<th>Key term</th>
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<tr>
<td>Puntland</td>
<td>The region in north-eastern Somalia, which is internationally recognised as a semi-autonomous region</td>
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<tr>
<td>Somaliland</td>
<td>Somaliland is the northern-western region of Somalia, and a self-declared state, but internationally considered an autonomous region of Somalia.</td>
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<tr>
<td>South Central Region</td>
<td>A geographical term which brings together the remaining four Somalian States (outside Puntland and Somaliland): Galmudug, Hirshabelle, Jubaland, and South West State of Somalia.</td>
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<tr>
<td>States</td>
<td>As of 2016, Somalia is officially divided into 6 federal member states: Galmudug, Somaliland, Hirshabelle, Jubaland, Puntland, and South West State of Somalia</td>
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<tr>
<td>Regions</td>
<td>Officially, Somalia has eighteen regions to sub-divide its six States: Bakool, Banadir, Bari, Bay, Galgaduud, Gedo, Hiiraan, Lower Juba, Lower Shabelle, Middle Juba, Middle Shebelle, Mudug, Nugal, Sanaag, Sool, Togdheer, Woqooyi Galbeed.</td>
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2.3 Primary intended uses and users

The primary intended users of this evaluation of the evaluation are UNICEF country office and regional staff and SIDA. Additionally, intended users are also the UNICEF implementing partners. Finally, secondary intended users are the governments in Somalia, and other civil society organisations and development partners.

- UNICEF Somalia staff uses the evaluation as part of its internal reflections on UNICEF WASH approach in Somalia and as a reference document for future projects and proposals in Somalia and for its WASH strategy there
- SIDA staff uses the evaluation as an opportunity to identify whether to fund UNICEF Somalia in the future, and what to include and expect in other WASH projects in Somalia, including with other grant managers and implementers
- UNICEF implementing partners can use the evaluation as a learning document for improving their approach to WASH in Somalia, and has reference base for future project proposals
- The secondary intended users can use the evaluation as part of the evidence base, which is accumulating on the effectiveness of doing development cooperation in Somalia, specifically in WASH.
We have involved all primary and intended users in the inception of the evaluation, with individual interviews. Respondents had the opportunity to raise their priority for us to focus on during data collection and analysis. However, we could not conduct a participatory reflection on preliminary findings, as we had planned our approach when UNICEF Somalia was based in Nairobi, close to the donor and easily reachable for our international consultants. By the time the evaluation got underway, UNICEF Somalia had moved to Mogadishu: the evaluation budget did not allow space for conducting a real sense-making workshop under the new circumstances.
3 Context

Population - Somalia’s total population is estimated at 12.3 million, of which 2.5 million is below the age of 18. As of November 2018, the country had 2.6 million IDPs.¹ The majority is located in the southern and central regions.² The four main reasons for internal displacement are conflict or fear of conflict (33%), drought (22%), lack of livelihood opportunities (16%) and evictions (5%). The 2017-18 drought displaced an additional 1 million people.

Figure 2 Picture taken during one of the community group discussions

Climate - Rain in the Somalia territories falls in two condensed periods of the year – the main Gu rains of April-June, and the less reliable Deyr rains in October-November. Annual rainfall reaches 600mm in the Southern coastal area but the North Eastern tip of Puntland – Bari Region, receives less than 100mm.³ Somalia is prone to severe drought and floods: on average, the country suffers from moderate drought every three to four years, and from severe drought every seven to nine years.⁴ In Southern Somalia, the Jubba and Shabelle river valleys receive higher rainfall compared to Somaliland and

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³ Jessica Tierney et al, “Past and Future Rainfall in the Horn of Africa,” Science Advances 1, 9 (9 October 2015)
⁴ FAO, “Somalia: Geography, Climate, and Population”
http://www.fao.org/nr/water/aquastat/countries_regions/som/print1.stm
Puntland, enough to sustain rain-fed agriculture. Nonetheless, the protracted conflict situation in the Central South severely constrains access to safe water.

**Burden of Disease** - Widespread lack of potable water, adequate sanitation and hygiene coupled with a poor health infrastructure has led to a sharp increase in disease outbreaks, especially AWD/ cholera and measles, as well as malnutrition. According to the 2006 Multiple Indicator Cluster Survey (MICS), almost half of the deaths of children under-5 are due to diarrhoeal diseases and pneumonia, both of which are connected to poor WASH. Incidence of Diarrhoea has not changed for over a decade and remains high at around 23-24 per cent in children under-5.

Diarrheal disease was the main cause of death in 2007, but reduced by 31.8% in 2017. Despite this long-term decrease, Somalia was hit by a recrudescence of cholera and diarrhoea from 2016 to 2017, and again since December 2017. In 2016, Somalia registered about 14,165 cases of AWD/Cholera and 497 deaths. Of these 47.7% were female and 57.9% were children below 5 years. In 2017, the WHO reported a cumulative total of 61,043 cases and 821 deaths in 52 districts of 16 regions of South Central and Puntland since January 2017. The number of AWD/Cholera cases and deaths in inaccessible areas are four times the number of cases and deaths in areas that are accessible. The latest bout of cholera started in December 2017, with the epicentre in Banadir region and involving other regions in the South.

**Access to water** - The extreme shortage of surface water in parts of the country, especially Puntland, means that groundwater is the only reliable water source. Groundwater provides 80% of the domestic water supply. Unfortunately, the groundwater table is deep (100 to 300 meters below the surface) which makes extraction – through diesel-powered pumping systems – expensive. These systems require regular maintenance from skilled mechanics, who are only available in urban areas.

In Somalia, the lack of appropriate equipment to carry out surveys and tests for effective groundwater exploration as well as the unavailability of borehole drilling companies and supplies in the local market is a major challenge to improving access to water. Furthermore, the rigid land tenure system in Somalia also poses challenges for the acquisition of land for the construction of water supply systems.

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5 [https://www.unicef.org/somalia/SOM_resources_situationalaysissummary.pdf](https://www.unicef.org/somalia/SOM_resources_situationalaysissummary.pdf)
6 2015.08 UNICEF Somalia proposal + progress reports
7 Progress report March 2016
8 [http://www.healthdata.org/somalia](http://www.healthdata.org/somalia)
9 Somalia Cholera outbreak since 2016. [https://reliefweb.int/disaster/ep-2016-000053-som](https://reliefweb.int/disaster/ep-2016-000053-som)
11 WASH scoping study 2014
13 UNICEF progress report 2018
In Somalia, the government does not control private water suppliers with strict regulation in every region. This means that suppliers might charge high prices. As a result, 12% of the population relies on untreated surface water, as they would rather fetch water from unimproved sources than pay for safe drinking water. The KAP survey conducted at the beginning of the project (2015) found that humans and animals’ residues often contaminate unimproved water sources.

Open defecation, sanitation & hygiene - According to the JMP 2015 and the HNO 2017, more than 54% of the Somali population has no facility to wash hands and 34% has limited hygiene facilities – without water and soap. The HNO 2019 established that handwashing differed per region: Puntland 46%, Somaliland 37%, Jubaland 37%, and Banadir 25%. Open defecation worsened nationwide from 29% in 2017 to 39% in 2018. Comparing urban to rural settings, the prevalence of open defecation in rural areas was estimated at 44% in 2017 and 60% in 2018 (urban 7%). In Puntland, the prevalence in the rural areas was estimated at 55% and at 19% in the urban areas.

Governance of WASH - The Somali Zones have an extremely varied approach to structures for institutional Water and Sanitation management and responsibility. Somaliland and Puntland have passed and implemented Water Codes, Laws and institutional structures. In Puntland, the Puntland State Authority for Water, Energy and...
Natural Resources (PSAWEN) is operational since 2001. Somaliland has the “Hargeisa Water Agency”. The Federal Ministry for Energy and Water Resources is the only official institution with responsibility for water resource management in the South. Its control does not extend beyond Mogadishu. There appears to be no water authority established within the Transitional Jubaland Authority. In non-government controlled areas, the WASH sector has taken over the coordination of the WASH sector. At the time of the scoping study in 2014, the Federal Government of Somalia (FGS) was in the process of developing a Water Act with the help of IGAD.

Changes in the context - Somaliland and Puntland experienced below average rains for up to four seasons, in 2016 and 2017, causing an emergency drought situation, which compromised food security and health trends, leading to a cholera outbreak. The unexpectedly plentiful Gu-rainy season in April-June 2018 led to an overall improvement in food security. As a result, the number of people that were facing severe food insecurity (IPC Phase 3 and above) decreased by 50%, from 3.1 million in September 2017 to 1.5 million in September 2018. It however also brought severe flooding across vast areas of southern and central Somalia affecting 830,000 people and displacing 229,000. On top of that, cyclone Sagar devastated parts of Somaliland and Puntland in May 2018. Assessments in April 2018 of the flash floods in Adado, Dhusamereb and Abudwak Districts in Galmudug state, revealed that the rains had destroyed latrines in the IDP camp – increasing Open Defecation, as well as damaged shelter and the stagnant water created risks to health of children due to waterborne diseases. Table 2 presents the evolution in the number of IDPs, people facing severe food insecurity, and PIN.

Table 2 Key indicators for the context during the project

<table>
<thead>
<tr>
<th>Year</th>
<th>PIN</th>
<th>IDPs</th>
<th>&gt;IPC3</th>
<th>PIN of WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>4.9</td>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>5.0</td>
<td>1.1</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>6.2</td>
<td>2.1</td>
<td>3.1</td>
<td>4.4</td>
</tr>
<tr>
<td>2019</td>
<td>4.2</td>
<td>2.6</td>
<td>1.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

---

20 UNICEF Scoping study 2014
21 https://reliefweb.int/disaster/dr-2015-000134-som
24 Based on HNO per year, numbers in millions. PIN = People in Need. IDP = Internally Displaced People, IPC = integrated Food Security Phase Classification
4  Object of the Evaluation

4.1  Programme under evaluation

The SIDA-funded project aims at reducing the risk of burden of water-related diseases, with a focus on children and women. To achieve this aim, the project focused on three interlocking pathways: expanding safe water-sources, expanding access to latrines, and conducting awareness raising for hygiene practices; and on the support pathway of strengthening the policy and enabling environment. SIDA provided UNICEF Somalia with EURO 4,620,000 in funding over the three years’ period 2016-2018.

The project integrated WASH with health and education, as it targeted water sources, latrines, and users in schools and health facilities alongside the general population. Supporting schools and health facilities leads to better targeting of WASH services and awareness raising on children, pregnant women, and mothers of small children, with potential additional dividends from improvements in their conditions.

UNICEF targeted four regions: Lower Juba, Galgaduud, Awdal, and Bari. The project targeted a mix of urban, peri-urban, and remote locations in South-Central Somalia, Somaliiland, and Puntland. The project locations in Lower Juba, Galgaduud, and Awdal were mainly urban, and centred in the cities of Kismayo, Dhusamareeb, Guriel, and Borama. In Puntland, the project locations included remote locations near the city of Iskushuban. The project included IDPs camps in Lower Juba and Galgaduud. Table 3 provides an overview of project locations. We note that the project was supposed to work in Banadir, but did not conduct any activities there.

Table 3 Overview of project locations

<table>
<thead>
<tr>
<th>Zone</th>
<th>Region</th>
<th>District</th>
<th>Implementing Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central South</td>
<td>Lower Juba</td>
<td>Kismayo</td>
<td>ADRA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jubaland</td>
<td>SHILCON</td>
</tr>
<tr>
<td></td>
<td>Galgaduud</td>
<td>Guriel Dhusamareb</td>
<td>NRC</td>
</tr>
<tr>
<td></td>
<td>Banadir</td>
<td>Hodan Hamar Jab-Jab</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mogadishu</td>
<td>Federal Ministry of Energy and Water Resources</td>
</tr>
<tr>
<td>Somaliland</td>
<td>Awdal</td>
<td>Borama Baki</td>
<td>SRCO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Borama Tog Wajaale</td>
<td>Ministry of Water Resources + Shaba PPB funded by UNICEF SIDA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>UN-Habitat, TS, SDF, funded by EU</td>
</tr>
<tr>
<td>Puntland</td>
<td>Bari</td>
<td>Ufayn</td>
<td>PSAWEN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Iskushuban</td>
<td>SHILCON</td>
</tr>
</tbody>
</table>

The project combined support on constructing and rehabilitating water sources and latrines, with training and awareness raising for WASH practices, and establishing institutional arrangements for PPPs and inter-Ministerial cooperation.

- Under outcome 1.1, the project built and rehabilitated wells, boreholes, water-tanks, and connected schools and health facilities to piped sources of water. The project
attempted the use of solar pumps whenever possible, and worked with private water companies. As the approach to water sources, the project combined shallow wells, boreholes, and sub-surface dams. It focused on mini-systems that connected a water source with a school or health facility through piped-water and water-tanks.

- Under outcome 1.2, the project installed, rehabilitated, and refurbished toilets, hand-washing stations, and bins for the disposal of MHM items. It focused on toilets in schools and health facilities, and to lesser extent in communities. The project expected to catalyse the action of individual households in further building and rehabilitating private and shared toilets.
- Under outcomes 1.2 and 1.3, the project conducted awareness raising with WASH committees, including in schools. The approach was the Community-Led Total Sanitation (CLTS), which targeted hygiene and sanitation practices, such as eliminating open defecation, hand washing, and rubbish disposal, and on menstrual hygiene.
- Under outcome 2, the project conducted trainings with provincial and federal ministries to build their capacity to coordinate and monitor WASH actions in the communities, schools, and clinics. It also involved the ministries as implementing partners, from which they gained further experience in contracting and monitoring WASH action.
- Under outcome 2, the project developed and tabled a new WASH policy, five years strategic plan and monitoring and evaluation framework for the federal government through a consultant.

Figure 4 Group discussions with the women’s community group
### Outcome 1 - Increased use of gender-responsive WASH services, water sources sanitation, and decrease use of harmful practices, ODF

### Outcome 2 - Establish enabling protective environment, use of upgraded management system to deliver WASH services, with clearly defined roles and responsibilities

**The WASH project had a strong gender component.** Water scarcity affects women and girls in gender-specific ways as the domestic use of water for washing and cooking is women’s responsibility. They (as well as children) have to travel further and spend more time collecting water for domestic use. Additionally, women and girls have specific hygiene and sanitation needs because of their periods. The WASH project integrated menstrual disposal bins in the toilets it refurbished in schools, trained school staff and girls in menstrual hygiene management, and assumed that expanded water sources in schools and health facilities would benefit women and children the most.

**UNICEF conducted most of the activities through five implementing partners and with government partners, to which it provided logistical support and quality assurance.** UNICEF selected the IPs at the start of the project according to their capacity to deliver activities in the Somali regions. It then monitored their activities, assisted them with technical advice, data, and materials, and provided strategic oversight in responding to changes in the context. UNICEF collaborated with ADRA in Lower Juba, NRC in Galgaduud, SHILCON in Bari, SRCO in Awdal, PSAWEN in Bari. The IPs included international NGOs, such as ADRA and NRC, national ones, such as SHILCON and SRCO, and government bodies as PSAWEN. UNICEF conducted the project with the Ministry of Water Resources in Awdal, and with the Federal Ministry of Energy and Water Resources in South Central. Alongside this, the project involved the Ministries of Health and of Education at provincial level in Puntland and South-Central Somalia in monitoring WASH in schools and health facilities.

**The project approach to sustainability is building the capacity of service providers and government partners, and leaving working infrastructure that are easy to maintain and are powered by renewable energy.** The SIDA funded project relied heavily on strengthening and supporting PPPs for water provision and using solar pumps for water sources wherever possible. It aimed to build the capacity of government ministries to monitor and regulate action at the local level and across sector, and to set the strategic direction for WASH.
UNICEF Somalia responded to the 2016-2017 drought, by declaring a L2 emergency in the first quarter of 2017 and developed a 45-day plan for a humanitarian response in March-April 2017. It further scaled-up its pre-famine response during the year, shifting priorities from building longer-term resilience to saving lives in the short term. Approved by SIDA, this meant a cut down of the initial targets, as UNICEF redirected resources. For example, the project scaled down CLTS activities in communities (and targets for ODF) and construction of WASH facilities in institutions, while the programme added: the establishment of six new water supply systems, in order for UNICEF to meet the needs of 84,000 drought affected people. When all efforts focused on the famine response, some project activities were either suspended or delayed.

UNICEF as an organisation has internal procedures for planning, procurement, collaborating with other organisations, managing human resources, and managing quality. Most procedures are standards at UNICEF level so that UNICEF Somalia has no flexibility in its standard procedures. UNICEF Somalia is however responsible for implementing the procedures and for adapting them to the context it faces.

In 2018, UNICEF Somalia’s office underwent a transition from Nairobi to Mogadishu, which affected the performance of the WASH team. For most of 2018, the WASH team split between the old office in Nairobi and the new office in Mogadishu. New staff joined the WASH team in 2018.

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25 Pre-famine response evaluation report MDF
26 UNICEF progress report March 2017
27 KII SIDA inception phase
Project importance of the object to UNICEF (e.g. in terms of size, influence, or positioning)

Box 1 provides a detailed overview on the project outputs.

**Output 1.1** Construction and rehabilitation of 17 water supply systems. For any well less than 120 m, the project promoted the use of solar systems. Instead, for borehole more than 120 m, it supported diesel-pumping systems. In addition, the project aimed to equip 15 shallow wells (less than 20 m) with hand pumps, especially in rural communities. The project supported a European Union funded project in Borama city, providing water supply connection to community and institutions in the city of Borama, including 5 MCH centres and 10 schools.

**Output 1.2.** Rehabilitation of WASH sanitation facilities at 21 MCH/OPT, and 21 schools.

**Output 1.3.** Triggering of open defecation status in 85 Somali communities with the Community Led Total Sanitation (CLTS) approach.

**Output 2.1** Build the capacity of government to collect reliable and comprehensive data on WASH access and WASH practices, establish effective management arrangement for water provision, including collaborating with the private sector through public private partnerships (PPP), and monitoring water and service provision quality. The project also supported the development of WASH policy, five-year strategic plan and monitoring and evaluation framework as part of improving the enabling environment.

Box 1 Overview of the project outputs
4.2 Logic of the Approach

4.2.1 Results framework
UNICEF set and tracked a results’ framework for the project. The results’ framework translated the project outcomes and outputs into targets and indicators. UNICEF tracked performance against the targets and indicators every quarter with a performance monitoring framework, and annual reports. Table 4 presents the project targets.

<table>
<thead>
<tr>
<th>Relevant for</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1</td>
<td>90,750 people accessing safe water, including 6,300 children in schools</td>
</tr>
<tr>
<td></td>
<td>38,000 additional people living in ODF communities</td>
</tr>
<tr>
<td>Output 1.1</td>
<td>21 MCHs, 21 schools, 85 communities, and 1 urban centre have increased sustained access to safe water supply</td>
</tr>
<tr>
<td>Output 1.2</td>
<td>21 health centres and 21 schools with rehabilitated and functioning sanitation and hygiene facilities</td>
</tr>
<tr>
<td>Output 1.3</td>
<td>150 communities sustaining ODF status (self-declared + verified communities)</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>90,750 people in target communities accessing services through an established and trained WASH committee</td>
</tr>
<tr>
<td>Output 2.1</td>
<td>85 community WASH services committees trained for sustainable management of WASH services</td>
</tr>
<tr>
<td></td>
<td>Functioning IMWSC in each zone with functioning WASH policies</td>
</tr>
</tbody>
</table>

4.2.2 Theory of change
UNICEF’s programming on WASH contributes to UNICEF overall mandate to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF interventions on WASH:

- help the poorest and most disadvantaged people achieve this basic right
- contribute to reducing preventable child deaths
- reducing under-nutrition
- help girls and boys to achieve their right to education
- reduce the burden of fetching water on women and girls, and
• protect women and girls from violence and abuse associated with open defecation.

In Somalia, access to water and sanitation prevents all of these achievements.

In response, UNICEF Somalia set an overall vision for WASH programming, which is achieved an environment in which no one practises open defecation, everyone has safe water, sanitation and hygiene at home, and all schools have equitable and sustainable access to water, sanitation, and hygiene. In Somalia, the most common cause of death for children, which is linked to sanitation, is diarrhoeal disease. Therefore, UNICEF set the overall impact of the project as ‘reduced risk of the burden of diarrhoeal diseases from exposure to inadequate water, sanitation and hand hygiene among children (girls and boys) in Somalia.’

The project logic stands on two pillars, or outcomes: outcome one is the hardware to achieve the desired impact, and outcome two is the software. Each is interdependent on the other. Without the proper infrastructure, the impact will not sustain. If the systems are not in place then sustainable operation and maintenance is not possible. By demonstrating best practices and creating an enabling environment, scale-up and expanded impact, especially on child health, is possible.

Under outcome one, UNICEF, as we have seen, has set three outputs which combined will ensure ‘more communities use sustained gender responsive WASH services and are empowered to stop harmful sanitation behaviours’. The three outputs are:; and eliminate open defecation. All three are designed to be gender responsive and target the most vulnerable. The main mechanisms meant to achieve them are:

• UNICEF will achieve increase in access to improved water sources by working with private sector companies for service provision, and using solar pumps, where possible
• Access to institutional sanitation (schools and clinics) helps in targeting water and sanitation on children and vulnerable people, and in achieving double wins in education and health
• Establishing and supporting community level groups, which raise awareness and advocate for WASH practices, helps in turning villages in defecation free zones through convincing and group pressure.

Under outcome two there is one output so that a protective environment and management systems for sustainable service delivery are in use with clearly defined roles and responsibilities.

• UNICEF aimed at increasing capacity of stakeholders and systems to plan for, monitor and manage gender responsive WASH services by facilitating a WASH policy, involving government in the project, and with targeting capacity building (workshops).
Figure 6 Theory of change
Error! Reference source not found. presents the TOC. It shows UNICEF mandate on the centre top of the page, and that lack of water and sanitation blocks six pathways to achieving this mandate (we represent that a factor is preventing an event from happening with lines ending with a point). The project aims to fill the gap created by lack of water and sanitation by working on hardware and software at the same time, and through four output.

The performance indicator presents assumptions sustaining the causal links at the output level. Table 5 presents the project assumptions. We can identify two strong assumptions on the general context in Somalia, meaning that they had a high likelihood at the start of the project of not-being satisfied:

- Security situation allows for access to all proposed sites
- No new influx of displaced people to the town
- Aquifers exploited by existing wells will provide sufficient water.

They are strong assumption because they reflect the hope of a change for the better for the future in the trends for security, displacement, and rainfall, or the maintenance over time of very recent and initial improvements. Other three assumptions are neither strong nor week:

- Adequate financial resources and accountable staff for maintenance of facilities in schools and clinics
- Willingness of government counterparts to collaborate
- Community Health Workers are empowered to monitor and report on ODF communities sustaining that status
- Access to target communities.

We do not think that these assumptions are obvious in Somalia, but they reflect changes which UNICEF can at least partly influence.

- Community (and children) members will use the facilities
- Willingness of the communities to be trained
- All the targeted communities embrace the ODF approach.

Table 5 Assumptions by output

<table>
<thead>
<tr>
<th>Relevant for</th>
<th>Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1.1</td>
<td>Aquifers exploited by existing wells will provide sufficient water</td>
</tr>
<tr>
<td></td>
<td>Security situation allows for access to all proposed sites</td>
</tr>
</tbody>
</table>
| Output 1.2 | Adequate financial resources and accountable staff for maintenance of facilities in schools and clinics  
|           | Community (and children) members will use the facilities |
| Output 1.3 | All the targeted communities embrace the ODF approach  
|           | Community Health Workers are empowered to monitor and report on ODF communities sustaining that status |
| Output 2.1 | Access to target communities  
|           | Willingness of the communities to be trained  
|           | Willingness of government counterparts to collaborate |
5  Methodology

5.1  Evaluation questions

This evaluation answers nine research questions, two under the relevance criteria, two under effectiveness, three under efficiency, and two for sustainability.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>To what extent are the project activities suited to the priorities and policies of the target group, recipient, and donor?</td>
</tr>
<tr>
<td></td>
<td>To what extent is the project theory of change still valid?</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>To what extent were the objectives achieved?</td>
</tr>
<tr>
<td></td>
<td>What were the major factors, which influenced the achievement or non-achievement of the objectives?</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Were activities cost-efficient?</td>
</tr>
<tr>
<td></td>
<td>Were objectives achieved on time?</td>
</tr>
<tr>
<td></td>
<td>Was the programme or project implemented in the most efficient way compared to alternatives?</td>
</tr>
<tr>
<td>Sustainability</td>
<td>To what extent will the benefits of the project continue after donor-funding cease?</td>
</tr>
<tr>
<td></td>
<td>What were the major factors which influenced the achievement or non-achievement of programme sustainability?</td>
</tr>
</tbody>
</table>

5.2  Approach

Table 6 presents our approach under each evaluation criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>Thematic analysis and triangulation of information on needs and priorities from communities, schools, health clinics, and</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>Outcome harvesting (OH) to collect early signs of change at the outcome level. Many different signs qualify as early signs of changes: they can be qualitative or quantitative, from primary or secondary sources. We have identified them by their plausible connection with and relevance for the project logic. Contribution analysis (CA) to explore the contribution to change. Contribution Analysis fits the early signs of outcomes into a web of causal connections between relevant events, results, and the context.</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>Review of the financial documentation shared by UNICEF and the IPs to understand where and how they spent their funds, what proportion of spending covered management costs, and the proportions of project spending via procurement and via direct provision. Review of UNICEF Somalia’s management and financial management procedures and their orderly implementation. Qualitative judgement from key informants on the cost-effectiveness of the project.</td>
</tr>
<tr>
<td><strong>Sustainability</strong></td>
<td>Harvesting of signs on the likelihood that local actors and authorities will maintain and build on the project change.</td>
</tr>
<tr>
<td><strong>Gender and inclusivity</strong></td>
<td>Thematic analysis and triangulation of information on designing the project in a way that is gender-responsive and inclusive, reaching women and under-represented groups with the services, monitoring the project with gender-disaggregated information, and triggering parallel convergent outcomes for men, women, children, and under-represented groups.</td>
</tr>
</tbody>
</table>

**The evaluation relies on a mixed-method approach.** We have combined qualitative data from KIs and CGDs with stakeholders, beneficiaries, IPs, and UNICEF staff, quantitative data from a non-statistically significant survey with beneficiaries, a review background documents, direct observation, and media from photographs of facilities. In particular, we have conducted
• Key Informant Interviews with companies running water systems, personnel at schools and health clinics, line ministries, district government, and WASH committees
• Community Group Discussions with community members by gender, students members of WASH clubs (at the presence of their teachers), and with health personnel and promoters.
• Household survey per project locations and for a representative sample of project locations. Sampling was scales are provided for in Annex 2 Table 1
• Direct observation of the state of the facilities and communities in schools and clinics, at water sources, and ODF status in the communities
• Desk review of project monitoring data and key statistics, including key statistics at the regional level on water-borne diseases and weather outcomes
• Review of the photographs taken on project locations

Our approach to validity of findings relies on systematic triangulation of data sources representative of locations, intervention type, stakeholders, and beneficiaries. We have sampled the CGDs, KIIIs, and a HH survey to cover the four project regions of Awdal, Bari, Galgaduud, and Lower Juba. The survey is not statistically significant, but represents all project locations through random sampling. For each finding, we triangulated with and compared information from other data sources. We report on whether the finding comes only from one project location or from multiple regions. We have created data collection tools for each stakeholder and beneficiary category based on the logic and context of the intervention and the context. We have used opinions and data from UNICEF and IPs. However, we see the real value of the evaluation in allowing perspectives from beneficiaries and stakeholders to emerge.
The evaluation is theory-based. The evaluation has used the project logic as its analytical framework for data collection and analysis in the form of result areas to collect data on, and hypotheses on the validity of the original TOC. The theory of change functions as a map of the causal connections between the project and social change.

The evaluation combines the thematic analysis along the OECD-DAC criteria and TOC and a comparison between key performance indicators between similar control and treatment locations. The evaluation compares project activities and outcomes between a set of communities and water sources (but not schools and clinics) that the project reached with nearby communities in the same district that the project did not reach. Comparing locations from the same district ensures comparability in all environmental and socio-economic trends.

We have designed the evaluation with the inputs of the primary users, collected data from all relevant stakeholders and beneficiaries, and allowed UNICEF staff to challenge the findings. Table 7 clarifies how each stakeholder category contributed during the evaluation on three dimensions:

- During inception, providing inputs on the focus of data collection and analysis, which makes the evaluation more relevant to them
- During data collection, hearing their side of the story
- During analysis, participating in making sense of the findings and providing feedback on them.

UNICEF Somalia is the most important user of the evaluation, and has, therefore, been involved at all stages of the evaluation. At the time of the proposal, we had planned to hold a sense-making workshop in Nairobi on the preliminary findings of the evaluation. However, by implementation time, UNICEF Somalia had moved to Mogadishu. We recognised the Somali government, project implementing partners, and the donor as important users of the evaluation, and involved them at the inception phase. During data collection, we prioritise data collection with the direct and indirect beneficiaries, and grassroots stakeholders.

Table 7 Participatory character of the evaluation by stakeholder category

<table>
<thead>
<tr>
<th>Stakeholder category</th>
<th>Inputs in evaluation design</th>
<th>Consulted during data collection</th>
<th>Inputs during Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Somalia staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Somali State Governments</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Implementing Partners</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Teachers and doctors ✓

Private companies providing water ✓

Communities ✓

SIDA (donor) ✓ ✓

During inception, the UNICEF evaluation manager suggested against incorporating the core-commitment to children (CCC) or other right-based approaches in the evaluation.

5.3 Data sources

We have collected data from eight different sources. This gives us flexibility in choosing the right sources for triangulation on any given question, and allows depth by combining more perspectives. Table 8 presents an overview of the data sources, and their rationale.

Table 8 Overview of data sources

<table>
<thead>
<tr>
<th>Data source</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature review of programme documents</td>
<td>It captures the perspective of UNICEF staff, records well over time achievements and changes, and provides a detailed overview on all aspects of the projects. It provided initial ideas and findings, which we crossed with interview and survey.</td>
</tr>
<tr>
<td>Literature review of publicly available information</td>
<td>It captures additional data on conditions in Somalia, usually at the regional level. It provides an objective overview of the broader trends, which the project aims to influence, for example the burden of disease in Somalia.</td>
</tr>
<tr>
<td>Survey of beneficiary</td>
<td>It provided quantitative data at the outcome and impact level for a small sample of Somali HHs in all project location, for the treatment and control group. We used it as one of the points of our triangulation for outcome and impact, together with public information on burden of disease and interviews and FGDs with direct and indirect beneficiaries.</td>
</tr>
</tbody>
</table>
FGDs with direct and indirect beneficiaries

It provided qualitative data at outcome and impact level, and explores the opinions on why the change happened or did not happen. We conducted them for a treatment and control group in all project locations. It was particularly useful for contribution analysis.

Interviews with water companies

They capture the experience of the private sector in working with the project, UNICEF, and the Somali government, and in interacting with communities.

Interviews with Somali government officials

They capture the experience of the public sector in working with the project, UNICEF, and the private sector, and in interacting with communities.

Interviews with UNICEF Somalia staff

They capture the perspective and insights on the factors inside of UNICEF, which were relevant for the project. They are one of the points for triangulation on most questions.

Interviews with key implementing partners

They capture the perspective and insights on direct experience of the implementing partners, including working with UNICEF. They are one of the points for triangulation on most questions.

The evaluation team opted for a convenience sampling that allowed a fair and random selection, but also flexibility to adapt to the volatile situation of the areas. We have classified communities according to their number of HHs, and targeted 4% of the HHs in the smaller communities (below 500 HHs) and 1% for the larger ones (above 3,000 HHs). We have conducted the survey only in project locations, but have included control group locations in the community group discussions. Table 9 presents an overview of the control group.

**Table 9 Overview of the control group locations for the community group discussions**

<table>
<thead>
<tr>
<th>Location</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kismayo</td>
<td>Community of Gobweyn, which is 15 Km away from Kismayo on the bank of Jubba river. The community includes 700 HHs (verified with the head of the village) with one health facility (Gobweyn Health facility) and one school (Gobweyn Primary School). No challenges reported. We had made prior arrangements by calling the head of the settlement, so they welcomed him. Overall, they helped as much as they could.</td>
</tr>
</tbody>
</table>
### Galgaduud

We visited Towfiq Community, which is a community of 600 HH with two schools: Salman Al Farisi Primary and Secondary, one borehole (Jafanjef Borehole), and a hospital (Iye Hospital).

Challenges: The communities in the areas refused to speak to our team stating ‘We are constantly being asked for information (data collection) from multiple different NGOs and humanitarian organizations and they never receive anything in return.’ However, our team eventually was able to move through the community.

### Awdal

Community Name: State community, with more than 4500 HHs. There was only 1 school, which was not in operation, as the teachers had not been paid. There were no medical facilities for this community.

Our team experienced severe push back in this community, which would only participate and allow us to look around the district if they were paid.

### Puntland

Community name: Washington or Boqolka Buush, which was a community with almost 200HHs. This community did not have any schools or health facilities (they would have to travel far to attend). Because of lack of water, health facilities and schools, and very poor roads, the questions were not relevant and the team had push back from the community.

### 5.4 Notes on data collection

#### 5.4.1 Kismayo

The majority of ADRA’s implementation sites were within urban boundaries. With improvements to infrastructure in the area, moving to and from the sites was relatively easily. The two principal sites evaluated – Fanole and Beder were in urban settings. Additionally, we visited an IDP camp in Kismayo to gain a better contextual understanding of the project.

The security situation in Kismayo has greatly improved over the past 2 years. The team did not report any security incidents. The improved situation, however, has doubled the cost of accommodation and transport throughout the city. ADRA maintained strong oversight across the entire implementation of the project and had established relationships with the communities, schools and MCH in which they had worked with. Our field teams were from the region and did not experience any clan issues.

#### 5.4.2 Galgaduud

In Galgaduud, we visited Dhusamareb and Guriel. Dhusamareb is the capital of the region and has a fair amount of infrastructure. Guriel, the second largest city in the
region is approximately a half days drive from Dhusamareb. At the time of this evaluation, the roads between Dhusamareb and Guriel had been cleared of ‘unauthorized’ checkpoints led by nefarious groups, including Al-Shabab. Visiting the ‘community’ sites within both cities made data collection easier. Because of improvements in infrastructure, movement for people in general has been greatly improved.

The security situation in the two cities appears to have improved at the time of the evaluation, even though they are still known as attack zones and areas of support for Al-Shabab. The team in Galgaduud reported low levels of threats. Principal issues were requests for monetary compensation in return for participation in the survey. The team did not accept, and moved to different households.

In Galgaduud, a large number of international NGOs, such as NRC, and other humanitarian organizations operate in the areas. The need for basic humanitarian services is significant, and demarcating clearly the catchment area of projects is challenging. Our field teams were from the region and did not experience any security problems.

5.4.3 Puntland
In Puntland, the project locations were spread over large distances, more with a day’s worth of travel from each other’s. Compared to sites visited in Galgaduud and Kismayo, roads in Puntland were less developed. The locals viewed the SHILCON’s team favourably. Our field teams were from the region and did not experience any clan issues.

We also experienced significant security issues in Iskushuban Town and avoided Timiriishe, which limited the team’s movement. The nature of the security threat in Puntland has increased over the past 12 months. Iskushuban and in Timiirishe are strongholds for ISIS leadership in the region. Iskushuban in particular has the largest and most sophisticated ISIS structures - particularly for weapons storage and training of fighters. Puntland also experiences high level of on-going piracy and other nefarious groups, each controlling ‘areas’ of the region. Our team put in practice mitigation measures, which involved changing hotels throughout their stay in the city to avoid setting a movement pattern during the stay, employing armed security, and limiting the hours for data collection. Additionally, the team avoided referencing the names of our international client at any point during data collection, except where the field team felt it was OK to do so, changed travel routes to avoid going through a place more than once, kept the vehicle close to the team at all times, and constantly worked as a pair.

5.4.4 Somaliland
Project locations in Somaliland were in rural areas, which are a challenge to reach. The quality of roads were largely poor. Connectivity to basic telecom networks was non-existent. Of all four locations, our team in Somaliland took the longest to conduct their evaluation as a direct result of geography. Our field teams were from the region and did not experience any clan issues.
The team in Somaliland experienced medium level of threats when undertaking data collection for the control groups, including threats of physical assault. This was in response to a lack of humanitarian intervention in the area and yet being asked to participate in the data collection. The locals also targeted for money in return for participation. In the end, we gave the village elder a small amount of money in order for the team to be able to pass through.

5.5 Limitations of our approach

Our findings are not-statistically significant. This means that we do not take any of the signs of outcomes on their own, or as definitive proof of what they assert. Rather, we build a case based on their connections and together with UNICEF’s reflections on their meaning in the context.

Our comparison at the regional level is not perfect. At times, we rely on data aggregated at the regional level to tell something about the scale of the project contribution. For example, we compared the cholera rates for Lower Juba and Middle Shabelle. The two districts started out with similar cumulative caseloads in December 2017, are in South-Central Somalia, and received moderate rains in 2018. However, we are aware that the two locations are different for what concern the environment and economy, which means that our comparison is not conclusive.

We have not been able to respect perfectly the initial plan for sampling, because of the security situation in Puntland and backlash from communities in remote locations in Somaliland. However, we are confident that the data we collected is more than adequate for an approach based on triangulation of findings.

We received limited information on budget breakdown from the implementing partners. We received budget data broken data by items only from NRC. As such, we have not been able to provide a cost-effectiveness analysis for all implementing partners. We present the case of NRC as a case study.

5.6 Ethical issues

The evaluation has not been subject to a UNICEF ethical review during inception. Nevertheless, we have put in place an approach to ethical issues.

There was no potential or actual conflict of interest amongst the evaluation team members conducting this evaluation. No team member was involved in developing or managing the UNICEF WASH project.

The evaluation has followed the UNEG Norms and Standards as well as the UNEG Ethical Guidelines for Evaluation, in particular:

- Informed consent - Stakeholders and any person participating in the evaluation has been fully informed about the evaluation’s purpose, how the findings will be
used and how to access the findings. We had included this explanation in the protocols for data collection (see annex). Based on this information, the interviewee/FGD group participant has made an informed decision on whether or not to participate in the evaluation. In the case of the KIIs, we assumed the interviewee’s consent, if they accepted the invitation for the interview. At the meeting, we have explained and sought consent on the interview protocols and confirmed the identity of the interviewee. With respect to the FGDs, the facilitator of the participants’ has asked the participants for consent and willingness to attend verbally.

- Voluntary participation – We have informed all participants that they were free to withdraw their participation from the evaluation at any time without negative impact
- Do no harm - We designed the evaluation to not harm participants or people potentially affected by the evaluation. Every effort has been made to avoid pain, stress, anxiety and invasion of privacy for participants. We have informed participants that they can refuse to answer any particular question. The evaluation will avoid assessments of individuals and presenting facts of easily traceable cases in an abstract form to protect participants
- Anonymity and confidentiality: The evaluation team has treated the information from participants as confidential, and has taken steps to ensure that confidential information cannot be traced back to the source. Minding the security situation in Somalia, we have presented the numbers of beneficiaries interviewed from each locations, but not the names of individuals.
- The Evaluators have pledged not to share information linked to one individual outside the Evaluation Team

We have also adopted measures specific to this evaluation:

- We have not interviewed children younger than 16, and interviewed them in the presence of a teacher in the background (without opportunity to participate, in case of issues arising, but out of earshot, to help participants feel comfortable that they will not be penalised for their views).
- The evaluation team had both male and female facilitators who can conduct such FGDs in Somalia which are appropriate by gender
- Facilitators of FGDs will ensure that the views of all in the group are respected.
6 Findings

6.1 Relevance

6.1.1 Does the project suit the needs of the target groups?
In general, stakeholders found the project highly relevant in tackling the problems of access to water, sanitation and hygiene.

- In Galgaduud, the project tackled priority needs, as the community had no access to clean water sources and many people had no awareness of the importance of hygiene. Most people depend on water from boreholes, shallow wells, and rainwater. Water quality is poor and there is no water treatment or storage facilities. Water is also not sufficient to cover the needs of the people and livestock, especially during the dry season. There was a shortage of sanitation facilities. Existing latrines did not have seats or water to flush. There was no common waste pit or collection in the district. People threw garbage outside on the street. Children often got sick due to waterborne diseases. According to a government official, the main priority was health, but water was second.  

- In Bari, lack of water, sanitation, and hygiene was a major concern in the community. The previous water source was far away: 3km. In one community, only two out of the eleven available toilets were working. The community had no taps, sinks, or shower. This was a challenge for the community, especially the elderly. Many children suffered from water borne diseases.

- In Lower Juba, prior to the installation of water supply systems by the project, the local MCH lacked a source of drinking water, as an existing well had washed out, a pump broke down, and there was no tank to store water. To get water the facility bought water from remote areas, which was not enough to clean the toilets and hospital facilities. Households in the communities often had no water connection. There is only a shallow well. In most areas, if available it is saline. Kismayo town has no sewerage system. Open defecation is happening. Hygiene and sanitation interventions were very relevant for the huge population, children in schools, pregnant and lactating women visiting the health centre.

- In Awdal, the community got water from wells, rainwater, and boreholes. Adults can access if they have donkeys. Elderly and kids cannot take the water from the well with their hands. Community, both IDPs and minority groups, did not have enough money to buy clean water for drinking. Water used to be far away.

6.1.2 Was the project designed in a participatory way, based on evidence, and adapting to the context?

28 KII NRC beneficiaries in Referral hospital, Galgaduud - Dhusamareeb  
29 KII Iskushuban Hospital, supported by SHILCON
UNICEF designed the project using evidence, aligned with the SIDA global strategy, federal and regional development plans, and included stakeholders and beneficiaries. UNICEF Somalia designed the project based on evidence gathered over the years leading up to the project. It flowed from the UNICEF Somalia country programme 2011-2015, and the evaluation of its former programme, which was conducted in 2013. Additionally, in 2014, SIDA commissioned a WASH scoping study highlighting priority areas and strategies for WASH in Somalia, which, together with other studies such as the 2006 and 2011 MICS, informed the design of the project. At the start of the project in 2015, UNICEF conducted a national KAP baseline on WASH needs in Somalia to strengthen the project design, which led to an inception report. Upon sub-contracting, each IP conducted public consultations with representatives from the line ministries, the communities and their representatives, and other stakeholders. Two IPs conducted their own KAP baseline surveys; SHILCON in Iskushuban District in Puntland and NRC in Guriel and Dhusmareeb in Galgaduud region of Central Somalia.

The project fitted within the SIDA Somalia Country Strategy 2014-2017, aiming at improving access to clean drinking water, strengthening government institutions at all levels, and to contributing to gender equality.

UNICEF further ensured compatibility and complementarity with objectives and priorities of the Somali Government. UNICEF supported the WASH component of the Federal National Development Plan 2017-2019 (NDP), the first national level strategic plan crafted by the Federal Government of Somalia (FGS) in over 30 years, which intends to increase drinking water coverage to 63%, and ensure that 70% of the population lives in an open defecation free environment. Besides aligning with the federal level plans, UNICEF, together with other international partners such as SIDA, DFID and USAID, developed a rolling work plan for 2 years with the Government in Puntland, to stimulate government ownership and leadership. The project is also complementing the ongoing Go-to-School (G2S) initiative by the Somali Government and supported by UNICEF to promote menstrual hygiene management in order for girls to stay in school. Regarding government participation:

- In Kismayo, Jubaland, South Somalia, the Ministry of Education and Ministry of Water identified the water sources in consultation with the community and indicated locations for the drilling of new shallow wells
- In Central Somalia, the local authorities participated in project design and selected sites through community consultation. They explained that the project was based on government policies and government representatives had suggested what interventions should be prioritized (hygiene promoters, distribution of hygiene kits and mobilisation through media)
- In Puntland, Bari region, Iskushuban, the Ministry of Public Works explained that the project covered priority concerns for each district. The government officials were part of the project from the start until the end. The government set up a committee to do research about availability of water
- In Somaliland, SHABA Water Company was part of the PPP that provides water in Borama town, in Awdal region. Representatives explained that some people
resisted the project because they accuse the company of making money out of the project. This resulted in a lower level of participation by community beneficiaries during the inception of the project.

In Somalia UNICEF is cluster lead of WASH and Nutrition, which ensures that priority areas are covered and no duplication happens among implementing agencies. Hence, project locations were chosen based on evidence of water scarcity and burden of water-related disease, and through the Joint Health Nutrition Programme (JHNP) a multi-partner programme that started in 2012. This enabled integrating the WASH support with support in nutrition and health sectors.

UNICEF aimed to address gender in all stages of the project cycle. UNICEF aimed to identify gender gaps during the planning phase; different needs and priorities of women, men, girls, and boys arising from gender roles, and inequalities in access and control over water sources. In the implementation stage, they meant to involve women and girls in the WASH committees. The project had gender-sensitive activities. For example, in the project proposal and the Partnership Agreements (PCA), results are already gendered: “CLTS reduces risks for girls/women”; and “increased access to water automatically contributes to gender equity.... because girls/women are mostly burdened by water fetching.” Nonetheless, we did not observe gender disaggregation in the UNICEF and IPs log-frames and they did not include gender sensitive WASH indicators. Part 2.3 of the PCA format requests IPs to describe gender sensitivity and all partners explained that interventions in relation to schools included a Menstrual Hygiene Management component. However, partners and UNICEF did not report on the progress of these intended results. SRCO is an exception, as it included an indicator on training teachers on MHM and explained that staff was mixed F/M, how it ensured women were included in planning, and that they used a quota of 20% of community mobilizers, which were female.

6.1.3 Are the programme activities and outputs consistent with the overall goal and intended impact?

The Project’s approach to combine new water resource developments and rehabilitation and upgrading of existing water system is a reasonable approach to reach more people in a cost-effective way. The project selected mixed types of water resource developments: drilling of boreholes and shallow wells; rehabilitation or upgrading of boreholes and shallow wells, which included replacing diesel run pumps with solar powered pumps; and establishment of subsurface dam and rainwater catchment systems for the schools and health centres. Each technology has advantages and disadvantages. Successfully dug boreholes provide a large volume of water for a longer period. Borehole water is less likely to be contaminated, once water is tested for human consumption. However, the development of borehole is costly, as it comes with high risks of boreholes not containing enough water or water not being fit for human consumption. Additionally, it required the capacity to conduct detailed hydrological studies. Developing shallow wells is less costly. However, the water resource may deplete.
Monitoring of water quality was a weak element in the Project. Considering that the project targeted some communities hit by cholera outbreaks, the project should have had strong activities to monitor the delivery of safe water. The results of KII with WASH committees indicated that in only two out of twelve cases professionals tested wells. In
some cases, the WASH committee tested the water. In others, it was not clear whether the water was tested. One government officer reported that Somalia does not have a national water quality standard and regulatory requirement for quality monitoring. Additionally, the KAP survey shows that at baseline only 20% of households in Somalia used recommended water treatments, such as treatment tablets or boiling of water\textsuperscript{20}. Some WASH Committees encouraged household water treatment, such as the use of chlorine, as part of sanitation trainings. However, water treatment tablets cannot substitute for water quality tests at the source in delivering safe drinking water, especially in rural areas where tablets are not available.

**We confirmed that stakeholders and beneficiaries are satisfied that the installation and replacement of diesel-run pumps with solar pumps was appropriate.** Initial installation costs of solar powered pomp are higher than those of diesel run pumps. However, solar pumps require less maintenance and lower running cost, such as fuel. If properly installed and used, the lifespan of solar pump can be more than 10 years and bring sustainability to the water supply systems. In addition, a solar pump is climate friendly, which does not release any CO2 emission, unlike diesel run pumps.

![Figure 10 Water pump and a water tank](image)

**Public Private Partnerships (PPP) for water service delivery are working well, and appropriate.** UNICEF built on pilot cases \textsuperscript{31} for developing PPP models of water service delivery in Somaliland and Puntland\textsuperscript{32}. Companies selected for PPP model in the project had proven records of accomplishment in service delivery. Tripartite agreements among the government, local municipality and the Water Company on service delivery including

\textsuperscript{20} UNICEF_WASH KAP Survey Somalia_ report Far sight Africa Final v3

\textsuperscript{31} [https://www.unicef.org/wash/somalia_55308.html](https://www.unicef.org/wash/somalia_55308.html)

\textsuperscript{32} Final evaluation report on UNICEF’s programme “making PPP work for rural water supply in Somalia” November 2012
tariff setting existed before the project. For example, in Borama, SHABA Water Company had been serving more than 8,800 connected customers.

**Figure 11 Offices of water companies**

**The CLTS approach was appropriate.** At baseline, the KAP survey revealed that about 30% of the population in Somalia practiced open defecation. The rate of open defecation is higher in Nomadic group (59%) and in South Central Somalia (39%). Prior to the project, UNICEF had been successful in reducing open defecation in Somalia through implementation of CLTS. By 2014, self-declared ODF communities reached 144 from zero. UNICEF had established a Somalia ODF Protocol. Interviews from the WASH/ODF committee members confirmed that beneficiaries and stakeholders continued to appreciate the CLTS. All of the interviewees responded that WASH/ODF committees discouraged open defecation despite some challenges committees faced such as resistances, threats or non-participation to the activities by the community members. Since CLTS approach is to trigger community themselves to raise awareness and take action with their own initiatives, the results would be long lasting as many committee members indicated they continue monitoring the activities.

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33 From interview to officers of UNICEF Somaliland and Puntland

34 Public water utility verses private, the case of Burao and Borama, Somaliland: a comparison of PPP and semi-state utility management models, F. Hashi, D. Johnson & S. Kemoh, 2016

35 WASH Field note December 2014, CLTS in fragile and insecure context: Experiences from Somalia and South Sudan
6.2 Effectiveness

We present here an overview of findings from outcome harvesting and contribution analysis. Box 2 provides a summary of the project outcomes. In Annex 5 and 6, we append the full lists of signs of outcomes and of the contribution analysis.

<table>
<thead>
<tr>
<th>Outcome 1 - Increased use of gender-responsive WASH services, water sources sanitation, and decrease use of harmful practices, ODF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2 - Establish enabling protective environment, use of upgraded management system to deliver WASH services, with clearly defined roles and responsibilities</td>
</tr>
</tbody>
</table>

**Box 2 Project outcomes**

We have collected initial signs of a qualified positive change on rates of water-borne disease in Galgaduud and Awdal, and weaker performance in Bari and Lower Juba.36 Members of WASH committees in Jubaland and Galgaduud are positive that the people, and especially children, have been getting sick less frequently, because of the project.37 Similarly, participants to CGDs across Somalia reported a positive reduction in the rate of water-borne diseases.38 UNICEF staff reports that Bari had much lower rates of cholera prevalence compared with the similar district of Garowe, also in Puntland.39 However, CGDs and the HH survey contested this assessment for Jubaland, as they have not seen any improvement on this dimension.40 The HH survey, which is not statistically significant, reports that respondents have seen an improvement of the WASH situation for Galgaduud and Bari, but not for Lower Juba.41 In Lower Juba, half of households report that the quality of the water is low, and makes people sick. We confirmed this by looking at the secondary data on cholera cases collected by the WHO, which shows that Lower Juba and Kismayo in particular were one of the epicentres of the cholera epidemics since December 2017. We compared regional cholera rates for Lower Juba and Middle-Shabelle, as they had similar cumulative cholera cases in December 2017. Lower Juba performed worse than Middle Shabelle. The comparison is not perfect, as Lower Juba receives on average more rainfall than Middle Shabelle. However, it is a first

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36 Triangulation of KIIs, CGDs with members of the WASH committees and the general population. We note that the information is largely based on personal judgement, as we have not found any before-after surveys with control for confounding variables

37 KIIs with members of WASH Committees

38 CGDs with community members

39 KIIs with Unicef staff

40 KIIs with members of WASH Committees

41 The HH survey does not extend to Awdal
sign out that the project did not have the scale to make a difference at the regional level.\textsuperscript{42}

**In 2018, cholera cases were lower than in 2017 across Somalia, which is likely due to other factors.** The WHO conducted an oral cholera vaccination campaign in 10 high-risk districts in 2017 and 2018 across Somalia. WHO is also working with the Ministry of Health (MoH) to respond to the cholera outbreak, including case management, surveillance and laboratory investigations and water sanitation, hygiene (WASH) and risk communication.\textsuperscript{43}

**We collected initial signs of an increase in children’ and girls’ school attendance in Lower Juba, but not in Puntland or Galgaduud.**\textsuperscript{44} The integrated approach of supporting WASH in schools targeted children with water and WASH services. Respondents reported two pathways to this change. Before the project, school-going boys and girls had to walk far distances to fetch water. Now, they can lose less time in fetching water and can spend more time on their studies.\textsuperscript{45} Additionally, healthier children spend more time at school. Our survey confirms that the first pathway is operational for Lower Juba, but not for Galgaduud and Bari. The survey reports that children do most of the water collecting in Lower Juba, but not in Galgaduud or Bari. In Galgaduud, the majority of households did not collect water, which is likely because the project locations were in urban areas reached by tap water. In Galgaduud, only IDP households reported that they collected water. In their case, the adults did most of the collecting. Bari shows a similar situation: mainly adult men collect water. Contrariwise, the survey confirmed that mainly children got sick across Somalia, and that half of the HHs in Lower Juba had at least one HH member who got sick during the past 12 months. HHs in Lower Juba reported cases of cholera and diarrhoea, but those in Galgaduud reported mainly malaria, cold, and typhoid.

**The programme achieved its objectives with a six months’ delay.** By April 2018, the original end-time, the project was lagging behind on outcome and output indicators.\textsuperscript{46} It had met targets for only three output indicators: setting up solar powered water supply systems, setting up the water supply system in Borama, and rehabilitating WASH systems in Schools. Contrariwise, it had not met targets for constructing shallow wells, sub-surface dams, and boreholes, rehabilitating WASH facilities in health facilities and reaching ODF status. In 2017, during the pre-famine emergency of 2017-2018, UNICEF re-programmed part of the resources to the L-2 humanitarian response, and reduced most targets for the WASH project. In April 2018, SIDA granted UNICEF a no-cost extension to December 2018. By the latter date, the project recovered lost time and

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\textsuperscript{42} However, the comparison is not perfect as the two regions have a different geography and economy

\textsuperscript{43} Desk review of publicly available information

\textsuperscript{44} Triangulation of KIIs, CGDs with members of the WASH committees and the general population. We note that the information is largely based on personal judgement, as we have not found any before-after surveys with control for confounding variables

\textsuperscript{45} KIIs with government staff

\textsuperscript{46} Desk review of Unicef project documents
achieved all objectives, with the exception of the approval of the WASH policy, which is still under consultation.\footnote{KII with Unicef staff and IPs}

The project contributed to improved availability of clean water in South Central region and Somaliland, and to a lesser extent in Puntland.\footnote{Triangulation of KIIIs with Government counterparts, IPs, Unicef Staff, and WASH committee members} Ten out of eleven student WASH clubs reported that, after the project, their school had more water available.\footnote{CGDs with students in the WASH clubs: five CGDs reported water shortages before but not after the project, two that they never had problems, and three that water shortages happened after the projects} Using CGDs, we compared communities reached by the project with communities just nearby (control). 65\% of treatment CGDs reported that water availability had improved during the period of the project, compared with 22\% of control CGDs.\footnote{CGDs with community members} Direct observation and KIIs at health clinics revealed that all five now have water through solar, wells. Three out of five facilities reported that the project increased water availability. However, two clinics still face periodic water shortages. Members of WASH committees reported that water availability improved in all locations, except in Bari.\footnote{CGDs with members of WASH committees} A drought affected the project region of Bari in Puntland. Coincidentally, the project cancelled the construction of a borehole in the region, and focused more on sanitation (with the exception of Borama town).\footnote{KIIIs with Unicef staff, IPs, and members of the WASH committees} However, in Lower Juba, the survey shows that a third of HH in lower Juba received water of low quality. Additionally, more than half the HHs in Bari and Lower Juba reported that water makes people sick.\footnote{HH Survey. Only a small minority of HHs reports the same problem for Galgaduud.}

Additionally, the mini water system in Somaliland proved resilient to the 2018 cyclone. In Somaliland, UNICEF established a mini-water system, which did not connect to the general water supply system. A mini-water system is a shallow well or borehole connected with pipes to schools, health centres, or water kiosks. The mini-water system could provide water to those affected by the 2018 cyclone.\footnote{KIIIs with UNICEF staff}

Our contribution analysis (Figure 12) highlights positive contributions by the project by selecting the right IPs, collaborating with PPP schemes, using effectively solar energy, integrating WASH in schools and clinics, and adding awareness raising through WASH committees. In particular:

- Rainfall conditions have played a role. During much of 2017 and 2018, rainfall was below expectation. In the second half of 2018, Lower Juba, Galgaduud, and Awdal recovered and experienced light to moderate rainfall. However, there was no rainfall (Deyr) in most of Puntland. The project relied too much on...
shallow wells, which run dry during drought periods or produce sour water unsuitable for drinking.  

- PPP schemes reduced the costs of building and running water sources, and provided water at affordable costs. Most companies report that they will reduce prices in response to expanding service coverage. Shaba, a successful company in Borama (Somaliland) has long-term cost-recovering schemes to spread installation costs over monthly water tariffs, and often consult communities on the price of water. In Puntland, the government intervenes in setting the price of water. The companies still in operations receive their profits, at least partly, from businesses and communities, whereas the ones that relied exclusively on donor and government contracts have since closed operations.

- Solar energy worked effectively in providing energy at low running costs, without creating higher maintenance burdens to companies, health facilities, and schools. Solar energy has a different cost-structure compared to fuel-based power sources: installation costs are higher, running costs are lower, but there might be costs related to importing spare parts not available in Somalia. Currently, the latter does not appear a major concern, perhaps because the facilities are still recent. However, IPs reported that UNICEF faced challenges in sourcing and delivering parts for installing solar energy system: this might become a problem in the future.

Figure 12 Contribution analysis for water availability.

55 KIIs with IPs and UNICEF staff  
56 KIIs with companies  
57 KIIs with companies  
58 KIIs with companies, health clinics, and schools  
59 KIIs with companies and IPs  
60 KIIs with IPs  
61 We shade in pink the UNICEF-controlled factors, and in the external factors outside of its control. We divide the factors between those that contributed to change, and those who prevent it (contradicting)
Political challenges in defining ownership and location of water sources, the rise of ISIS, and the focus on shallow wells prevented the project from expanding water sources in Puntland.

- IPs faced challenges in negotiating political processes for determining ownership and location of new water sources in Puntland. Additionally, the relationship of the IPs with authorities was a challenge in Galgaduud, where governance arrangements were weak or unclear. We have also collected signs that the Ministry of Water was overwhelmed by its monitoring and facilitating tasks during the 2017 drought.\(^\text{62}\)

- The technical capacity of local contractors in building and rehabilitating water sources, such as boreholes, water tanks, piping, water was variable across Somalia.\(^\text{63}\) This combined with the lack of effective capacity in UNICEF to monitoring of the quality of constructions effectively, as UNICEF staff could not visit the project sites due to security and logistical challenges.

- ISIS has expanded its presence in Puntland during 2018, which has been a challenge for project activities there.

- Water testing and treatment is uneven in Somalia. Water companies are responsible to run first tests, which the government monitors. They have, however, different capacity in Somaliland, Puntland, and South Central regions. Chlorine tablets are available in Somaliland, but not outside central Kismayo in Lower Juba.\(^\text{64}\)

We have collected signs that availability of toilets and hygiene improved in most locations, with, however, persisting problems in keeping WASH facilities clean and free of rubbish and faeces.\(^\text{65}\) Members of the WASH committees reported that sanitary conditions have improved compared with baseline, including in Puntland, where water availability was a challenge.\(^\text{66}\) Ten out of eleven WASH clubs report that sanitation has improved. 76% of treatment CGDs with community members reported improvement in sanitation, compared with 0% of control FGDs. Direct observation confirmed that latrines, hand-washing, and other WASH facilities in school, health facilities, and communities exist and are functioning.\(^\text{67}\) Additionally, in Puntland, the end-line survey reports that 75% of the schools have toilet facilities, which is up from baseline value of 10%. This finding is contested only for Bari, where CGDs and survey reports that toilet availability is a challenge.

\(^{62}\) KIIs with IPs
\(^{63}\) KIIs in schools and clinics
\(^{64}\) Direct observation and KIIs with UNICEF staff
\(^{65}\) Triangulation of KIIs with Unicef staff, IPs, WASH committee members, and direct observation
\(^{66}\) KIIs with members of the WASH committees
\(^{67}\) Direct observation
However, direct observation revealed that most toilets are dirty, and a substantial minority of water sources and toilets show signs of faeces nearby.68 This is truer for public toilets in the communities, but direct observation reported this, to a lesser extent, also for toilets in schools and hospitals.69 Toilets come commonly paired with handwashing facilities in health facilities, most of the time in schools, and almost never in the general communities.70

Figure 13 The quality of toilets on project locations was variable

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68 Across Somalia, 6 out of 8 facilities had traces of faeces near a water source. The enumerators would not drink the water from 3 out of 6 sources, as it is not available or dirty. In half of the schools observed, the latrines were not clean and in 3 out of 12 places there were faeces near the water source. In 5 out of 12 cases, the latrines had no handwashing station nearby.

69 Direct observation in health clinics and school

70 Direct observation in health clinics, schools, and communities
Under contribution analysis, the integration of WASH in schools and health facilities succeeded in targeting support to children and women, focusing on building awareness practices worked well, but only where running water and toilets were also available.

- The integrated approach of WASH-in-school and WASH-in-health facilities works well in targeting children, pregnant women, and mothers of small children with latrines that are cleaner and safer than the alternatives, and awareness of hygiene practices. The approaches also work well in leading to cleaner, better furbished, and better-built facilities, as public institutions have direct ownership on them, apply public standards, and have dedicated cleaning staff with regular shifts (unless they fail to pay them).

- The current approach does not adequately target children under-5, as the toilets are not suitable for children that small. This creates problems in disposing of their faeces.

- Providing orientation on hygiene practice through WASH committees in communities and schools worked well in raising awareness of hygiene practices, and leading to shame in behaving defiantly. However, it is ineffective when communities do not have latrines or running water, which makes it impossible to conform. The survey shows that a small minority of about 5% in each location had participated directly to the WASH trainings. The information appears to have however spread effectively in the communities.

- The approach showed weakness in enabling communities to keep their water sources and toilets clean. Respondents report different causes: lack of cleaning

---

71 CGDs with community members

72 Across Somali communities, we observed that 6 out of 8 water sources had signs of faces near the water source. The enumerators would not drink the water from 3 out of 6 sources, as it was not available or dirty. In Schools, in 6 out of 12...
products, lack of cleaning staff (or cleaning staff not being paid), and presence of rubbish in the streets, as the communities lack a centralised rubbish disposal system. In school, the WASH clubs take responsibility for cleaning classes and toilets. Health facilities often have paid cleaning staff. However, there is no similar mechanism for the wider communities.

- The approach worked well in getting communities to build and rehabilitate toilets. Quality of latrines has been variable, which depends on the resources and artisans available to the HHs to build toilets. We have collected signs of some toilets not being up to standards, or being in danger of falling down. We cannot say if this problem could have been averted with better monitoring from UNICEF staff.

In 2016, the project quickly triggered ODF status in the target communities. In 2017, most communities relapsed into OD as they faced lack of running water during the drought and influx of un-trained IDPs. In 2018, communities returned to ODF. Between 2015 and 2016, 39 villages in Somalia officially attained ODF status. In April 2018, the project reported that most communities had relapsed into OD because of a shift in focus on ensuring water availability as part of the pre-famine response, in-flows of IDPs who had not received ODF orientation, and lack of water for proper sanitation. By December 2018, the communities had recovered ODF status. In Puntland, 25% of survey respondents say they practice OD, against a baseline value of 80%. 61% of treatment CGDs report that hygiene practices such as hand-washing, banning OD, and cleaning cases, the latrines were not clean. Three out of twelve water sources had faeces near the water source. In health clinics, all latrines showed signs of faeces, as did two out five water sources.

CGDs with student members of the WASH clubs

We shade in pink the UNICEF-controlled factors, and in the external factors outside of its control. We divide the factors between those that contributed to change, and those who prevent it (contradicting).

75 Desk review of project documents
rubbish have improved, against 11% of control groups. However, 30% of treatment CGDs said that change was still not enough.

**We collected mixed signs of performance in improving coordination in the partner Government.** IPs and UNICEF points to establishment of the National Sanitation Task Force (NSTF) to coordinate actions as a success. In Puntland, the Ministry of Education (MoE) established a WinS unit with two dedicated staff members to support the rollout of WASH action. In Jubaland, MOMEW, MOH, MoEWR and MOE have functional WASH units, and coordinate their actions through joint reviews and information sharing. However, IPs report that coordinating with government was a challenge in Galgaduud, where it is not clear who the authorities are, and in Somaliland, where the Ministries of Water and Educated were fighting over resources and influence. The donor has remarked improvements in the capacity of Puntland and Somaliland governments (but not the national government) in procuring contractors for drilling boreholes, and monitoring their activities through engineers. The project contributed to this increase in capacity by engaging them as IPs in the project. However, respondents have also reported that partner Ministries have been overwhelmed by their supervisory tasks during the drought of 2017 and 2018

**We have collected signs of improvement in the enabling environment for WASH and PPPs for water provision.** In Jubaland, the provincial government established a framework and a draft contract for PPP schemes for water provision. The Puntland Parliament tabled a Water Act and Policy for review. At the Federal level, UNICEF hired a consultant and developed a WASH Policy and its implementation strategy including State-level consultations and validation by stakeholders, which are all completed. The policy is currently waiting Cabinet’s endorsement. The donor’s perception was that the delay was partly due to UNICEF’s own actions: as UNICEF firstly agreed to develop the WASH policy, then dropped it mid-way to work on a water policy, and completed the draft WASH policy only at the insistence of the donor. UNICEF, however, explained the Ministry of Planning, who was leading on the WASH policy, temporarily suspended work on the WASH policy because it was prioritizing the development of the National Development Plan.

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76 CGDs with community members

77 Triangulation of KIIs with government, Unicef staff, IPs, with Sida

78 KII with IPs

79 KII with the donor

80 Triangulation of KIIs with government, Unicef staff, IPs, and Sida

81 Desk review of IP reporting

82 Desk review of IP reporting

83 KII with Sida
The project approach to inclusivity was strong, with some challenges in ensuring that public toilets are accessible and that toilets have menstrual disposal bins. The programme reached IDPs in the South Central region and in Puntland with water provision and sanitation. In Puntland, this contributed to movement from nomadic people to reliable water sources in project locations. We had trained our enumerators in checking with direct observation whether toilets would actually be suitable for girls and pregnant women, as a check on the information reported by respondents, who might be male. The project approach to gender included that:

- Hygiene committees had sufficient female representation.
- In schools and health clinics, latrines are largely gender separated and accessible to girls, which exceptions for schools in the Galgaduud region.
- Schools ran a menstrual hygiene management training.
- Overall, UNICEF had disaggregate targets/achievement per gender in reporting. However, IPs did not always disaggregated their reports

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84 we shade in pink the UNICEF-controlled factors, and in the external factors outside of its control. We divide the factors between those that contributed to change, and those who prevent it (contradicting)
85 Triangulation of KIs with Unicef staff, members of the WASH committees, IPs, and direct observation. It is important to note that we provided the field teams with additional training on making assessments of latrines for inclusivity. Moving beyond looking for just ‘menstrual hygiene bins’, teams closely looked at potential barriers as users. For example, can a woman in later stages of pregnancy squat safely in the latrine? If a woman is menstruating, is there readily accessible water. For those with mobility issues, if the waterpoint was even within a 5 metre distance, how accessible would it be for them to fill a bucket and bring it to the latrine? Examining light inside in the toilet was also a key marker that they were trained to examine. Were the windows built into the latrines sufficient to provide light compared to the traditional small openings in latrines? If a user is difficulty seeing, does safety become a greater concern?
86 KII with IP staff
87 Direct observation of schools
• In the Health Centres, women while pregnant, lactating mothers and sick children easy access to clean drinking water due to the WASH project.

This is positive. However, contrariwise to the situation in schools and health facilities, public and private-shared toilets in communities were not gender disaggregated, nor well lit, and were located far from houses. They lacked privacy and security, and were inaccessible to children and, to a lesser extent, women. The category of people who could not access them the least were, however, disabled people. This is likely because the project approach in communities did not target women’ and girls’ needs separately, but assumed that toilets would benefit the entire community. Direct observation reported that toilets in schools, health facilities, or communities almost never contained bins for MHM.

The quality of UNICEF support to IPs was mostly adequate. In a few cases, the projects failed to build toilets and water sources to the expected standards. For example, the project designed a well to collect water from an aquifer, which was already in use. Additionally, some toilets were dangerous, and could have fallen down with strong winds. The lack of enough UNICEF staff to monitor the quality of the works in remote locations or high security risk locations is an issue. However, IPs in Puntland rated UNICEF support as very positive. On the delivery side, IPs reported that UNICEF failed to deliver part of the supplies needed for the project, particularly spare parts for solar panels. In Galgaduud, the project ended without UNICEF delivering the solar pumps.

6.3 Monitoring system

The project used a performance management system, which included:

- Targets set at the outset for each outcome and outputs indicator, which UNICEF revised during the re-programming of part of the funds to the humanitarian response of 2017-2018
- Quarterly visits to and report from the implementing partners, with key progress points and observations and recommendations
- A consolidated report from UNICEF to SIDA with overall progress against targets for outcomes and outputs, and constraints and lesson learned.

The performance management system created clarity on whether UNICEF was on track to meet its targets. The annual reports to the donor also include sections on possible causes of performance, which is valuable for learning and adapting. For example, the idea that drought conditions had made shallow wells less suitable than planned came from UNICEF’s own reflections in its reporting back to SIDA. However, the performance management system did not track gender-disaggregated data, and suffers from the

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88 Direct observation of latrines in communities
89 Triangulation of KIIs with government, Unicef staff, IPs, Sida, and direct observation
90 KIIs with IPs
usual problem that it answers to question “are we on track to achieve the targets”, which is different from the question “are we on track to achieve our objectives”? The performance management system reported data on facilities constructed, people reached, and communities trained. Instead, UNICEF objective was to make a change in the burden of disease linked to WASH. UNICEF could have filled gap between target and objective with biannual or annual case studies with a learning perspective on the actual pathway of change. Conducting a mid-term review would also have helped in learning.```
6.4 Efficiency

In this section, we present elements of cost-efficiency from reports and interviews, and present a case study of one IP on cost-effectiveness, as only one IP shared detailed budget information. Thus, assessing cost-efficiency and cost-effectiveness of the overall project has been challenging. Moreover, it is difficult to compare budget with final expenditure because UNICEF reprogrammed 23% of the budget towards humanitarian response. Were activities cost-efficient? (1 page)

UNICEF spent the project budget steadily through the years, but has spent 95% of the budget by the end of the no-cost extension (Table 10). UNICEF Somalia spent:

- USD 1,222,087 on fund transfers to partners, which constitutes 27% of budget
- USD 2,070,337 on project implementation, which included drilling of boreholes, and capacity building of Ministries in the different provinces (46% of budget)
- 11% of budget on direct project costs for procuring emergency supplies, transport, logistics, freight and insurance
- USD 1,228,305 on technical support and administration, M&E, staff travel, salaries and costs for Head Quarters (27% of budget).

38% of direct costs was in South Central, 39% in Somaliland, and only 6% was used on interventions implemented in Puntland. The unequal geographical distribution of funds is due to the number of districts involved in each zone, and additional support to the four-town project in Somaliland.

With regard to outcome 2, 7% of the budget went to Capacity building and WASH Policy development, which benefitted all zones.

Due to the pre-famine emergency of 2017-2018, UNICEF reprogrammed 23% of the budget towards humanitarian response activities.

<table>
<thead>
<tr>
<th>Date</th>
<th>Progress reports</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total budget</td>
<td>$ 4,753,981.44</td>
<td>100%</td>
</tr>
<tr>
<td>Used by March 2016</td>
<td>$ 751,155.54</td>
<td>16%</td>
</tr>
<tr>
<td>Used by March 2017</td>
<td>$ 1,823,460.49</td>
<td>38%</td>
</tr>
<tr>
<td>Reprogrammed</td>
<td>$ 1,100,000.00</td>
<td>23%</td>
</tr>
<tr>
<td>Used by March 2018</td>
<td>$ 3,746,089.92</td>
<td>79%</td>
</tr>
<tr>
<td>Used by December 2018</td>
<td>$4,520,728.47</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>South central</th>
<th>Puntland</th>
<th>Somaliland</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>$1,237,144</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UNICEF faced procurement and management challenges. Security and logistical challenges made it difficult to manage costs. UNICEF had to import materials for construction of water supply systems, which is expensive. Key spare parts were not available on the market, and the project had to depend on the private sector to bring these key spare parts into the country. IPs reported that UNICEF was unable to deliver spare parts for solar panels, and in Galgaduud, the project ended without the solar pumps. In Puntland, the challenge was the process of recruiting companies to undertake construction. Companies tendering for the activities often quoted such high cost that it took long to find a cost-efficient solution. Monitoring of project progress has been challenging for UNICEF due to the remote locations, and security issues. UNICEF employed three WASH staff in the regional office for Somaliland, which is appropriate for a project of this size. However, the WASH staff was responsible for a broader portfolio, and faced security and logistical challenges in accessing project locations, some of which were very remote.

6.4.1 Did the project achieve its objectives on time?
In its progress reports, UNICEF recorded information on delays in project implementation against the work plans. In some instances, UNICEF reported the reasons for the delays, but not the measures that it took to address the delays.

The project faced various external factors that caused delays in the implementation of activities. Firstly, UNICEF staff explained that security challenges hampered accessibility of areas, which delayed logistics and delivery of materials to the target locations. Secondly, reshuffling of key government line Ministries and staff hampered the implementation, as was the case for PSAWEN in Puntland and the Ministry of Water Resources in Somaliland. Thirdly, both UNICEF and IP faced political challenges in coordinating with local government about property and land rights in relation to locations where to drill boreholes. The politically sensitive discussions and lengthy process of siting and approving proper locations caused delays. Fourthly, the drought of 2017 and 2018, and pre-famine emergency caused delays to the project and reprogramming of budget and activities. However, the project managed to recover this lost time, and achieved its objectives by December 2018.

In Puntland, delays in water supply system construction were also caused by difficulties in identifying suitable sites for drilling. In one instance, this even led to the cancellation

<table>
<thead>
<tr>
<th>5%</th>
<th>$195,478</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>$1,293,424</td>
</tr>
</tbody>
</table>

91 Inception Interview SRCO
92 KII with UNICEF staff.
93 KII with IPs
94 Progress report March 2018
95 Inception Interview Drissa
96 WASH_RAM AR Reporting Output_Dec 2018_REVISED ccm
97 Inception Interview Derek and with NRC
98 KII with UNICEF and IP staff.
of the activity all together, as PSAWEN could finalise the work before the end of the grant.\textsuperscript{99}

Overall, construction companies had \textit{weak capacity}. For example, ADRA reported that in South Central zone that it had to adjust the site surveys conducted by the operators, since the majority of information turned out to be inaccurate. This resulted in a significant need for redesign, and affected the supplied materials, which had to be adjusted and re-approved through the procurement system.\textsuperscript{100}

In Somaliland, UNICEF contributed to the EU funded project to construct the water supply system in Borama town. The \textit{EU component aimed at building capacity} of the government in tendering. This process required time-intensive and careful monitoring to ensure transparency and minimise risks. The construction component funded by SIDA/UNICEF therefore encountered postponements until the tendering process was completed.\textsuperscript{101}

Besides the external factors, UNICEF Somalia experienced delays in its procurement, \textsuperscript{102} The \textit{contracting of implementing partners} at the start of the project caused a delay of about 6 to 12 months. UNICEF justified this by explaining that its internal risk management process focused on careful selection of partnerships.\textsuperscript{103} As such, it took longer than anticipated to identify low-risk partners that fulfilled the requirements. IPs and stakeholders have low levels of capability and access. Implementing partners mentioned they had faced delays in \textit{receiving fund instalments, delivery of supplies} by UNICEF, or \textit{approval of requests for amendments}.\textsuperscript{104}

\textbf{Communication with the donor was not always smooth and effective.} UNICEF has stringent financial management and supplier’s selection procedures, but the donor had the perception that UNICEF could have managed the grant better. The donor expected that the UNICEF country office shared financial information and invoicing for the next milestone payment timely and in details. However, it did not recognise the reality of UNICEF grant management. On contract signature, UNICEF country offices receive full payment from UNICEF HQ to smooth implementation. UNICEF HQ then follows up with the donor on financial reporting and invoicing.

On Selection of Implementing Partners, SIDA expected Selection through open tender, whereas UNICEF has procedures for selecting Implementing Partners from a database of pre-selected and screened implementers. Both procedures have potential to ensure efficiency, which leads us to conclude that divergent judgement on performance are due to proper communication from both sides.

Another major grievance of SIDA was about the process of conducting the mid-term evaluation, which in the end never took place. SIDA did not accept UNICEF’s argument that there was not enough time for conducting the mid-term evaluation, because of the emergency scale-up during 2017-2018. UNICEF, however, have a different perception on

\textsuperscript{99} progress report March 2018
\textsuperscript{100} Inception Interview ADRA
\textsuperscript{101} progress report March 2016
\textsuperscript{102} HYPOTHESIS 9, inception report MDF End Evaluation
\textsuperscript{103} Inception Interview SIDA. Progress report March 2016
\textsuperscript{104} Inception Interview SHILCON
the communication with the donor: staff argue that communication with SIDA was good and that they communicated project challenges and delays on a regular basis.

UNICEF Somalia experienced a strain in its human resources. During the pre-famine response, which lasted longer than initially anticipated and kept staff occupied, UNICEF prioritised the emergency response over the development project components. The shift from a development/stabilization program to emergency relief work and back again to development was a constant challenge in terms of coordination.\textsuperscript{105} It caused delays in the construction of two sub-surface dams, which could not be completed on time.\textsuperscript{106} Additionally, the move of the UNICEF office from Nairobi to Mogadishu resulted in staff turnover,\textsuperscript{107} which hampered continuity of communication to partners and the donor.

6.4.2 Was the project implemented in the most efficient way compared to alternatives?

The project has been largely cost-effective. The reasons for this are multi-fold. Firstly, with the same resources, the stakeholders agree that the PPP approach had greater reach, coverage, and impact that could have been otherwise achieved. It increased the covered areas far beyond the original target populations. This attracted attention of the government stakeholders and had a positive ripple effect on the development of water, health and sanitation policies and regulations.\textsuperscript{108} Secondly, the complementarity with other programmes and leveraging linkages with the EU and the JNHP was also seen as a way to be more cost-effective, providing holistic support to the Somali population.\textsuperscript{109} Thirdly, households used their own materials to construct latrines, without any subsidy or incentive/payment, making the achievement of ODF status cost-effective.\textsuperscript{110} Fourthly, stakeholders agreed that the introduction of solar powered pumps was a cost-efficient activity. In comparison, diesel run pumps have high maintenance costs and break down easily. Despite the higher cost of instalment, once installed, solar pumps tend to have little additional operational costs and are more durable.\textsuperscript{111}

On the other hand, the project has faced challenges in ensuring cost-effectiveness,\textsuperscript{112} mainly given the context of Somalia. UNICEF staff argued that having chosen such remote locations might not be the most cost-effective.\textsuperscript{113} They might have reached more results with less funds, in areas that are better accessible. However, the more remote areas also often have the highest need and least support by other actors. Thus, efficiency must be balanced with equity and relevance.

The end report by UNICEF shows that not all project interventions were finalised by the end of the grant, in part due to reprogramming for the pre-famine emergency. However, through a no-cost extension granted by SIDA, the project did achieve its objectives by December 2018.

\textsuperscript{105} Inception Interviews
\textsuperscript{106} Progress report March 2018, Activity 1.1.4
\textsuperscript{107} Inception interview Heile
\textsuperscript{108} Inception interview Drissa and with ADRA
\textsuperscript{109} Inception interview with ADRA
\textsuperscript{110} Inception interview SHILCON
\textsuperscript{111} KIs with UNICEF staff.
\textsuperscript{112} HYPOTHESIS 12 inception report MDF end evaluation
\textsuperscript{113} Inception Interview Derek, Puntland
From a cost-effectiveness perspective, using community-wide boreholes and systems was more expensive than supporting schools and health facilities, but also reached more users. Schools and health facilities were however a cheaper way to target women and girls. In South Central, NRC did not receive the solar pumps from UNICEF. They report that they have instead used the funds (USD 137,854) to reaching more communities with provision of water supply systems (13 instead of 6 communities). This might pose the question if solar pumps (with high costs) outweighs the increased reach of beneficiaries in emergencies.

The NRC project rehabilitated less latrines than planned as there was a higher need for building new ones. Instead of rehabilitating 21 latrines, they did 10, and they built 16 instead of 14 new triple latrines. Table 12 shows that rehabilitation had a lower unit cost than budgeted, while the cost for construction was higher than anticipated.

Table 12 Cost-effectiveness of case studies

<table>
<thead>
<tr>
<th>Provision of water supply systems in:</th>
<th>Budget</th>
<th>Target</th>
<th>Unit cost</th>
<th>Expenditure</th>
<th>Result</th>
<th>Unit cost</th>
<th>balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation of latrines</td>
<td>21,000</td>
<td>21</td>
<td>1,000</td>
<td>8,671</td>
<td>10</td>
<td>867</td>
<td>+12,329</td>
</tr>
<tr>
<td>Construction of latrines</td>
<td>81,729</td>
<td>14</td>
<td>5,838</td>
<td>97,146</td>
<td>16</td>
<td>6,072</td>
<td>-15,417</td>
</tr>
</tbody>
</table>

Table 13 shows that the unit cost per water supply system differ greatly due to the different types of systems used. For health facilities, NRC paid an average of USD 6,000 to 6,500 for a water storage system consisting of a water storage tank with pipelines. It paid an average of USD 15-16,000 for a rural community water system consisting of (rehabilitation of) boreholes. However, the community boreholes provide water to many more people, between 4,000 and 6,000 people.

Table 13 Comparison of unit costs per water systems

<table>
<thead>
<tr>
<th>Provision of water supply systems in:</th>
<th>Budget</th>
<th>Target</th>
<th>Unit cost</th>
<th>Expenditure</th>
<th>Result</th>
<th>Unit cost</th>
<th>Total</th>
<th>Number of beneficiaries</th>
<th>Difference in unit cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals, MCH and OPDs</td>
<td>61,890</td>
<td>10</td>
<td>6,189</td>
<td>65,992</td>
<td>10</td>
<td>6,599</td>
<td>8,278</td>
<td>7.97</td>
<td>410</td>
</tr>
<tr>
<td>Rural community + IDP settlements</td>
<td>181,200</td>
<td>8+3</td>
<td>16,473</td>
<td>137,726</td>
<td>4+5</td>
<td>15,303</td>
<td>25,200</td>
<td>5.47</td>
<td>-1170</td>
</tr>
<tr>
<td>Schools</td>
<td>72,871</td>
<td>7</td>
<td>10,410</td>
<td>82,570</td>
<td>7</td>
<td>11,796</td>
<td>3,278</td>
<td>25.1</td>
<td>1386</td>
</tr>
</tbody>
</table>

UNIT COST differed between what NRC budgeted and actually spent, which is to be expected in a volatile context. Some units were more expensive, for example, the water systems in schools cost USD 1,386 more than budgeted, while the provision of water systems in rural communities and IDP settlements were USD 1,170 USD cheaper than budgeted.

114 Progress report NRC Guriel and Dhusamared Districts
6.5 Sustainability

6.5.1 To what extent will the benefits of the project continue after donor funding ceased?

UNICEF set out an approach to achieving sustainability in its proposal to SIDA. It highlighted the project’s exit strategy as well as specific elements to ensure sustainability. It relied broadly on five elements:

- UNICEF proposed the use of renewable energy as a way to ensure sustainability from fuel-dependency, more specifically solar powered pumps needed to rehabilitate boreholes.
- Community ownership through the set-up of water-user and WASH committees ensured that the installed systems as well as the promoted practices would be maintained after the project’s end. Community involvement took the form of involving beneficiaries, locally based organisations, and local authorities from the start of implementation. Selected community members received technical capacity training to allow them to operate, repair, and maintain the installed systems independently.
- Behavioural change of community members through the CLTS approach would be reinforced by the community-wide ODF status and social pressure not to engage into the practice. The community-wide ODF status would prevent community members from falling back into old behaviours, and collaborating with local health authorities on attaining this goal would strengthen its actual maintenance.
- Capacity building of (local) government and the development of a WASH policy by government would allow authorities to plan, budget, develop and monitor WASH programming independently in the future. Relevant line-ministries would be involved from the start, to support that purpose.
- Joint monitoring and supervision of project activities by UNICEF, IPs and local authorities would ensure quality and sustainability of the project. Furthermore, the project planned to transfer software and hardware activities to the community committees.

We have collected mixed signs of the implementation and effectiveness of this approach. Overall, we collected signs of ownership by communities, and increased awareness and intention to continue these practices and changes. WASH Committees are functioning, and WASH-in-school and WASH-in-health facilities approaches has ensured ownership by public institutions. However, stakeholders still note impediments and risks to sustainability after the project ends. They often mention continuous training as an important factor to support sustainability. We doubt whether ownership of and maintenance of infrastructure combines with sufficient availability of (financial) resources and materials to sustain the results. Government shows engagement on plans and policies, and increased capacity on this. However, it relies on communities and

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companies to uphold the results, as it does not have sufficient resources to invest at scale. The capacity of the communities themselves to invest in WASH is not always there.

In communities, beneficiaries felt that overall awareness and practice change had improved. For examples, in some cases, the communities show ownership through their efforts in continuing the awareness raising activities. In Somaliland, for example, we observed ODF certified communities who have built toilets with their own resources, while noting that in some instances the drought in the area diminished the effects of already ODF certified communities due to relocation of population.\(^{116}\) In Bari, community members were very cooperative and supportive of the project, and therefore deemed it unlikely that they would not maintain the changes after its end. In this region, ownership seemed to be felt strongly. For communities in other areas, such as Galgaduud, people are concerned that the end of the project will entail a decrease in gained results and changed practices. They feel that they need continuous support to sustain the changes, especially in terms of future lack of materials, maintenance and building of new infrastructures, and continuous awareness raising. We have noted constraints for people with disabilities and small children. We have also observed that communities already struggle with maintaining their water sources and toilets clean, as they lack a centralised rubbish disposal system or cannot afford cleaning staff. Also, conflicts between community and committee members, the arrival of newcomers, such as IDPs in the communities, or even outmigration due to natural disasters were mentioned as threats to the sustainability of observed and achieved practice changes.\(^{117}\)

For schools, sustainability of the project is considered dependent on the trained head master and teachers’ ability to continue advocating the changes, and for students’ abilities to help in the rehabilitation of infrastructure, if needed. Impediments to sustainability are that disabled students continue to face challenges in using the latrines, and the lack of funding to finance future rehabilitation of infrastructures.\(^{118}\)

Government stakeholders confirm that government capacity, plans, and policies have improved through the project. They regard the continuation of hygiene practices, sanitation, and latrine use, and the water situation in the communities to be dependent on community members continued commitment, payments for, and advocacy to it.\(^{119}\) Although they agree about the importance to maintain these changes, most acknowledge that government has no budget allocated to continue the activities. Therefore, we note improvements in terms of capacity and policy, but are uncertain about government ownership and ability to provide continuous support. Capacity

\(^{116}\) KIIs with UNICEF staff.

\(^{117}\) CGDs with community members.

\(^{118}\) KIIs at schools.

\(^{119}\) KIIs with government staff.
improvement has been most notable in Puntland and Somaliland governments, since the project engaged them as IPs in the project.\textsuperscript{120}

The WASH committees were positive about the changes remaining due to the training and awareness raising activities by the project, but noted some potential impediments to sustained changes.\textsuperscript{121} However, they identified intra-community conflicts and natural disasters as potential future threats.

Monitoring of project activities has been challenging due to limited HR and technical capacity. In Somaliland, UNICEF employed only three people to cover all UNICEF projects in the area.\textsuperscript{122} In Puntland, there has been no further monitoring of sanitation by UNICEF since the end of 2017. Government officials report that the government partly picked-up water quality monitoring in collaboration with other NGOs.\textsuperscript{123} At the same time, a representative of the Ministry of Health stated that that the Ministry is monitoring national water quality standards.\textsuperscript{124}

We note some impediments to the sustainability of the infrastructures, even if there are signs that ownership is present among communities, schools, and clinics. Quality of the constructed latrines, for instance, has been variable, and observations already noted poor maintenance. For continued maintenance, resources need to be in place, but are currently not readily available. This appears most pressing for community infrastructures, and less so for health facility and school infrastructures. Partner ministries have been overwhelmed by the relief response due to the drought in 2017 and 2018. However, other government entities have shown signs of improved capacity, most notably in Puntland and Somaliland. We note however the potential from the establishment of the National Sanitation Task Force (NSTF).

\textbf{6.5.2 What are the major factors influencing sustainability?}

The PPPs appear to have been an essential element in the project’s approach to attaining sustainability. UNICEF did not present PPPs in its proposal under the exit strategy/sustainability approach. Interestingly, the companies that are still providing services to the communities after UNICEF’s project ended are those that were not relying solely on that contract, but were rather securing payments from business, communities, and government. Borama town is a good example of a working PPP scheme: there, the cost of water reduced by 50% when the private company started to provide water.

In terms of sustainability, schools and health facilities do better than the wider communities do. They have dedicated staff and resources for managing the facilities, allocated to particular persons. Interviews from schools where the project constructed or upgraded water systems or latrines confirmed they have designated responsible

\textsuperscript{120} KII with the donor.
\textsuperscript{121} KIIs with WASH/ODF committees.
\textsuperscript{122} KIIs with UNICEF staff.
\textsuperscript{123} KIIs with UNICEF staff.
\textsuperscript{124} KIIs with government officials.
persons to manage facilities. In case of schools, teachers (12 schools) and security guards (2) managed the water taps. In many schools, head masters of the school managed water taps. Some schools opened the taps in the mornings and closed them in the evenings. Latrines are also managed by teachers, and possibly cleaned by cleaners. In one school, the WASH club supervised cleaning of latrines. Involvements of WASH clubs and designated persons into the project can contribute to the sustainability of the project.

**For the communities to maintain ODF status continuous monitoring and encouragement are required.** External and internal influences easily affect ODF status of communities. External factors such as lack of running water and conflicts may set communities back to OD, as was the experience during the project. As an internal factor, proper knowledge of pit emptying and excretal disposal is important and should be included as a part of sanitation trainings. Many WASH committee members indicated that the number of latrines was not enough and sharing latrines will fill up the pit quickly. The KAP survey in 2015 indicated that 39% of respondents did not know what to do when the pit latrines will fill, while 20% said they would stay away from the latrines. More than two thirds of respondents never emptied latrines. Without knowledge of disposal management, the sustainability of using latrines may be at risk as people may go back to OD when they found the sanitation facilities were not fit for the use.

**Several external factors could negatively influence the sustainability of the projects results, but are beyond UNICEFs sphere of control.** These were mostly occurrence of natural disasters such as droughts affecting availability and quality of water, disaster-related migration of IDPs into communities that were not yet sensitized, and outmigration. Conflicts within communities and in the WASH committees might affect the continued governance of WASH systems and activities as well as practices and behaviours. The lack of government (financial) capacity to support communities in maintaining the WASH results is also a major influencing factor.

**Engagements of existing water companies to deliver water services should go together with safeguarding that marginalised groups.** Interviews with government officials indicated that the government does not allocate budget for the maintenance of the new water facilities that it built, or that it did not use the budget if allocated. Following the PPP model applied in the project, public institutions, such as UNICEF, built infrastructure (water resources). Water companies (both public and private) deliver services, and maintain the infrastructure. Borama Town in Somaliland had already proven it as a working model in Somaliland. During the project, companies were successful in expanding their service networks and reducing, consequently, the price of water. Arrangements for setting water prices vary in Somaliland and Puntland. In Puntland, the municipal government set the price in consultation with municipality and water companies. In Somaliland, SHABA sets the price in consultation with Community-based Water Users Associations. In Borama town, Adwal region of Somaliland, the cost of water at water kiosks is set lower than the cost of piped water as populations with lower income get water from the kiosks. In Puntland, more than 10 companies are operating. The local governments have set different water tariffs, which are not always affordable.
to the poorest. According to a UNICEF officer, water charge for IDPs was supposed to be subsidised by the government but this is not always happening on the ground. In Galgaduud, IDPs are the only category of people not paying for their water. Close monitoring of water pricing is required in the areas where the cost of water is high.

Almost all respondents indicated the solar powered pumps are contributing to lower running cost and decreasing the rate of breakdowns. We confirmed that all solar pumps are working well so far. Prior to the project, community water points often experienced high operational cost (diesel) and frequent breakdowns of diesel generators. The expected lifespan of solar pumps is around 10 years and the lifespan of solar panels is between 20 to 30 years. A case study in Sudan points out that the payback time of solar pumps is two years from the moment of installation. In Somalia, fuel cost is higher than in Sudan, therefore payback time may be even shorter. A few risks affect the sustainability of solar powered pumps, which are:

- In case a pump breaks down, spare parts may not be widely available. In addition, the capacity of repairing solar pumps may not be high in Somalia. UNICEF Somailand confirmed that the government engineers may be able to do basic repairing work but its capacity is limited. In Puntland, the project trained 18 solar pump operators from three water companies for its operation and maintenance to enhance their sustainability
- Increasing the pumping capacity with solar pumps is not as flexible as diesel pumps. After the project, a community in Puntland experienced increased population and livestock seeking for water, which increased the demand for water. Since solar pumps can only operate during daytime, pump up capacity cannot be increased dramatically compared with diesel pumps.

6.6 Lessons Learned

This project was an experience from which UNICEF has gained knowledge and understanding in operating in Somalia. We present here lesson learned, which have a significant meaning for future project design, process and implementation that reduces or eliminates potential for failures and mishaps, or reinforces a positive result. Firstly, we review the project assumptions and whether UNICEF Somalia can safely assume them in the future. Secondly, we add additional assumptions, which UNICEF could rely on.

**UNICEF Somalia should not assume that:**

- Aquifers exploited by existing wells will provide sufficient water
- Security situation allows for access to all proposed sites
- No new influx of displaced people to the town.

The situation in Somalia remains fluid enough that UNICEF should not assume that environmental, security, and displacement conditions remain optimal.

**UNICEF Somalia can assume that:**
Adequate financial resources and accountable staff for maintenance of facilities in schools and clinics
Community Health Workers are empowered to monitor and report on ODF communities sustaining that status
Access to target communities
Willingness of government counterparts to collaborate.

However, it should be careful in monitoring them, and act where necessary to satisfy them.

**UNICEF Somalia can safely assume that:**

- Community (and children) members will use new WASH facilities in school, if they are of adequate standards
- All the targeted communities find relevant the ODF approach, which responds to a real need
- Willingness of the communities to be trained on ODF and WASH, which responds to a real need.

UNICEF Somalia can safely assume these conditions, if it meets requirements of participatory and evidence-based project design.

**Additionally, UNICEF has learnt that:**

- water companies can expand water provision effectively, but might need monitoring in terms of water quality and affordability of price
- solar pumps are effective tools, but risks remain in procuring spare parts, which future project should work on
- it cannot assume that implementing partners will always build facilities to standards. Future project should not assume that and strengthen monitoring arrangement of the technical quality of the WASH facilities
- it should improve the management of the relationship with the donor. This involves communicating more with the donor, reaching out with explanations, and involving the donor in the key decisions of the project.
7 Conclusions

7.1 Relevance

The project was relevant to responding to the needs of the communities, using an evidence-based and fit-for-purpose WASH approach, and adapting to the changing context:

- The project was also complementing the ongoing G2S initiative by the Somali Government and the JHNP a multi-partner programme that started in 2012.
- The project’s approach to combine new water resource developments and rehabilitation and upgrading of existing water system is reasonable, to reach more people in a cost-effective way
- The project’s approach to integrate WASH with education and health to reach women and children was relevant
- The project lacked a stronger focus on monitoring of water quality and on disposing of filled toilets, which would have been relevant
- The installation and replacement of solar powered pumps with diesel run pumps were confirmed as relevant
- PPP for water service delivery were relevant to the context
- Applying CLTS approach into the project was appropriate as UNICEF had successful cases of increasing the number of ODF communities in Somalia by using CLTS

7.2 Effectiveness

The project has achieved a qualified success in reducing water borne disease, and expanding school attendance for girls.

- The project reached its output indicators by December 2018, after a six-month no-cost extension linked to the re-focusing of UNICEF on the 2017 L-2 humanitarian emergency.
- The project succeeded in expanding water availability in Lower Juba, Galgaduud, and Awdal, and to a much lesser extent in Puntland. However, Lower Juba reports challenges in the quality of the water.
- The project expanded latrine availability in all locations, with, again, weaker performance in Puntland and a persistent problem in keeping the new facilities clean and free from signs of faces.
- The project succeeded in triggering Open Defecation Free Status (ODF) in villages in 2016, but saw many communities slide back into OD because of lack of running water, focus on humanitarian water provision, and population movements.
The project was a qualified success on gender and inclusivity for WASH in schools and health facilities, but faced challenges to be gender-friendly and inclusive in the wider communities.

**Contribution analysis revealed that the stronger drivers of positive performance are:**

- PPP schemes, where private companies run the water sources supported by the project
- The effective use of solar energy in powering water systems, as they lead to low running costs
- Integrating WASH in schools and clinics, as school and clinics can manage better water sources and latrines than the general communities, and have a stronger focus on hygiene and inclusivity
- Using WASH committees in the communities and schools to raise awareness on community-wide sanitation problems
- Establishing mini water systems which can be resilient to damage compared to the wider network from disasters

**Contribution analysis also revealed the main challenges to performance:**

- Relying on shallow wells in drought conditions, as shallow wells run dry or produce sour water, which is unsuitable to drink
- Operating in Iskushuban District, Puntland, which is an ISIS stronghold increases risk
- Lacking a specific approach for children under-5 and disabled people
- Targeting ODF activities at the village level was not a wrong approach. However, targeting ODF at the district level would have made the approach more resilient to population movements from village to village due to changing conditions
- Selecting the location and ownership of new water sources can be a complex negotiation process with local authorities and the Government
- UNICEF regional officers faced security challenges in monitoring and assuring the quality of the WASH infrastructure, because they were responsible for a larger portfolio of projects and of the security situation
- UNICEF faces challenges in sourcing spare parts for solar to all locations

### 7.3 Efficiency

**The project was cost-efficient considering the challenging context in Somalia.** Positive points in the project approach to efficiency include:

- The project spent its budget steadily through the years
- The PPP approach has resulted in a greater reach, coverage, and impact. The complementarity with other programmes, such as the JNHP brought; household-led activities of used their own materials to construct latrines; and the introduction of solar powered pumps have contributed to cost-efficiency
- Moving resources from development to humanitarian programme was appropriate and efficient in the context of the L-2 emergency

We also noted challenges to efficiency:
• Various external factors also affected efficiency, including insecurity, government reshuffling, and drought. Additionally, some project locations were remote and access was challenging.

• Communication with the donor was not always smooth and effective. UNICEF has stringent financial management and supplier’s selection procedures, but the donor had the perception that UNICEF could have managed the grant better. This is a matter of divergent expectations. The donor expected that the UNICEF country office were timely and detailed in sharing financial information, and invoicing for the next milestone payment. However, this does not recognise the reality of UNICEF grant management. On contract signature, UNICEF country offices receive full payment from UNICEF HQ to smooth implementation. UNICEF HQ then follows up with the donor on financial reporting and invoicing.

• On selection of Implementing Partners, SIDA expected selection through open tender, whereas UNICEF has procedures to select implementing partners from a database of implementers, which have been pre-selected in the past. Both procedures have potential to ensure efficiency, which leads us to conclude that divergent judgement on performance are due to miscommunication from both sides.

### 7.4 Sustainability

The project shows promising signs of sustainability from the use of PPPs for water provision, solar powered pumps, embedding facilities in schools and health facilities, and establishing institutional arrangements at community and government level.

• There are signs that ownership and maintenance of infrastructures is present among communities, schools, and health facilities. However, other challenges to the maintenance, such as low government funds remain.

• The PPPs appear to have been an essential element in the project’s approach to attaining sustainability. The use of PPPs can ensure more sustained service delivery, beyond the life of the project. Water companies have leveraged investments in infrastructures in providing services over time with private resources and cost-covering schemes. However, the government should have a safeguarding role for marginalised groups.

• Solar powered pumps contributed to lower running cost and decreasing rate of technical breakdowns. However, risks remain, such as the supply of spare parts or capacity of repair work.

• The project has not paid enough attention to future proofing its approach, especially for water sources, to changes in the climate, weather, and human settlement. The choice between boreholes, shallow wells, and other water systems might depends on the future risk of droughts, disasters, and population movement.

• Maintaining ODF status requires continuous monitoring and encouragement are required.
8 Recommendations

The Evaluation team discussed recommendations of the project in a dedicated meeting, once it had reached a consensus on findings and conclusions. Each recommendation connects with a conclusion. We present firstly the top five recommendations on the programme approach, and follow with additional tactical programme recommendations. Secondly, we present two recommendations on management of the programme.

Strategic programme recommendations

1. **UNICEF should continue involving water companies in water service delivery,** especially those that are not fully dependent on NGO or government contracts, and maintain good relations with communities and businesses. UNICEF should consider enhancing the capacity of governments to monitor and regulate private water service delivery, where necessary to ensure the safe and affordable delivery of water.

2. **UNICEF should consider continuing the use of solar powered pumps and fill the gaps in access to spare parts and capacity to repair the solar pumps.** One of the reasons for the solar pumps not functioning might be inappropriate system design, such as; the location of water tanks in relation to the pump, selection of solar panels that matches the capacity of solar pump, and good cabling and pump installation work, are all important components of functional solar pumps. Therefore, the selection of vendors who can design appropriate system and/or provide good workmanship is an important factor, as well as technical monitoring of installation works. Hybrid systems of solar power with diesel generators can offer flexibility in pumping capacity, which may fit for the areas where high population increases are expected.

3. **UNICEF should continue its integrated approach of WASH in schools and health facilities,** as it has proven successful in reaching children and girls.

4. **UNICEF should look into schemes that allow for continuous monitoring and encouragement on ODF status, as this is required for sustainability.** External and internal influences easily affect ODF status of communities. Continuous monitoring of both communities who have already received ODF status and communities in the process of achieving ODF status is required. We encourage UNICEF to build the monitoring capacity of government agencies, so that Somalia can achieve SDG target of eliminating ODF by 2030.

5. **UNICEF should strengthen the future proofing of its approach to expanding water sources,** and make it more resilient to weather and climate changes and population movement. This might require considering choices between boreholes, shallow wells, and other systems under different future scenarios for climate and population movements, as well as, according to their ability to withstand climatic and man-made shocks. In this perspective, UNICEF should consider including water conservation components in water expansion projects, in the forms of messages in
trainings, and use of water storage facilities. Projects should also be able to forecast and
monitor changes in the context in real-time, and modify their approach accordingly, as
UNICEF did with the L-2 emergency response.

**Tactical programme recommendations**

1. **UNICEF’s and IPs’ log-frames, indicators and progress reporting should be
disaggregated by gender.** For future project design, especially for projects that have
very specific objectives on gender, more effort is needed to ensure that activities and
data also reflects gender awareness and sensitivity.

2. **UNICEF should strengthen its approach to inclusivity,** by considering disabled
people of different kinds in toilet designs.

3. **UNICEF should include a component on proper knowledge of pit emptying
and excreta disposal in sanitation trainings.** Without knowledge of disposal
management, the sustainability of using latrines may be at risk, as people may go back
to OD when they found the sanitation facilities are not fit for the use.

4. **UNICEF should consider including a component dedicated to developing
markets for latrine construction and waste removal,** which can complement the
behavioural changes achieved through CLTS in the project. This might include training
artisans in the skills required to build quality latrines. It should also include training for
disposal of faeces from children under five.

5. **UNICEF should consider adding water points dedicated to animals, and ring
fencing those dedicated to people.** In regions where livestock is an essential part of life,
animals might otherwise use the same water-source as people, and contaminate them.

6. **UNICEF should consider whether there are any working options to improve
the cleanliness of communities, including general rubbish treatment and disposal.**
Providing working options for garbage disposal can enhance further actions to improve
cleanliness. It would complement the current inclusion of training on general rubbish
disposal in school WASH club and community WASH committee.

**Recommendations for project management**

1. **We recommend that UNICEF strengthen its overall communication with the
donor.** This includes reaching out to the donor with regular explanations on key choices,
even when the donor is not explicitly asking for them, and involving the donor in key
choices for project management.

2. **UNICEF should improve its monitoring of the quality of the WASH infrastructures
(latrines and water points) delivered by its sub-contractors and IPs.** UNICEF should
consider strengthening its internal capability to monitor WASH projects in case its
regional officers are responsible for monitoring a broader portfolio over a terrain, which
is insecure and difficult to access. The monitoring should include the quality of WASH
infrastructure by engaging engineers. The TPM arrangements should be able to pick up
the monitoring of water quality and water facilities to ensure the delivery of safe water.
I Annex
Annex 1   Terms of reference
**Institutional/Corporate Contract**

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Agreement entered into between UNICEF and:
(Hereinafter referred to as "The Contractor")

**NAME**
MDF TRAINING EN CONSULTANCY BV

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**Contract valid from:** 01.12.2018
**Contract valid to:** 31.03.2019
**Payment currency:** USD
**Payment terms:**
**Delivery terms:**
**Total amount:** 93,685.00

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Provision of the following services
Final Evaluation of a SIDA Supported "Improving Children's Access to Water and Sanitation in Somalia" Project

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**CONTRACT ACKNOWLEDGEMENT AND ACCEPTANCE**

**IMPORTANT**
The contractor is required to sign the Contract Acknowledgement and Acceptance form through an authorised representative and return the form to UNICEF within five working days. Please note that UNICEF may cancel the contract without notice until it receives the signed Contract Acknowledgement and Acceptance form.

Please ensure that your company information is updated including bank information, company name change, contact details etc. Failure to do so can lead to delays in processing payments.

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**UNICEF CONTRACT TERMS AND CONDITIONS ACCEPTED**

**REQUIRED BY**
SIGNATURE
NAME AND TITLE: SHADRECK MUNETSI, CONTRACTS OFFICER

**AUTHORIZED OFFICER**
SIGNATURE
NAME AND TITLE: NANA ESSAH, CHIEF SUPPLY AND LOGISTICS

On behalf of the United Nations Children's Fund Date:

I acknowledge that I have read and accepted the contents and conditions stipulated in this contract

**SIGNATURE OF**
CONTRACTOR
NAME AND TITLE: SNELLER, DIRECTOR

DATE: 27/11/10
**UNIVERSAL NATIONS CHILDREN'S FUND (UNICEF)**

wishes to enter into an institutional contract with

**MDF TRAINING EN CONSULTANCY BV**

HNK Horapark Bennekomseweg 41 Bennekomseweg, Netherlands

Telephone: 318650060

Fax: 623420304

for the provision of the following services

Final Evaluation of a SIDA Supported "Improving Children's Access to Water and Sanitation in Somalia" Project

as stipulated in the attached document

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**CONTRACT NO** | **AMENDMENT NO** | **CONTRACTOR** | **ISSUING OFFICE**
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432556856 | 2 | 2300105647 | Nairobi Somalia De

Agreement entered into between UNICEF and:

(Hereinafter referred to as "The Contractor")

**NAME**
MDF TRAINING EN CONSULTANCY BV

**ADDRESS**
HNK Horapark Bennekomseweg 41 Bennekomseweg, Netherlands

E-MAIL ZU@mdf.nl

**CURRENCY** | **TELEPHONE NO.** | **FAX NO.**
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USD | 318650060 | 623420304

This agreement shall commence on **01 Dec 2018** and shall expire upon satisfactory completion of the services described below but not later than **31 Mar 2019**, unless sooner terminated under the terms of the agreement.
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Agreement entered into between UNICEF and:

**NAME**

MDF TRAINING EN CONSULTANCY BV

**CONTACT PERSON**

CURRENCY: USD

ADDRESS: HNK Horapark Bennekomseweg 41 Bennekomseweg, Netherlands

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TELEPHONE NO.: 318650080

FAX NO.: 523420304

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**Grand Total**: 93,685.00

**STATEMENT OF WORK/TOUR**

1. **GENERAL INFORMATION**
   Services/Work Description: Consultancy Services for Final Evaluation of a SIDA-Supported WASH Projects.
   Project/Program Title: Final Evaluation of the Project titled "Improving Children’s Access to Water and Sanitation in Somalia".
   Duty Station: Home-based with travels to selected areas in Somalia.
   Duration: Job to be completed in approximately 90 working days between 01 December 2018 to 31 March 2019.
   Expected Start Date: 01 December 2018.

2. **BACKGROUND / RATIONALE**
   Please note: for this proposal, 'evaluation' is defined as follows: "Development evaluation is a tool for analyzing and assessing Swedish and other agencies' development cooperation and results. It has a central role in results based management (RBM) and for learning at SIDA. It provides information on results, deepened understanding of how and why certain results were # or weren’t # achieved, and determines whether they were satisfactory or not. Evaluation provides us with knowledge of what works, for whom, under what circumstances and how." (SIDA)

   In Somalia, the impact of poor sanitation and hygiene coupled with the use of unsafe water sources (as well as the risk of conflicts over access to water) is affecting the lives of almost every Somali, every day.

   The central focus of the UNICEF WASH approach is to reduce infant and under-5 mortality caused by WASH-related diseases, especially diarrhoea, and enhance the protective environment for girls and women to improve access to WASH facilities. UNICEF WASH works to ensure that all girls and boys have access to appropriate WASH services that minimise risks of physical and sexual violence. This requires that everyone has access to safe water, practices good sanitation and has a hygienic living environment. It must be supported by community structures and governance mechanisms which allow for sustained systems and achievable standards reinforced by practical policy. The UNICEF WASH strategy advocates for a comprehensive approach to achieving safe water, good sanitation and proper hygiene in communities, including schools and health centres. In this regard, it adopts a combined approach to all aspects of WASH in a community, in order to achieve sustainable results. The WASH approach seeks to institutionalise the requirement to analyze and respond to vulnerabilities to violence in WASH-related policies, strategies, plans, budgets and systems.
It is against this background that SIDA and UNICEF have collaborated to ensure that more communities use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours. Communities who have sustained access to safe water and who practice good sanitation and hygiene behaviours are relieved of the burden caused by diarrhoea, and other WASH related diseases. This has a significant effect on their health, wealth and livelihoods, as well as children’s education and development.

In the long run the progressive expansion and improvement of WASH services across Somalia will depend upon the ability of the government to implement a holistic WASH policy, with standards that can be measured. Capacity building of the relevant government ministries FGS and FMS will be essential in ensuring this happens.

3. PURPOSE, OBJECTIVES AND SCOPE
The rationale of the Final evaluation is to assess project outputs/outcomes and their contribution to reach the defined goals of the project. The evaluation will provide the project management, SIDA and UNICEF, with a basis for identifying relevance, effectiveness, impact and sustainability of the project in order to learn for future project designs and implementation. Taking stock of initial lessons from experience, the final evaluation will reinforce initiatives that demonstrate the potential for success.

The overall purpose of the final evaluation of this project is to understand the successes, achievements and planned activities of the project for greater learning about what works and what does not; and the ways the challenges that were encountered were addressed to meet the end of project targets and achievable outputs and outcomes. The evaluation and its report will also achieve the purpose of being a learning document for UNICEF, federal and member state government partners, UNICEF Project implementers and for other stakeholders and the donors.

Furthermore, the final evaluation assess achievement of the project purpose, evaluate the efficiency of the strategies employed in contributing to the achievement of the results as well as generate lessons and recommendations. A final project evaluation report is the planned output of this assignment. The recommendations will be used for the design and implementation of similar projects. The intended users of the final evaluation of this project are UNICEF, SIDA, governments, civil society organisations and other development partners contributed to the project.

The objective of the final evaluation is to assess project progress towards achievement of the project purpose - improving the health and quality of life for 150,500 people in the catchment area of 37 health facilities in 7 districts across Somalia, including 40,936 women, 35,066 boys and 33,411 girls - and to evaluate the efficiency of the strategies employed in contributing to the achievement of the results as well as generate lessons and recommendations that should be applied for similar projects in the future. These recommendations should be actionable and draw upon lessons learned through the final evaluation.

4. SCOPE OF THIS EVALUATION
The final evaluation will cover all project activities supported jointly by SIDA, the European Union and UNICEF as enumerated in the project document and where appropriate, in collaboration with other development partners that are contributing to the achievement of the project outcome. The final evaluation is expected to generate lessons learnt, findings, conclusions and recommendations, focusing on producing lessons for designing and implementation of similar projects in the future. The evaluation team/consultants will undertake the assignment in the following areas:

- An assessment of the relevance, adequacy of the project design, including adequacy of the situational analysis and indicators for achievement of results and outcome;
- An assessment and analysis of the efficiency and effectiveness of the project performance: whether the project achieve the intended outcome; the reasons for any shortfall and whether any unexpected results or outcomes have occurred. The evaluation should appraise their relevance to the intended outcome;
- An analysis of factors within and beyond UNICEF’s control that influenced performance and success of the project (including the strengths, weaknesses, opportunities and threats) in contributing to the realization of the Outcome;
- Explore whether the activities implemented had smooth exit strategy or/and sustainability and make concrete recommendations on for future projects to ensure the sustainability of systems and processes developed.
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<th>CONTRACTOR</th>
<th>ISSUING OFFICE</th>
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<tr>
<td>432523550</td>
<td>2</td>
<td>2300105647</td>
<td>Nairobi Somalia Dc.</td>
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Agreement entered into between UNICEF and:

<table>
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<tr>
<th>NAME</th>
<th>CONTACT PERSON</th>
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<tr>
<td>MDF TRAINING EN CONSULTANCY BV</td>
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<tr>
<td>USD</td>
<td>HNK Horapark Benekomseweg 41 Benekomseweg, Netherlands</td>
<td>318650060</td>
<td>623420304</td>
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- Review and advise on appropriate project implementation strategy for future similar projects in the Southern Somalia and the Three areas.
- Make recommendations on the need to ensure complementarities of the EC project with other major Funds contributions for South Somalia and the Three Areas.

5. EVALUATION QUESTIONS AND METHODOLOGY

A Joint UNICEF and SIDA team will be established to guide and assist the evaluation team. The UNICEF team will be responsible for coordinating, organizing, and managing the evaluation including liaison with partners, backstopping and providing relevant documentation and feedback to the evaluation team.

The evaluation team will be required to carry out the following activities and steps:

- Desk review of existing documents and communications.
- Key informant interviews with senior programme staff; partner organizations; civil society. Representatives from the beneficiary population, including women groups; government representatives, local authorities and donors. The evaluation team will annex the interview guides to the inception report, as well as the draft and final report.
- Observation: the team will undertake field visits to observe the evaluated interventions directly.
- Beneficiary interviews - ensuring that the views of women, girls, men and boys are captured.
- Date analysis: review of results data; the qualitative and quantitative as well as the primary and secondary data collected during the exercise should be coded and organized in an evidence table which should be annexed to the final report.

At the commencement of the exercise, the UNICEF team shall provide the following documentation to the evaluation team:

i. Project funding document;
ii. Project progress and final reports;
iii. Interim technical reports.
iv. Field monitoring reports

The evaluation team will endeavour to address questions under the following headings, based on the DAC criteria for evaluating development assistance The DAC Principles for the Evaluation of Development Assistance, OECD (1991).

5.1. Relevance

The extent to which the project activities are suited to the priorities and policies of the target group, recipient and donor.

In evaluating the relevance of a programme or a project, it is useful to consider the following questions:

- To what extent are the objectives of the programme valid?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?

5.2. Effectiveness

A measure of the extent to which the project activities attain the project objectives.

In evaluating the effectiveness of a programme or a project, it is useful to consider the following questions:

- To what extent were the objectives achieved?
- What were the major factors influenced the achievement or non-achievement of the objectives?

5.3. Efficiency

Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the project uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.

When evaluating the efficiency of a programme or a project, it is useful to consider the following questions:

- Were activities cost-efficient?
- Were objectives achieved on time?
- Was the programme or project implemented in the most efficient way compared to alternatives?
5.4. Sustainability
Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.

When evaluating the sustainability of a programme or a project, it is useful to consider the following questions:

To what extent will the benefits of the project continue after donor funding ceased?
What are the major factors that influenced the achievement or non-achievement of sustainability of the programme or project?

The evaluation will be participatory in its approach, so as to ensure ownership and promote interaction with, and feedback from, the UNICEF Somalia team, other UN agencies, government and from UNICEF’s partners. The evaluation will make special efforts to consult the beneficiary affected population, notably children and women, to help inform programme design and promote accountability.

6. Expected outputs of the Final Evaluation
The final project evaluation findings are expected to assess the relevance, efficiency, effectiveness and sustainability of the project. The expected product from this evaluation is a final project evaluation report that provides findings, recommendations, and lessons learned from the following:

- Quantitative and qualitative assessment of achievements made towards the intended outcome;
- Qualitative and quantitative assessment of relevant outputs achieved;
- A rating on the relevance towards achievement of the outcome;
- The complementarities and the synchronization of SIDA contribution and other major donors in achieving the objectives of the project;
- The visibility of the donors who are contributing to the implementation of the project at federal, state and site level;
- The efficiency and the effectiveness of the project monitoring procedures;
- The government participation in the project and the role of the project in building the government capacities;
- Assessment of project strengths, weaknesses, opportunities and threats;
- Lessons learned concerning best and/or less than ideal practices in producing results and achieving the outcome;
- Strategies with recommendations for designing and implementation of future projects.

7. Team Composition
The team is expected to be composed of three-four members: a team leader and a mix of consultants. It is preferable for the team to undertake field level data collection. Where necessary, UNICEF will facilitate access to field locations to conduct interviews with communities. It is important for the team to have a Somali national on the team. To facilitate this, the team may choose to enlist additional expertise as they see fit, including subcontracting with national evaluation research firms/partners for field-based activities, specialized technical experts, and editorial assistance, as necessary.

Expected Qualification and Experiences
The institution should preferably be either a university or a research organization and should adequately demonstrate the availability of high calibre expert/s with experience in humanitarian evaluation and familiarity with UNICEF’s programmes, procedures and systems.

The institution should have a senior qualified candidate with qualifications as follows:

Required qualifications and experience of the Senior Consultant # (L4):
§ Minimum Master’s Degree or Advanced degree in related fields including Water Engineering, Sociology, Public Health or related subject area.
§ Ten years of proven experience and knowledge in supporting and managing rural WASH institutions, programs or systems for developing countries especially in Africa.
§ The consultant should have not less than 10 years of professional experience in research, development, project design, monitoring and management.
§ Experience with Water Management organizational and capacity building programmes and delivery mechanisms will be added.
advantage.

§ Excellent and proven research skills including development and application of analytical frameworks and tools and production of analytical papers;
§ Knowledge and competencies/experience in organizational development, policy analysis, capacity building and mainstreaming crosscutting issues such as gender.
§ Knowledge of SIDA and UNICEF procedures and programme implementation strategies will be additional advantage.
§ Strong knowledge of results-based management and monitoring concepts;
§ Excellent English speaking and writing skills;
§ Excellent interviewing and facilitation skills.

The other evaluation team members should offer the following demonstrated experience, knowledge and competencies:

§ Knowledge on sustainable development, with strong understanding of institutional and policy themes and the building of personal and institutional capacity
§ Experienced in planning and managing projects, including but not restricted to budget management
§ Experience in the evaluation of projects
§ Strong and proven facilitation skills to ensure participation in the evaluation process
§ Experience in issues of water and sanitation, with a sound understanding of private sector participation and social-economic aspects (in particular human rights aspects) of water and sanitation
§ Experience and knowledge of best practices in water, sanitation and hygiene, including advocacy for open defecation free communities/environments, water safety planning and WASH in Schools and health facilities.

The consultant and all related personnel/members of the evaluation team will not be UNICEF staff members. However, the consultant and all related personnel need to subscribe to respecting the core values of UNICEF of diversity and inclusion, integrity and commitment.

The consulting firm carries the sole responsibility for all related personnel and needs to ensure that an appropriate systems and procedures are in place to deal with any complaints and other human resources issues that may emerge.

8. Evaluation Quality and Ethical Standards
The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability.

8.1. Evaluation Standards
The evaluation should also be conducted as per the following four broad sets of quality standards, namely propriety standards, feasibility standards, accuracy standards and utility standards:
• The propriety standards are ethical standards meant to ensure that evaluations are conducted with due regard for the rights and welfare of beneficiary populations. The most basic of the propriety standards is that evaluations should never violate or endanger human rights. Evaluators should respect human dignity and worth in their interaction with all persons encountered during the evaluation, and do all in their power to ensure that they are not wronged.
• The feasibility standards are intended to ensure that evaluations are realistic and efficient. To satisfy these requirements, an evaluation must be based on practical procedures, not unduly disrupting normal activities, and be planned and conducted in such a way that the co-operation of key stakeholders can be obtained. They should also be efficient.
• The accuracy standards are meant to ensure that the information produced by evaluations is factually correct, free of bias, and appropriate to the evaluation issues at hand.
• The utility standards, finally, are meant to ensure that evaluations serve the information needs of their intended users: to be useful, evaluations must be responsive to the interests, perspectives and values of stakeholders.
0. Responsibilities
The below summarizes the responsibilities to be undertaken by the contractor.

The external evaluators will review relevant documentation as part of the desk review phase and will interview both the agency staff and the staff of partners, including government and the ultimate recipients of UNICEF's assistance. Where possible field visits by the evaluation team will be combined with field visits for programme operations.

The contractor should provide their personnel with their own computers. On an as-needed basis, the personnel will be granted access to UNICEF data bases and necessary software as required. The recommended consulting firm will be responsible for the following during country visits:

- As needed, recommended firm shall ensure that the personnel has successfully completed the UN's #Basic Security in the Field and #Advanced Security in the Field courses and forward proof of this to UNICEF upon request.
- As needed, accommodation, food, travel, required inoculations and appropriate insurance of the contractor's workers, both international and local. This includes life and health insurance, incentives, hazard pay.
- Copying of information in hard copy or electronic format.
- Hiring and travel of local translators, interviewers, drivers, watchmen, etc.
- Renting of office space, computers, tape recorders, information technology, outside of what UNICEF will make available at sites where it has existing offices.

The below summarizes the responsibilities of UNICEF Somalia.

- Selection and orientation of evaluation team
- Designation of a focal point for support to the evaluation team.
- Collection of relevant internal materials and provision of documents for review.
- Introduction of evaluation team to stakeholders, including national counterparts, donor and other partners and coordination of stakeholders for meetings and interviews.
- Organization of administrative and logistical support to evaluation team, including accompanying them on trips as relevant.
- Review of reports for quality improvement and organize feedback, review and accept intermediate and final products.
- Authorizing payment.
- Follow-up and use. Once the evaluation report is completed and validated, and a final report prepared, UNICEF will make it public by posting in the UNICEF website and sharing it with relevant stakeholders. The intended users and audience for this report will include UNICEF staff, federal and member state government counterparts, UNICEF Project Implementers and the donors. The WASH section will endorse a management response to the evaluation recommendations. This includes committing follow up actions to the recommendations as well as establishing responsibilities for the follow up.

10. Expected outputs / deliverable
To successfully fulfill this task, it is expected that the evaluation team will visit Kismayo, Dusamorab, Boroma, Baki, Iskushuban, Hodan and Amar Jab-Jab districts. The entire exercise including the final Evaluation Report has to be completed within the 73 days period.

Conducting the Evaluation

INDICATIVE Number of Days Person/Team Responsible
1. Briefing the Evaluation Team 3 Days UNICEF, Evaluation Team
2. Conduct 3-4 KIs as part of the inception report for a more substantive analysis and realistic planning of the task 10 Days Evaluation team
2. Development of evaluation work plan and Inception Report 5 Days Evaluation Team
3. Data Collection: the Evaluation Team collects data deploying various data collection methods agreed upon in the Inception Report. Relevant stakeholders from UNICEF COs will facilitate access to information and provide necessary logistic / organisational support.
Days Evaluation Team (support from relevant UNICEF zonal offices)
4. Zero-Draft evaluation report: the Evaluation Team shares the zero-draft of the evaluation report # for circulation with WASH section, the donor (SIDA) and the government. 5 Days Evaluation team, UNICEF
5. Validation of zero draft by the WASH section and relevant stakeholders. 7 Days UNICEF, Evaluation Team
6. Preliminary report: incorporation of the feedback from the WASH section and relevant stakeholders by the Evaluation Team to develop and present the next draft of the Evaluation Report to the WASH section. 3 Days Evaluation Team
7. Standard PPT presentation as part of the final deliverables (summarized # for donor level of presentations and a more detail one for wider circulation) 3 Days Evaluation Team
8. Evaluation Team produces a final report based on the final feedback from WASH section and stakeholders, in time for incorporation of the findings into the Project Annual Report. 7 Days Evaluation Team
TOTAL 73 Days

11. Management and conduct of the evaluation
The Evaluation Team will work under the supervision of a multi-tiered evaluation management structure.

a. Direct management oversight of the evaluation process, but not its content, will be provided by the WASH Manager, based in Mогаселл. The WASH Manager is responsible for the day-to-day implementation of the evaluation and manages the evaluation budget.
b. The contractor will meet the WASH Team at the initiation of the evaluation process, and is expected to present the draft evaluation report for validation to the WASH Section. They are expected to report bi-monthly to the WASH Manager with updates on progress via email/phone and/or Skype calls.
c. The evaluation team will report bi-monthly to the WASH Manager with updates on progress via email/phone and/or Skype calls. A reporting calendar will be set up during the initial Briefing Meeting.
d. The chief of WASH, on the advice of the WASH Manager will be the authority to issue the certificate of acceptance of output.
e. The Task Manager will report to the WASH Manager.
f. The key roles of the chief of WASH is to ensure that 1) the evaluation process meets relevant Norms, Standards and Ethical Guidelines and that 2) the evaluation findings are relevant and recommendations are implementable and that 3) the evaluation findings are disseminated and available for use and learning from the evaluation.
g. Once the evaluation report is completed and validated, and a final report prepared, UNICEF will make it public by posting in the UNICEF website and sharing it with relevant stakeholders. The chief of WASH will endorse a management response to the evaluation recommendations. This includes committing follow up actions to the recommendations as well as establishing responsibilities for the follow up.
h. During the evaluation exercise, the WASH team will provide support to the Evaluation Team by providing access to relevant documents, reports, project documents and products developed by the Project. The WASH Team will also provide contacts with relevant offices who need to be approached for the fulfilment of the evaluation exercise.
i. Travel and expenses: The evaluation team are expected to plan and procure their own travel and organise stay and etc. The financial proposal therefore should include estimated expenses incurred on account of travel and communications.

12. Payment milestones and authority
The Prospective Service Provider will indicate the cost of services for each deliverable in US dollars when applying for this consultancy. The Proposer will be paid only after approving authority confirms the successful completion of each deliverable as stipulated hereunder. In accordance with UNICEF rules, the lump sum contract amount to be offered should consider the professional fee inclusive of travel, living allowances, communications, taxes, out of pocket expenses, and other ancillary costs.

A contractor shall then be paid the lump sum contract amount upon certification of the completed tasks satisfactorily, as per the following payment schedule:
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<tr>
<th>Instalment of Payment/ Period Deliverables or Documents to be Delivered</th>
<th>Approval should be obtained Percentage of Payment</th>
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<tbody>
<tr>
<td>1st Instalment: Inception Report and Work Plan WASH Manager/Chief of WASH</td>
<td>20%</td>
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<tr>
<td>2nd Instalment: Delivery of the Final Evaluation Report WASH Manager/Chief of WASH</td>
<td>80%</td>
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13. Overall Structure of the final report

The following template serves as a standard outline for the final evaluation report. This should be considered during the inception phase and taking account of the specific scope and focus of the evaluation, a detailed outline of the evaluation report should be included in the inception report.

The final report must have the following disclaimer on the cover page:
This report is financed by the Swedish International Development Agency (SIDA) and is presented by [Name of consulting firm] for UNICEF and the SIDA. It does not necessarily reflect the opinion of UNICEF, SIDA or the EU.

EXECUTIVE SUMMARY
§ Summary of the final evaluation, with particular emphasis on main findings, conclusions, lessons learned and recommendations:
The executive summary provides a synopsis of the evaluation and its purpose, emphasising main findings, evaluative conclusions, recommendations and lessons learned. Descriptions of methodology should be kept to a minimum. The summary should be self-contained and self-explanatory. Special care should be taken to prepare the executive summary, as its may be the only part of the report that some people have time to read.

INTRODUCTION
§ Presentation of the evaluation’s purpose, questions and main findings: The introduction presents the background and overall purpose of the evaluation, including how and by whom it is intended to be used, as well as the evaluation criteria employed and the key questions addressed. It also outlines the structure of the report and provides guidance to readers.

THE EVALUATED INTERVENTION
§ Description of the evaluated intervention, and its purpose, logic, organisation and stakeholders: This chapter describes the main characteristics of the evaluated intervention and its organisation and stakeholders. It should cover the key issue(s) addressed by the intervention, the objectives of the intervention, the expected results and its logic of cause and effect. A description of activities carried out and key outputs delivered should be included.
§ The chapter should also cover the policy and development context of the evaluated intervention, including the assumptions about external factors that were part of intervention planning. When preparing the chapter, the evaluators should summarize the findings and conclusions of any earlier evaluations of the same intervention.

FINDINGS
§ Factual evidence and observations that are relevant to the specific questions asked by the evaluation: Findings are information/data and inferences from such data that the evaluators present as evidence relevant to the evaluation questions. They are the facts of the matter, in other words. In the findings chapter, this body of evidence is systematically presented so that readers can form their own opinion about the strengths and weakness of the conclusions of the evaluation. The quality of the findings # their accuracy and relevance # should be assessed with reference to standard criteria of reliability and validity and with reference to the project document and its results framework.

EVALUATIVE CONCLUSIONS
§ Assessment of the intervention and its results against given evaluation criteria, standards of performance and policy issues: these evaluative conclusions are the evaluators’ concluding assessments of the intervention against given evaluation criteria, performance standards and policy issues. They provide answers as to whether the intervention is considered good or bad, and whether the results are found positive or negative. In many cases, it makes sense to combine the presentation of findings and evaluative conclusions in one chapter.

LESSONS LEARNED
§ General conclusions that are likely to have a potential for wider application and use: Lessons learned are findings and conclusions that can be generalised beyond the evaluated intervention. In formulating lessons, the evaluators are expected to examine the
intervention in a wider perspective and put it in relation to current ideas about good and bad practice.

RECOMMENDATIONS

§ Actionable proposals to the evaluation’s users for improved intervention cycle management and policy: Recommendations indicate what actions the evaluators believe should be taken on the basis of the evaluation.

§ Recommendations should always identify their respective addressees and be tailored to the specific needs and interests of each addressee. They should be simply stated and geared to facilitate implementation.

APPENDIXES

Terms of reference, methodology for data gathering and analysis, references, etc.: The report should include an Appendix describing how the evaluation was carried out.

CONTRACTUAL PROVISIONS

THIS CONTRACT FOR SERVICES is made between:

THE UNITED NATIONS CHILDREN’S FUND ("UNICEF"), an international inter-governmental organization established by the General Assembly of the United Nations by resolution No. 57(1) of 11 December 1946 as a subsidiary organ of the United Nations, having its headquarters at UNICEF House, Three United Nations Plaza, New York, New York, 10017, U.S.A. and having an office in Somalia, Mogadishu; and

MDF TRAINING EN CONSULTANCY BV (the "Contractor"), a corporation established and existing under the laws of Netherlands and having its principal offices at HNK Horapark Bennekomseweg 41, Postal code 6717 LL EDE, Bennekomseweg, Netherlands

Each of UNICEF and the Contractor are referred in this Contract as a "Party" or together as the "Parties".

WHEREAS:

A. UNICEF is an integral part of the United Nations, and works with governments, civil society organizations and other partners worldwide to advance children’s rights to survival, protection, development and participation, guided by the Convention on the Rights of the Child.

B. UNICEF wishes to engage the Contractor to provide the services (the "Services") and the deliverables (the "Deliverables") described in the section of this Contract entitled "Statement of Work/TOR" in accordance with the terms and conditions set out in this Contract (as defined below).

C. The Contractor represents that it possesses the requisite knowledge, skill, personnel, resources and experience and that it is fully qualified, ready, willing, and able to provide such Services and Deliverables in accordance with the terms and conditions set out in this Contract.

NOW THEREFORE, the Parties agree as follows:

1. Contract Documents

1.1 This contract (the or this "Contract") comprises: (a) this document (including any Special Terms and Conditions set out at Section 6 below); (b) the UNICEF General Terms and Conditions of Contract (Services) attached as Annex A; and (c) the other annexes (if any) attached to this document. The documents comprising this Contract are complementary of one another, but if there is any ambiguity or inconsistency between those documents, then (i) this document will take precedence over the UNICEF General Terms and Conditions
of Contract (Services) and the other annexes (if any), and (ii) the UNICEF General Terms and Conditions of Contract (Services) will take precedence over the other annexes (if any). Capitalized terms used but not defined in this Contract have the meaning given to them in the UNICEF General Terms and Conditions of Contract (Services).

1.2 This Contract (including any documents incorporated by reference in this Contract) is the entire agreement between the Parties with regard to the provision of the Services and delivery of the Deliverables to UNICEF by the Contractor. It supersedes all prior representations, agreements, contracts and proposals, whether written or oral, by and between the Parties on this subject. No promises, understandings, obligations, supplemental undertakings, licenses, terms-of-service, shrink-wrap, click-wrap, browse-wrap, confidentiality, non-disclosure, non-compete, acceptable use policies, or other forms of agreement (oral or otherwise) concerning any Services or Deliverables provided or to be provided under this Contract will be valid and enforceable against UNICEF, nor in any way will constitute an agreement by UNICEF, unless agreed by a valid amendment concluded in accordance with Article 11.9 of the UNICEF General Terms and Conditions (Services).

1.3 The Contractor acknowledges and agrees that, in the interests of transparency and efficiency among organizations of the United Nations system, UNICEF may make available a copy of this Contract to such organizations.

2. Effective Date; Term

2.1 This Contract will be a binding contract between UNICEF and the Contractor when UNICEF receives a copy of this Contract counter-signed by the Contractor. The effective date of this Contract will be the date UNICEF receives the counter-signed copy.

2.2 The term of this Contract will be for the period stated on the first page of this Contract.

2.3 UNICEF can cancel this Contract upon written notice (including by email) to the Contractor without any liability for cancellation charges or any other liability of any kind, provided that notice of such cancellation is given prior to the scheduled start date for performance of the Services.

3. Notices; Coordination

3.1 UNICEF’s and the Contractor’s contact and address for notices under this Contract are set out below. Each Party will notify the other in writing of any change in such Party’s contact and address for notices.

If to UNICEF:
UNICEF Somalia, RA compound, MIA, Mogadishu
Attention: Nana Essah, Chief supply and Logistics
E-mail: nessa@unicef.org

If to the Contractor:
MDF TRAINING EN CONSULTANCY BV
HNK Horapark Bennekomseweg 41, Postal code 6717 LL EDE, Bennekomseweg, Netherlands
Attention: Mike Zuyderduyn # Managing Director
Tel: +31(0)318650060
E-mail: mdf@mdf.nl / era@mdf.nl

3.2 UNICEF and the Contractor will each nominate a representative to be responsible for the day-to-day coordination and management of the Contract and will inform the other Party by exchange of emails.
4. Fees; Most Favored Customer.

4.1 The Contractor represents that the Fees for the Services and Deliverables under this Contract are the most favourable pricing terms available to any customer of the Contractor (or of any its Affiliates). If at any time during the term of this Contract, any other customer of the Contractor (or of any of the Contractor's Affiliates) obtains more favourable pricing terms then those provided to UNICEF, the Contractor will retroactively adjust the Fee and related pricing terms under this Contract to conform to the more favourable terms and the Contractor will promptly pay UNICEF any amounts owing to UNICEF as a result of such retroactive fee adjustment.

4.2 [Payment against the Contractor's invoice will reflect a discount of [PERCENTAGE] provided payment is made within [NUMBER OF DAYS] from the date of receipt of the Contractor's invoice by UNICEF.]

5. Liquidated Damages. In addition to, and without prejudice to any of the other rights and remedies of UNICEF including, but not limited to, those set out in the UNICEF General Terms and Conditions of Contract (Services), if the Contractor fails to provide the Services or the Deliverables in accordance with the time schedule set out in the Contract, or if UNICEF determines that the Services or Deliverables do not conform to the requirements of the Contract, UNICEF may claim liquidated damages from the Contractor and, at UNICEF's option, the Contractor will pay such liquidated damages to UNICEF or UNICEF will deduct such liquidated damages from the Contractor's invoice(s). Such liquidated damages will be calculated as follows: one half of one per cent (0.5%) of the Contract Fee for the delayed Services and Deliverables for each day of delay, or in the case of a Fee calculated on a time-based rate, one half of one per cent (0.5%) of the time-based rate for all the Contractor Personnel required to provide the relevant Services or Deliverables, until performance of conforming Services or delivery of conforming Deliverables, up to a maximum of ten per cent (10%) of the value of the Contract. The payment or deduction of such liquidated damages will not relieve the Contractor from any of its other obligations or liabilities pursuant to the Contract.

6. Special Terms and Conditions. The additional Special Terms and Conditions (if any) specified below will apply to this Contract. These additional Special Terms and Conditions will not apply to any other Contract or contractual relationship between the Parties unless expressly agreed to in writing.

SPECIAL TERMS AND CONDITIONS

MARKINGS

INVOICING INSTRUCTIONS

1. INVOICING

1.1 The Contractor will issue invoices to [UNICEF Office, address] as detailed in clause 3 (three) of the UNICEF General Terms and Conditions of Contract (Services) attached as Annex A.
## Institutional/Corporate Contract

<table>
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<th>CONTRACTOR</th>
<th>ISSUING OFFICE</th>
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<td>Nairobi Somalia De</td>
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*Agreement entered into between UNICEF and:*

(Hereinafter referred to as "The Contractor")

**NAME**
MDF TRAINING EN CONSULTANCY BV

**ADDRESS**
H NK Horapark De nekomseeweg 41 Bennekomseweg, Netherlands
E-MAI ZU@mdf.nl

**CURRENCY** USD

**TELEPHONE NO.**
318650000

**FAX NO.**
623420304

---

**AMENDMENT REASON**

Amendment 1: Updated TOR + project delivery dates as attached
Amendment 2: Validity period amended to btwn 01 Dec 2018 - 31 March 2019 (Ref. attached communication)

---

**THE GENERAL TERMS AND CONDITIONS SPECIFIED IN THE ANNEX A APPLY TO THIS CONTRACT**
Annex 2  Selected list of respondents

Survey

We interview a total of 188 people, 137 female and 51 male, according to the sampling framework in Table 14.

Table 14 sampling strategy

<table>
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<tr>
<th>Population</th>
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<tr>
<td>Populations between 1 to 500</td>
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<td>Populations between 500 and 1000</td>
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Key informant interviews

We conducted 42 key informant interviews.

UNICEF staff

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Implementing partners

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### Government

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<td></td>
<td>Ministry of Water (Male)</td>
</tr>
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<td>2</td>
<td>Ministry of Public Works (Male)</td>
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<td>1</td>
<td>Ministry of Social Affairs (Male)</td>
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<td>Mogadishu</td>
<td>1</td>
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### Companies

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<td>PSAWEN (Male)</td>
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<td>Abdi Nur - Gogobale Borehole (Male)</td>
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<td>Adawe - Shinbiro Onshe (Male)</td>
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<td>SHABA (Male)</td>
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<td>Respondent</td>
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<tr>
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<tr>
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<td>• Ceelbraf</td>
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<td>• Halimale</td>
<td></td>
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### Galgaduud
- Refferal hospital Dhusamareeb
- Ciye hospital (Control)

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### Somaliland
- Idhanka
- Halimale (MCH)

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### Head masters / Teachers

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<tr>
<td>Galgaduud</td>
<td>3</td>
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<td>• Guriel</td>
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<td></td>
</tr>
<tr>
<td>• Dhusamareeb</td>
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<tr>
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<tr>
<td>• Halimale</td>
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<tr>
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<tr>
<td>• Weerer</td>
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### Community group discussions
### Women in communities

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<td>• Kismayo - Govewyn</td>
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<td>• Galgaduud – Towfiq</td>
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<tr>
<td>• Puntland – Washington</td>
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<tr>
<td>• Somaliland – State House</td>
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### Men in communities

<table>
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</table>
- Moofi

<table>
<thead>
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<th>N of participants</th>
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<tr>
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<td>10</td>
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<tr>
<td>Dhusamareeb</td>
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<td>Ceelbraf</td>
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<td>Halimale</td>
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<td>Weerer</td>
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**Health promoters**

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- Guriel
- Dhusamareeb

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<thead>
<tr>
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| Total              | 6 | 23 Male – 15 Female |

### Student WASH-clubs

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| Total        | 11                  |                   |

### Direct observation

### Water in communities

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| Total    | 15                |
## Sanitation in communities

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<td>Somaliland</td>
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<td><strong>Total</strong></td>
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## Health facilities

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## Schools

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**Annex 3 Bibliography**

**Public available sources**

[accessed between 12-03 and 03-04 2019]

- Jessica Tierney et al, “Past and Future Rainfall in the Horn of Africa,” Science Advances 1, 9 (9 October 2015), [http://advances.sciencemag.org/content/1/9/e1500682.full](http://advances.sciencemag.org/content/1/9/e1500682.full)
- Somalia Cholera outbreak since 2016, [https://reliefweb.int/disaster/ep-2016-000053-som](https://reliefweb.int/disaster/ep-2016-000053-som)
UNICEF SOMALIA - Final evaluation of “Improving children’s access to water and sanitation in Somalia (2015-2018)"


**UNICEF documentation**

- 2015 05 SIDA Final Proposal
- 2015.08_UNICEF Somalia WASH proposal to Sida.pdf
- Theory of Change – WASH
- UNICEF WASH Management Structure in Somalia
- Proposal Annex 2: Performance monitoring framework
- Proposal Annex 3: Risk assessment and mitigation measures
- UNICEF_WASH KAP Survey Somalia_report Farsight Africa Final v3
- WASH scoping study report for improvement of WASH in Somalia

**Partner CPAs**

- ADRA PCA 2
- NRC PCA 1
- SHILCON PCAs Final reviewed
- SRCO detailed locations.xlsx
- SRCO PCA

**Monitoring documents**

- PD ADRA CSZ 2016 WASH Feb 2018
- SIDA Resilience project in Kisma – implemented by government contact persons
- NRC 20190212_UNICEF_SIDA GPS coordinates, Baseline assessment Guriel and Dhusomareb Assessment report Feb 2015
- NRC, FGD Hygiene kits distribution UNICEF
- NRC, OFW1508 Financial report face form final 0530.pdf
- NRC, SOFW1508 Financial report Face Form Final.xlsx
- NRC, SOFW1508 Unicef final report template capturing all outputs (final).pdf
- NRC, UNICEF Galgadud End Line Survey report
- Government of Somalia, NEX_2018 RWP Approved (Rolling Work Plan)
- Puntland AWP 2017 (annual work plan)
- SHILCON Final Report
- SHILCON Puntland BASELINE REPORT (KAP)
- Update End-line WASH resilience survey report
- Briefing Note SIDA supported mini water support systems
- SIDA Boroma BN – EU PROJECT, Trip report Dheenta and Boroma 20171009-10 PVO SIDA delegation
- Trip report SIDA mission 10 to 11 July 2018
- SRCO, Final report SRCO 2018
- SRCO detailed location
- Unicef M&E Visits, Trip Report Burao-Dheenta 20170904-06 SK PVO
- Unicef M&E Visits, Trip report Awdal & M Jeex Regional 4918
- Final Report Evaluation of UNICEFs Response to the pre-famine crisis (MDF)
- Unicef report to SIDA, SC150594 Second Progress Report April 2017
- Unicef report to Sida UNICEF SC150594 Narrative Progress Report April 2018
## Annex 4 Evaluation matrix

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key approach and indicators</th>
<th>Methods and sources of data collection</th>
</tr>
</thead>
</table>
| **1. To what extent does the project suit the needs of the target groups taking into consideration specific needs based on gender, age, IDP status, persons with disabilities? To what extent does the project suit the priorities and policies of donor and national government?** | Qualitative judgement on the relevance of the project for their needs from boys and girls, men and women, personnel of health clinics and schools, representatives of the IPs, private sector, and government. Additionally, we capture information on the process of project design conducted by UNICEF and its IPs to evaluate how participatory, evidence-based, and soundly targeted it was. For this, we will interview UNICEF, government, and IP staff. This process will lead to a model of the determinants of quality service delivery in this context which will reveal UNICEF performance against the dimensions of the model. | • CGDs with stakeholders and beneficiaries disaggregated by gender (and with notes of age and IDP status of participants)  
• HH survey in the catchment areas of water sources, schools, and ODF villages disaggregated by gender, IDP status, and age  
• Desk review of SIDA country strategy and UNICEF country programme document  
• Desk review of information on WASH needs in Somalia, such as burden of water-borne disease, IDP displacement, and water scarcity and prices |
| **2. Is the TOC still valid? This includes TOC’s goals, and connections leading from outputs to outcomes to objective** | The evaluation has created an initial theory of change for the UNICEF project, identified the likely intervening external factors, and set fifteen working hypotheses on the validity of the TOC. During our response to the effectiveness questions, we will review the validity of | • Desk review of programme funding documents and progress reports  
• Desk review of general literature on the context to WASH interventions in Somalia, such as situational reports and |
### Effectiveness

| 3. To what extent has the project contributed to achieve its objectives and created social change (positive and negative alike)? |
|---|---|---|
| **Effectiveness** | We plan to use outcome harvesting through desk research, interviews, and surveys to collect qualitative and quantitative signs of change along the entire TOC from activities to change in burden of disease. We will triangulate the signs of change from different sources and place them in a web of causally connected events (with preference for the outcomes confirmed from different sources). Out of this web, we will identify UNICEF contribution alongside the contribution of other factors. We will then make an informed judgement on whether we confirm or reject the initial hypothesis. | secondary datasets on health, education, and development trends
• Desk review on water-borne disease trends, and trends in water scarcity
• KII with UNICEF staff, stakeholders, and beneficiaries
• Household survey

| 4. What were the main causal factors of the objectives and outcomes? |
|---|---|---|
| We plan to use outcome harvesting through desk research, interviews, and surveys to collect qualitative and quantitative signs of change along the entire TOC from activities to change in burden of disease. We will triangulate the signs of change from different sources and place them in a web of causally connected events (with preference for the outcomes confirmed from different sources). Out of this web, we will identify UNICEF contribution alongside the contribution of other factors. We will then make an informed judgement on whether we confirm or reject the initial hypothesis. | The evaluation team will use a contribution analysis to pick-up any UNICEF contributions to the instances of change collected in the preceding two questions. The | Desk review of programme funding documents and progress reports
• Desk review of general literature on the context to WASH interventions in Somalia, such as situational reports and secondary datasets on health, education, and development trends
• Desk review on water-borne disease trends, and trends in water scarcity
• KII with UNICEF staff, stakeholders, and beneficiaries
• Household survey

| 5. What were the main causal factors of the objectives and outcomes? |
|---|---|---|
| The evaluation team will use a contribution analysis to pick-up any UNICEF contributions to the instances of change collected in the preceding two questions. The | • Desk review of programme funding documents and progress reports
• Desk review of general literature on the context to WASH interventions in Somalia, such as situational reports and secondary datasets on health, education, and development trends
• Desk review on water-borne disease trends, and trends in water scarcity
• KII with UNICEF staff, stakeholders, and beneficiaries
• Household survey |
Evaluation team will place UNICEF contribution in the broader context of contribution by other projects, and of changes in environmental and socio-economic conditions.

<table>
<thead>
<tr>
<th>Efficiency</th>
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</thead>
<tbody>
<tr>
<td>5. Were activities cost-efficient?</td>
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<tr>
<td>6. Were activities implemented on time?</td>
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<tr>
<td></td>
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<tr>
<td>7. To what extent will the project benefits continue after the project?</td>
</tr>
</tbody>
</table>

- KIIs with UNICEF staff, stakeholders, and beneficiaries
- Household surveys
- Desk review of budget documents (so far, we have not received much, if any, financial documents)
- KIIs with UNICEF staff
- Desk review of project reports
- KIIs with UNICEF staff, stakeholders, and beneficiaries
- FGDs with stakeholders and beneficiaries
- Desk review of programme funding documents and progress reports
- Household surveys
8. **What are the main causal factors of sustainability?**

<table>
<thead>
<tr>
<th>Specifically for sustainability. This hypothesis looks in particular at the:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Soundness of design of infrastructures that are designed to last years</td>
</tr>
<tr>
<td>• Ease and cost of maintaining the infrastructures operatives, including the role of the private sector</td>
</tr>
<tr>
<td>• Capacity of the government to set an enabling environment for water providers</td>
</tr>
<tr>
<td>• Embeddedness of ODF behaviour in the communities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The evaluation team will use contribution analysis to pick-up any UNICEF contributions to the instances of sustainability collected in the previous question. The evaluation team will place UNICEF contribution in the broader context of contribution by other projects, and of changes in environmental and socio-economic conditions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• FGDs with stakeholders and beneficiaries</td>
</tr>
<tr>
<td>• Desk review of programme funding documents and progress reports</td>
</tr>
<tr>
<td>• Household surveys</td>
</tr>
</tbody>
</table>
## Annex 5  Outcome Harvesting: signs of outcomes

<table>
<thead>
<tr>
<th>Sign</th>
<th>Source</th>
<th>Type</th>
<th>Location</th>
<th>Outcomes</th>
<th>Cause</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water borne diseases decreased at project locations, but not enough to make a different on region-wide comparisons</td>
<td>Members of WASH committees, CGDs with community members (especially in Galgaduud), Desk review of EWARM data</td>
<td>Partial change</td>
<td>Galgaduud, Jubaland, Bari</td>
<td>1</td>
<td>More water, sanitation, and hygiene Integration with health and sanitation support Community involvement Presence of WASH committees (in Lower Juba, Bari, and Galgaduud) The oral cholera vaccination campaign was implemented in 10 high risk districts in 2017 and 2018 across Somalia WHO continues to provide leadership and support for activities with the Ministry of Health (MoH) to respond to this cholera outbreak, including case management, surveillance and laboratory investigations and water sanitation, hygiene (WASH) and risk communication.</td>
<td>Contested: in Bari, respondents report that no change occurred. However, there were no cases in Bari during 2018. Confirmed: The survey confirms an improvement of the WASH situation for Galgaduud and Bari, but not for Lower Juba Contested: secondary data shows that the project did not make a difference in the regional rates between Lower Juba and Middle Shabelle. However, the comparison is not perfect as the two</td>
</tr>
</tbody>
</table>

In the 12 months before the survey, half of HHs in Bari, Galgaduud, and Lower Juba had a member of the HH getting sick. However, this included cold, and typhoid in Galgaduud. The cholera cases are concentrated in Lower Juba, and Kismayo in particular.

| Increase in school attendance by girls | Unicef Staff, IP staff, Government counterparts, survey | Partial change | Jubaland (Galgaduud and Kismayo) | 1 | Before, **school going boy/ girls had to walk for far distance fetching water** but thanks to Unicef/ADRA now limited time is lost on fetching water thus enabling them to have enough time for their studies.

Not getting sick anymore, and thus not having to skip schools

MHM trainings with girls in WASH clubs

Integrated programming | **Contested**: HH survey respondents say that children do most of the collecting in Lower Juba, but not in Galgaduued or Bari. In Galgaduud, the majority of households did not collect water. Only IDPs did and mostly adults. In Bari, mainly adult men collect water. Therefore, the pathway through time spent collecting water is not operational in Lower Juba, is operational only for IDPs in Galgaduud, and not in Bari.

**Confirmed**: The survey confirms that it is mainly children, who got sick
<table>
<thead>
<tr>
<th>All IPs and Unicef staff agree that the programme has achieved its objectives.</th>
<th>IPs, Unicef Staff, government partners, desk review</th>
<th>Change</th>
<th>South Central, Puntland, Somaliland</th>
<th>PPP and stakeholder engagement worked well: they allowed to reach further (confirmed across IPs and Unicef Staff). Confirmed especially for Boram in Somaliland, but with early signs in South region.</th>
<th>Contested: SIDA staff claims that the outcomes of WASH policy and coordination between Ministries have not been delivered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The lack of capability of and access by partners, especially during the drought. Unicef did not have enough low risk partners identified previously to fulfil requirements.</td>
<td>Despite the fact that, lack of water sources created big challenges to reach ODF target in Bari. The lack of water in Bari is confirmed by the desk research</td>
<td>Despite the lack of pre-financing for IPs (Bari)</td>
<td>Despite, targeting remote locations in Bari</td>
<td>Despite, targeting remote locations in Bari</td>
<td></td>
</tr>
<tr>
<td>The identification of the location and selection was a challenge because of high competition and prioritisation was very risky/challenges</td>
<td>Ministry of water being overwhelmed in terms of supervisory role during</td>
<td>Contested: by April 2018, the Project was behind in reaching its outcomes and outputs. It had not reached any of its outcomes, and only three out of eight output targets. It met the target for setting up solar pumps supply systems, the supply system in Borama, and rehabilitating WASH systems in Schools. It did not meet the target for shallow wells, sub-surface dams, and boreholes. Neither did it meet the target to rehabilitate facilities in clinics, and reach ODF status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Water availability improved in South Central region and Somaliland. It improved to lesser extent in Puntland. 10 out of 11 student WASH clubs reported that the situation has improved (5 report water shortages before but not after the project, 2 that they never had problems, and 3 that water shortages happened after the projects). 5 out of 5 health clinics now have water (through solar, well, and piping). In the past, one clinic had closed because of lack of water. However, 2 out of 5 still have water shortages. In

| Government counterparts, IPs, Unicef Staff, WASH committee members, desk review, HH survey | Partial change | South Central (Kismayo, Galgaduud), Somaliland, but not Puntland | 1.1 | PPPs in Galgaduud, shallow wells and use of chlorinated water by ADRA in Kismayo (where, however, chlorine tablets are not available too poor people). In South Central, 13 communities benefit from 5-borehole rehabilitation (more than planned through competitive process, savings from no solar pumps). Provision of water supply systems in 3 health facilities (hospitals, MCH and OPDs) and 7 schools. In Puntland, 1 elevated tank. 4 water points constructed, pipelines in 3 settlements, 2 sets of solar panels installed, 1 generator, 2 rehabilitated shallow wells (amended). 18 solar pump operators for the 3 water systems. The shallow well did not operate well, as it


Despite, Unicef could not source all spare parts for solar, which caused delays as had to get them from outside country.

Mid way, UNICEF leadership changed. This caused challenges.

**Contested** for Lower Juba and Bari (Camaam): members of the WASH communities say that In Lower Juba, the project did not change anything on the provision of water. The hygiene and sanitation has however improved (that was because the project ran only orientation activities)

**Confirmed** for Galgaduud, Awdal, Salal, and Bari (Iskushuban)
3 out of 5 facilities, the project increased water availability. 65% of treatment CGD said that water availability increased, compared with only 22% of control CGD.

<table>
<thead>
<tr>
<th>was already tapped in by another water source.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Somaliland, sub surface dam constructed, drawing water from ground and 2 shallow wells. Pumped with solar system to elevated tank in village, WMC established. Water kiosk in place. The project also constructed a borehole currently serving 12,000 people and children from six primary schools of Borama connected to the system.</td>
</tr>
<tr>
<td>Contested for Lower Juba: the survey shows that a third of HH in lower Juba received water of low quality. Additionally, more than half the HHs in Bari and Lower Juba reported that water makes people sick. Only a small minority of HHs reports the same problem for Galgaduud.</td>
</tr>
<tr>
<td>SHABA provides full installation of water to low income households free of charge and cost recovery is done gradually by making adjustments to the monthly water fees. Company is doing a fairly well job. PPP with MoWR, Municipality and UNICEF (Somaliland). Confirmed through desk review</td>
</tr>
<tr>
<td>Wells have no protective fence (Somaliland)</td>
</tr>
<tr>
<td>Non availability of spare parts in the market to allow quick and timely repair of the system when it breaks down (Somaliland)</td>
</tr>
<tr>
<td>Capacitating the government in its procurement of services through tendering (Somaliland)</td>
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<td>-----</td>
</tr>
<tr>
<td>Investments from the diaspora (in Awdal and Salal)</td>
</tr>
<tr>
<td>Community involvement. The governance structure of the project (good relationships between the committees)</td>
</tr>
<tr>
<td>Rainfall patterns (good in South-Central and Somaliland), worse in Puntland</td>
</tr>
<tr>
<td>Shallow wells did not work as well in Puntland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Solar works well, is cheap, and easily repaired. 5 out of 6 PPP companies are using solar. All of them think that it is maintainable and cheaper than the alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of WASH committees, PPP companies, KII with health clinics</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>Galgaduud</td>
</tr>
<tr>
<td>1.1</td>
</tr>
<tr>
<td>Ability to source spare parts</td>
</tr>
<tr>
<td>Ability to run at lower costs</td>
</tr>
<tr>
<td>Costs</td>
</tr>
<tr>
<td>Contested: IPs can dig more boreholes than planned through savings from no solar pumps.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The project has not responded well to the drought situation in Puntland</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPs, Unicef Staff</td>
</tr>
<tr>
<td>No change</td>
</tr>
<tr>
<td>Bari</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>The project has deviated the priority need of the communities without water sources. FSNAU= Bari region is much worse off than the</td>
</tr>
<tr>
<td>Contested: The project has helped mitigating the impact of the drought, even in 2018, there was</td>
</tr>
</tbody>
</table>
rest of the country. Annual rainfall is less than 100 mm/year. So very arid area.126

Long discussions about locations with PSAWEN (lots of politics + study to be done). As the grant was about to expire, the activity was cancelled. Political/property-land issue for the selection of the location. When the location was finally agreed, it also took a lot of time to mobilise for the geophysical survey: the activity has therefore been cancelled.

Use of shallow wells not up to expectation because some other activity took place and use same aquifer. If we had properly engaged with community leaders and shared with them the impact of doing other shallow wells and how this would have impacted them/wells— we could have mitigated the challenges

ISIS expansion in Puntland  

| Mini water systems could provide water to those affected by the 2018 cyclone |  |  | still a shortfall of rain but the mini water system did manage to cover the need of water to the people: this impact goes beyond the JHNP outcomes. |

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126 https://reliefweb.int/sites/reliefweb.int/files/resources/SOMALIA_Seasonal_Monitor_05112018.pdf
| Sanitation improved. 81% of students confirmed that they have received hygiene messages. 75% mention that they wash their hands after visiting toilets. In Puntland, 75% schools have toilet facilities (up from 10% at the beginning of the project). 10 out 11 WASH clubs report that the situation has improved. In the health clinics, toilets are of variable quality. 76% of treatment CGDs reported improvement in sanitation, compared with 0% of control FGDs. A small minorities of HHs in Lower Juba and Galgaduud reports not having access to latrines, against a substantial minority in Bari |
| Government counterparts, Members of the WASH committees, KII with health clinics |
| Change |
| South Central (Kismayo, Galgaduud)), Somaliland (Awdal, Salal), and Barri |
| 1.2 |
| Building and rehabilitating toilets, and connecting them to handwashing |
| In South Central Somalia, Implemented WinS in schools using the 3-star approach (clubs and training of CECs and teachers). 58 gender disaggregated twin latrine blocks in health facilities and 10 schools (includes handwashing facilities) constructed. |
| In Puntland, construction of sanitation facilities in seven schools and in 3 health facilities: twin latrines in each place. Over 30,000 people received handwashing messages during global hand wash day October. 54 CEC and teachers trained. 13 wash committees established and trained. |
| In Somaliland’s Caracad village. Unicef supported a promising settlement with 11 households, 10 having fully functional latrines. Hygiene improvement was relatively evident/visible. In Somaliland, |
| The role of the WASH committee is to give orientation. It does not make decisions or |
| Contested: the direct observation showed that latrines were very variable in quality. Additionally, direct observation showed problems in keeping the facilities clean. |
| Contested for Bari, CGDs and survey reports that toilet availability is a challenge. Training still worked in improving the situation. |
manage resources. People feel shy to defecate outside after the orientation

Burning of trash and cleaning practices (rubbish is a problem in all locations)

**Community involvement.** The governance structure of the project (good relationships between the committees)

Even if, **lack of enough space** to construct latrines as due to high population.

WASH clubs of students in schools ran awareness campaigns on ODF

Availability of running water for the toilets

Awareness without toilet availability would not produce change

A small minority of households (between 5 and 10%) participated to the training on hygiene practices
<table>
<thead>
<tr>
<th><strong>Under 5 have no proper access to latrines</strong></th>
<th>Survey</th>
<th>No change</th>
<th>Across Somalia</th>
<th>1.2</th>
<th>The project did not target specifically the needs of children under 5.</th>
<th>Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals and communities took the initiative to build and utilize their own latrines (13 out of 35 HHs built their own latrines during the lifetime of the project in Lower Juba, of which 9 paid for it themselves, and 24 out of 90 in Galgaduud, of which 14 paid for it themselves)</strong></td>
<td>IPs, survey</td>
<td>Change</td>
<td>South Central, Puntland, Somaliland</td>
<td>1</td>
<td>Because of education and policy engagement. Availability of money to fund the toilets Availability of service providers</td>
<td>Confirmed</td>
</tr>
</tbody>
</table>
| **Keeping water sources and latrines clean in schools, communities, and health clinics is a challenge. Across Somali communities, 6 out of 8 facilities had signs of faces near the water source. The enumerators would not drink the water from 3 out of 6 sources, as it is not available** | Direct observation of water sources, IPs and Unicef reporting | No change | Puntland, Somaliland, South Central Somalia | 1 | Cleaners are not paid Lack of cleaning material Schools are more clean when WASH clubs have responsibilities to clean them. However, schools still have problems of nearby communities dumping rubbish near the school | Contested: CGDs report that communities have maintained high hygiene standard and the environment is cleaner now than before the project intervention. In Awdal, community members now have better understanding on
or dirty. In Schools, in 6 out of 12 cases, the latrines were not clean and in 3 out of 12 places there were faeces near the water source). In health clinics, all latrines showed signs of faeces, as did 2 out of 5 water sources.

<table>
<thead>
<tr>
<th>Approaches</th>
<th>No change</th>
<th>Change</th>
<th>Summary</th>
<th>Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct observation of latrines per community</td>
<td></td>
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<tr>
<td>South Central, Puntland, Somaliland</td>
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<tr>
<td>There is no running water and soap</td>
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<tr>
<td>Lack of awareness of the fact that this is important</td>
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<tr>
<td>Respondents have reported that they do not have materials for cleaning</td>
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<td></td>
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<tr>
<td>Members of WASH committees</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Supply of materials</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ODF improved in 2018, after a relapse during the 2017 drought. Between 2015 and 2016 39 villages in Somalia were officially recognised for attaining ODF status. In 2018, Government counterparts, Members of WASH committees, Trainings and orientation with the WASH Commitee</td>
<td>Change</td>
<td></td>
<td></td>
<td>Confirmed</td>
</tr>
</tbody>
</table>
In Puntland, 25% of survey respondents say they practice OD, whereas at baseline it was 80%. 61% of treatment CGD report that hygiene practices have improved, against 11% of control groups. However, 30% of treatment CGDs said that change was not enough.

<table>
<thead>
<tr>
<th>Coordination in the Government has improved.</th>
<th>CGDs with communities</th>
<th>Availability of water</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National Sanitation Task Force (NSTF) to coordinate actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Puntland MoE established a WinS unit with two dedicated staff members who support the roll-out of WASH action</td>
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<tr>
<td>• In Jubaland, an IMSC was established at the start of 2017 and Ministries (MOMEW,</td>
<td>IPs, Unicef</td>
<td>Change</td>
</tr>
</tbody>
</table>

Contested: Inter-governmental cooperation was a challenge in Puntland and in Galgaduud (as it was not clear who was part of the formal authorities).
MOH, MoEWR and MOE) have functional WASH units.

- Increased engagement between members of the sanitation and hygiene technical working group, established and chaired by the MoH

- Increase in inter-governmental collaboration in Kismayo with the Ministry of Education, Ministry of Health and the Ministry of Water Resources and Energy, along with the newly engaged Ministry of Lands.

The project strengthened the capacity of Puntland and Somaliland governments, through engaging them as IPs

| Sida, Unicef reporting | Change | Puntland, Somaliland | 2 | Governments have made a transition from humanitarian to development approach in WASH. Government has a more development focus, as in it takes into consideration project | Confirmed |

| MDF Training & Consultancy | Polaris Global Management Ede, April 2019 |
| Establishments of a framework for PPP model to be implemented in Jubaland state | IPs reporting, Unicef | Change | Jubaland | A training focusing on the PPP model was delivered to 36 participants
- Contribution ADRA (IP) gap analysis done on PPP in Somalia
- Contribution ADRA (IP)
- Government was interested in PPP after seeing companies providing water | Neither confirmed nor contested |
| --- | --- | --- | --- | --- |
| Draft WASH Policy and its implementation strategy developed awaiting State level consultations and validation by stakeholders | IPs reporting, Unicef | Change | Federal | Sida hired a consultant
- Technical direction from Unicef management | Confirmed |
<table>
<thead>
<tr>
<th>Water Act and Policy have been tabled for review by the Puntland Parliament.</th>
<th>IPs reporting, Unicef, government staff</th>
<th>Change</th>
<th>Puntland</th>
<th>2</th>
<th>Confirmed</th>
</tr>
</thead>
</table>
| Companies increased their presence, collaborated with government, and maintained close collaboration with communities | PPPs / companies | Change | Central South, Somaliland, Puntland | 2 | Role of the companies is to provide water and maintain facilities  
In Somaliland, the price is set together with WUA. In Puntland, the local government sets the price.  
Government monitors water quality and provision  
Communities discuss water price and quality of service  
2 companies were paid for the emergency response: their contract has ended. Out of the 4 companies that are still running, 3 are paid by business or communities | Contested. We collected info about communities protesting against some of the water companies |
| WASH in schools and CLTS is a good approach | PPPs / companies | Change | Central South, Somaliland | 1 | WASH services reach the right people | Contested: In the absence of water sources CLTS is not enough (Puntland) |
### Price of water provided by companies is affordable:
1 company decreased the price over the last year, 3 claims that they will decrease it next year, 1 maintain the price (because of inflation), and 1 will set the price in consultation with communities.

<table>
<thead>
<tr>
<th>PPPs / companies / CGDs</th>
<th>Change</th>
<th>Central South, Somaliland</th>
<th>2</th>
<th>Because service has expanded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All HHs reported that they pay for water, with the exception of the IDP HHs in Galgaduud</td>
</tr>
</tbody>
</table>

### All 12 WASH facilities in schools were functional, in only one there were signs of disrepair.
In South Central, 4 out of 6 water source facilities are functional. 2 out of 6 show signs of disrepair. In health clinics, all water sources and latrines were functional. 9 out of 11 WASH clubs in schools were functionals.

<table>
<thead>
<tr>
<th>Direct observation of schools and communities, Unicef staff, IPs, CGD with student WASH clubs</th>
<th>Change</th>
<th>Central South, Somaliland, Puntland</th>
<th>1.2, 1.3</th>
<th>Lack of water because of drought</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Teachers and principals in schools pushed the students to be part of the clubs. The student in one case wanted to be seen as a role model</td>
</tr>
</tbody>
</table>

### The programme reached IDPs in the South Central region and in Puntland

<table>
<thead>
<tr>
<th>Unicef Staff, IPs, PPP</th>
<th>Change</th>
<th>South Central, Puntland</th>
<th>1</th>
<th>PPPs reached the IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In the IDP camps, boys and girls who are members of the CTC clubs have encouraged</td>
</tr>
</tbody>
</table>

### Change

- **Central South, Somaliland**
- **South Central, Puntland**
<table>
<thead>
<tr>
<th>Event</th>
<th>Responsible Parties</th>
<th>Change Location</th>
<th>Result</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the displaced and nomadic people were gathering to these locations because there were reliable water sources.</td>
<td>UNICEF Staff, CGDs</td>
<td>Somaliland</td>
<td>Other water sources have failed</td>
<td>Confirmed</td>
</tr>
<tr>
<td>The project had mixed results on gender.</td>
<td>Sida, Direct</td>
<td>Change</td>
<td>1</td>
<td>Contested: In schools and health clinics, the enumerators observed in one case MHM bins in the toiler and in only 4 case material on MHM. 90% girl do not feel comfortable going to school during menstruation and goes home (Bari, Puntland) In communities, toilets never contained bins for MHM.</td>
</tr>
<tr>
<td>- Hygiene committees had sufficient female representation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In schools and health clinics (but not in communities) latrines are gender separated and accessible.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Girls also got support through a menstrual hygiene component (contested).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>companies. CGDs, Survey</td>
<td></td>
<td></td>
<td>their piers who are not in school to join and got enrolled in the schools. But IDPs are not allowed to own land</td>
<td></td>
</tr>
</tbody>
</table>
UNICEF has disaggregate targets/achievement per gender in reporting.

<table>
<thead>
<tr>
<th>Community latrines are sometimes not accessible to women (about a fourth), children (about a third), and disabled persons (about half, andConfirmed: the survey reports that most of girls have access to HHs toilets.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In the Health Centres, women while pregnant, lactating mothers and sick children also easy access to clean drinking water due to the WASH project, and receive training on hygiene practices</th>
</tr>
</thead>
</table>

| Government staff, KII with health clinics | Change | 1 | Each of the school-site programs was linked to the health and sanitation program, thus providing a more holistic delivery and longer-term outcomes. | Confirmed |

<table>
<thead>
<tr>
<th>9 out of 12 water points and latrines in communities were not accessible to disabled people, as were 2 out of 5 latrines in health clinics. Latrines in schools were more accessible to disabled people.</th>
</tr>
</thead>
</table>

<p>| Direct observation of schools and FGD with WASH club students | Change | Central South, Somaliland, Puntland | 1.2 | Technical design (at the side of the road or in the school compounds) | Confirmed |</p>
<table>
<thead>
<tr>
<th>Quality of infrastructures was not good enough (in communities and health clinics)</th>
<th>Sida</th>
<th>No change</th>
<th>Across Somalia</th>
<th>1</th>
<th>Unicef faced challenges in ensuring quality as they had few staff Quality of local contractors</th>
<th>Confirmed: Latrines susceptible to collapse due to strong winds. (SRCO). Lack of strong follow up support by SRCO due to distance and terrain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unicef did not communicate well with Sida important aspects of the projects</td>
<td>Sida</td>
<td>Negative change</td>
<td>Headquarter</td>
<td>NA</td>
<td></td>
<td>Neither confirmed nor contested</td>
</tr>
<tr>
<td>UNICEF did not deliver supplies to the project site. Project ended without UNICEF delivering the Solar pumps</td>
<td>IPs reporting, PPP interview</td>
<td>No change</td>
<td>South Central</td>
<td>1.1</td>
<td></td>
<td>Confirmed</td>
</tr>
</tbody>
</table>
Annex 6  Contribution analysis

Contribution Analysis: water availability

Change observed (Outcome): Water availability improved in South Central region and Somaliland. It improved to lesser extent in Puntland. However, in Lower Juba, water was of low quality.

![Contribution analysis water availability](image)

**Figure 18 Contribution analysis water availability**

**Contribution Claim:** Based on the analysis of contributing factors (see [Error! Reference source not found.](#) and Table 15), we conclude that the project played a contributing role on improving water availability in South Central region and Somaliland, where it was helped by a return of light and moderate rainfall with the 2018 Deyr. External factors, both political and environmental, prevented the project from achieving a similar success in Puntland.

<table>
<thead>
<tr>
<th>Contributing FACTORS</th>
<th>TYPE</th>
<th>SOURCE</th>
<th>EVIDENCE</th>
<th>SIGNIF. scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Most water sources are maintained by companies, schools, or clinics</td>
<td>Primary factor</td>
<td>Interview</td>
<td>In South Central, 4 out of 6 water source facilities are functional. 2 out of 6 show signs of disrepair. All 12 WASH facilities in schools were functional, in only one there were signs of disrepair.</td>
<td>3</td>
</tr>
<tr>
<td>B. Use of solar energy</td>
<td>Primary factor</td>
<td>Interviews</td>
<td>The use of solar energy is working quite well. Companies report that it is easy to construct and maintain. It requires costs up-front.</td>
<td>3</td>
</tr>
<tr>
<td>C. PPP schemes</td>
<td>Primary factors</td>
<td>Interviews</td>
<td>PPP schemes included longer-term cost-recovery periods for</td>
<td>1</td>
</tr>
</tbody>
</table>

127 Significance scale is from 1 (low) to 4 (high)
reduced the costs of building and running wells, and provided water at affordable costs the company building and running the water sources. Companies report that they reducing costs or plan to reduce them as water provision expands. They report that they mostly set the price together with the communities.

<table>
<thead>
<tr>
<th>D. Shallow wells approach</th>
<th>Contradicting primary factor</th>
<th>Interviews with IPs</th>
<th>The shallow well approach did not work well in the drought conditions of Puntland. The project shifted later in implementation to constructing boreholes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. UNICEF capacity to source spare parts</td>
<td>Contradicting primary factor</td>
<td>Interviews, desk review of project documents</td>
<td>On occasion, UNICEF failed to source spare parts of solar powered water systems</td>
</tr>
<tr>
<td>F. Government monitoring and technical capacity</td>
<td>Contradicting/Supporting rival factors</td>
<td>Interviews</td>
<td>Ministry of Water took charge of monitoring water provision in Somaliland. The Ministries responsible for Water were at times overwhelmed during the drought response</td>
</tr>
<tr>
<td>G. Rainfall conditions</td>
<td>Contradicting rival factor</td>
<td>Interviews with WASH Committee members, and Unicef Staff, and desk review of weather monitoring data</td>
<td>In the second half of 2018, there was no rainfall (Deyr) in most of Puntland. Lower Juba, Galgaduud, and Awdal experienced light to moderate rainfall.</td>
</tr>
<tr>
<td>H. Quality of contractors</td>
<td>Contradicting rival factor</td>
<td>Interviews with IPs</td>
<td>Quality of contractors was a challenge in Somaliland, Puntland, and South-Central</td>
</tr>
<tr>
<td>I. Political process to select location and ownership water sources</td>
<td>Contradicting rival factors</td>
<td>Interviews</td>
<td>In Puntland, IPs faced a long process to select the location and ownership of new wells, and had to cancel the activity in the hand</td>
</tr>
<tr>
<td>J. ISIS presence</td>
<td>Contradicting rival factors</td>
<td>Interviews, DO</td>
<td>ISIS expanded its presence in Puntland. We have reports that some villages have been abandoned</td>
</tr>
<tr>
<td>K. Diaspora investments</td>
<td>Contributing rival factor</td>
<td>Interviews</td>
<td>Members of the WASH committees report that communities in Somaliland</td>
</tr>
</tbody>
</table>
received support from the diaspora community in building latrines and wells

<table>
<thead>
<tr>
<th>Availability of chlorine tablets</th>
<th>Contradicting rival factors</th>
<th>Direct observation, interviews</th>
<th>Chlorine tablets are only available in Kismayo central, and are expensive for poor households</th>
</tr>
</thead>
</table>
Contribution Analysis: sanitation in school and communities

**Change observed** (Outcome): Mixed signs in terms of improvement in the sanitary and hygienic conditions. Latrines and hand washing in school, clinics, and communities function. However, direct observation has revealed the most toilets in communities are dirty, and a substantial minorities of water sources and toilets show signs of feces nearby. Children under-5 do not use toilets. Members of the WASH committees reported that sanitary conditions and practices have improved compared with baseline, including where water availability was a challenge.

**Figure 19 Contribution analysis – sanitary and hygiene conditions**

**Contribution Claim:** Based on the analysis of contributing factors (see *Error! Reference source not found.* and Table 2), we conclude that the mixed performance (good on constructing latrines, weaker in keeping facilities clean) is due to many contributing factors, including:

- the approach of WASH in school and clinics works well in making sure that children and women can access latrines that are cleaner and safer than the alternatives
- providing orientation on hygiene practice through the WASH committees works well in getting communities aware of the hygiene practices, and create a condition of shame in defecating outside latrines
- The CLTS as applied in Somalia might contain weaknesses in enabling communities to keep their facilities clean. The weaknesses relate to lack of availability of cleaning products and staff, and of a centralised rubbish disposal system
- The quality of design and construction of latrine has been variable. This depends on the availability of skilled artisan, of HH resources to pay for the toilets, and on the monitoring conducted by UNICEF on the work of its partners.
Table 2 Explanation of contributing factors

<table>
<thead>
<tr>
<th>Contributing FACTORS</th>
<th>TYPE</th>
<th>SOURCE</th>
<th>EVIDENCE</th>
<th>SIGNIF. scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Orientation on hygiene practices</td>
<td>Primary factor</td>
<td>Interview</td>
<td>The project, together with the WASH committees, gave orientation on avoiding open defecation, hand-washing, and keeping communities clean. HH respondents are more likely to say that WASH conditions have improved in the locations where WASH committees were active</td>
<td>4</td>
</tr>
<tr>
<td>B. Communities build latrines as planned.</td>
<td>Primary factor</td>
<td>Interviews, survey</td>
<td>We found evidence that the latrine exist and are functional, and that a substantial minority of HHs has built or rehabilitated toilets during the project period</td>
<td>3</td>
</tr>
<tr>
<td>C. The WASH in school</td>
<td>Primary factor</td>
<td>Direct observation</td>
<td>Latrines in schools were more accessible to children and clean, even if they were not always as clean as they should be.</td>
<td>3</td>
</tr>
<tr>
<td>D. Unicef monitoring and quality assurance</td>
<td>Primary factors</td>
<td>Interviews</td>
<td>UNICEF had few staff to monitor work on entire regions. For example, 3 UNICEF staff was tasked with monitoring the entire Somaliland</td>
<td>2</td>
</tr>
<tr>
<td>E. Availability of artisans</td>
<td>Supporting rival factor</td>
<td>Interviews</td>
<td>In Somaliland, artisans were available to build toilets. The design of the latrine is variable, and not always up to standards, for example in Galgaduud</td>
<td>2</td>
</tr>
<tr>
<td>F. Diaspora investments</td>
<td>Contributing rival factor</td>
<td>Interviews</td>
<td>Members of the WASH committees report that communities in Somaliland received support from the diaspora community in building latrines and wells</td>
<td>1</td>
</tr>
<tr>
<td>G. ODF targeted at village level rather than at the district level</td>
<td>Contradicting primary factor</td>
<td>Interview</td>
<td>ODF status was not robust to population movement</td>
<td></td>
</tr>
<tr>
<td>H. The project did not give instructions on how to properly</td>
<td>Contradicting primary factor</td>
<td>Interviews, CGDs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance scale is from 1 (low) to 4 (high)
<table>
<thead>
<tr>
<th></th>
<th>Contradicting rival factors</th>
<th>Interviews, survey</th>
<th>The quality of the toilets depended on the availability of money</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Availability of funds</td>
<td>Contradicting rival factors</td>
<td>Interviews, survey</td>
<td>Respondents claim that rubbish disposal is a challenge in keeping water sources, sanitation facilities, and communal spaces clean. Communities are responding by burning the rubbish, as there is no collected rubbish disposal system</td>
</tr>
<tr>
<td>J. Rubbish disposal</td>
<td>Contradicting rival factors</td>
<td>Interviews and direct observation</td>
<td>Orientation on WASH would not work without toilets with running water to offer an alternative to OD</td>
</tr>
<tr>
<td>K. Availability of running water for the toilets</td>
<td>Contradicting rival factor</td>
<td>CGD</td>
<td>Schools do not always pay cleaning staff with the result that it does not clean as planned</td>
</tr>
<tr>
<td>L. Cleaning staff</td>
<td>Contradicting rival factors</td>
<td>Interviews</td>
<td>IDPs cannot own the land they live on. As a result, they would not invest in improvement to their houses.</td>
</tr>
<tr>
<td>M. Land ownership by IDPs</td>
<td>Contradicting rival factors</td>
<td>Interviews</td>
<td>Respondents report that they face shortages of water and cleaning products to clean the latrines</td>
</tr>
<tr>
<td>N. Water, and cleaning products</td>
<td>Contradicting rival factors</td>
<td>Interviews</td>
<td>Disabled people faced challenges in accessing latrines. Most latrines in communities were not lit, ventilated, and were far from the houses. They did not afford privacy, and were dangerous.</td>
</tr>
<tr>
<td>O. The latrines are not accessible to everyone.</td>
<td>Contradicting rival factor</td>
<td>Direct observation</td>
<td>Some villages which had achieved ODF status were abandoned</td>
</tr>
</tbody>
</table>
Contribution Analysis: improving the enabling environment

Change observed (Outcome): We collected mixed signs of performance in improving coordination in the Government, and setting policy frameworks for WASH, including on PPP.

Contribution Claim: Based on the analysis of contributing factors (see Figure 3 and Table 3), we conclude that the project had a positive contribution in accelerating policy framework on PPPs and intergovernmental collaboration. However, challenges remain in terms of the spread and depth of collaboration, with instances of infighting between Ministries and lack of clarity in governance arrangements.

Table 3 Explanation of contributing factors

<table>
<thead>
<tr>
<th>Contributing FACTORS</th>
<th>TYPE</th>
<th>SOURCE</th>
<th>EVIDENCE Signs/facts</th>
<th>SIGNIF. scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Proof of concept on PPPs</td>
<td>Primary factor</td>
<td>Direct observation</td>
<td>Proof of concept from the PPP and the integrated approach spurred the government into action in setting coordination and establishing coordination units</td>
<td>3</td>
</tr>
<tr>
<td>B. Governance arrangements are not always clear</td>
<td>Contradictory rival factor</td>
<td>Direct observation</td>
<td>In Galgaduud, the IP was not always sure who the relevant authority was</td>
<td>3</td>
</tr>
<tr>
<td>C. In-fighting between Ministries in Somaliland</td>
<td>Contradictory rival factor</td>
<td>Interviews</td>
<td>Reported in KII interviews</td>
<td>2</td>
</tr>
<tr>
<td>D. Coordinating work with different</td>
<td>Contradicting rival factor</td>
<td>Interviews</td>
<td>UNICEF was working with the Provincial Government of Puntland in Puntland. However,</td>
<td>3</td>
</tr>
</tbody>
</table>

129 Significance scale is from 1 (low) to 4 (high)
<table>
<thead>
<tr>
<th>Level</th>
<th>Government</th>
<th>Issue</th>
<th>Source</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Ministries are overwhelmed by their tasks</td>
<td>Contradictory rival factor</td>
<td>Interview</td>
<td>2</td>
</tr>
<tr>
<td>F</td>
<td>UNICEF’s leadership did not support the goal of setting a WASH policy</td>
<td>Contradictory rival factor</td>
<td>Reported in interviews with the donor</td>
<td>2</td>
</tr>
</tbody>
</table>
Annex 7 Data collection instruments
**Introduction:** Hello, my name is ____ and I am working with PGM organization. PGM is _______. We are conducting an evaluation of (NGO name) WASH programme in your community conducted in (year). As such, we are interviewing households to help us better understand the WASH situation in your community.

Participation in this focus-group discussion is voluntary, and answers will remain confidential. You can choose to answer any or all questions; however, we hope that you will participate since your views are important. The focus-group discussion will take approximately xxx to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate? [ ] Yes [ ] No
Is it ok to record this interview? [ ] Yes [ ] No

1. Please ask the participants to introduce themselves, such as name, age, occupation, number of children/family status, etc.

2. What are the main water sources in your community? (note for the enumerator: List of the sources available in the community and underline the water source that is part of the Unicef/SIDA project)
   2.1. Are they functioning?
      2.1.1. Now?
      2.1.2. All year-round?
   2.2. Who can access these water sources and who cannot access them?

3. How is the water in your community managed?
   3.1. Is there a WASH committee in your community?
      3.1.1. What is their role and responsibilities?
      3.1.2. What are their 3 main priorities?
      3.1.2.1. Do you agree with these? Why/why not?
   3.2. How does the WASH committee implement these priorities and carry out their responsibilities?

4. According to you, is it important for your community to be Open Defecation Free (ODF)?
   4.1. Why/why not?
   4.2. What are the challenges you have faced in keeping the community ODF?
5. **What type of latrines do you commonly use?** *(Note for the enumerator: we are trying to understand if people are using their own private latrines or rather common/shared latrines – we are also trying to understand if they took part of the construction or not)*
   5.1. Who built them?
   5.2. Who use them and who do not use them?
   5.3. Why/Why not?

6. **Is there an ODF committee in your community?**
   6.1. What is their role and responsibilities?
   6.2. What are their 3 main priorities?
       6.2.1. Do you agree with these? Why/why not?
   6.3. How does the ODF committee implement these priorities and carry out their responsibilities?

7. **What are the most common hygiene practices in your community?**

8. **Who in the community/household tend to get sick with waterborne diseases?**
   8.1. Why/How does this happen?
   8.2. Do you think it is related to the sanitation/latrines/OD(F) situation and practices?

9. **Have any hygiene promotion sessions or campaigns been conducted in your community?**
   9.1. What were the key messages from these campaigns?

**Briefly explain about the project in the community.**

10. **How was your community involved in the project and activities’ design?**
    10.1. How could this be improved?

11. **Was water a priority concern for your community when the programme was implemented?**
    11.1. Why/? Why not?
    11.2. Is water a priority concern for your community now?
    11.3. Why/? Why not?

12. **How has the water situation in your community changed (positively or negatively) since the project?**
    12.1. Please give detailed examples. **Interviewer to keep a focus on:**
        12.1.1. Use and upkeep of the improved water sources by the communities
        12.1.2. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
    12.2. Who were the main agents of change?
    12.3. How did these changes occur? What triggered them?
    12.4. What could impede the continuity of these changes? What would support the continuity of these changes?
13. Was latrine use and access a priority concern for your community when the programme was implemented?
13.2. Is latrine use and access a priority concern for your community now?
13.3. Why? Why not?

<table>
<thead>
<tr>
<th>14. How has the latrine use and access situation in your community changed (positively or negatively) since the project?</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1. Please give detailed examples. <strong>Interviewer to keep a focus on:</strong></td>
</tr>
<tr>
<td>14.1.1. Use and upkeep of the improved toilets and sanitation facilities in clinics and schools</td>
</tr>
<tr>
<td>14.1.2. Change in the awareness of open defecation in communities, and avoidance of the practice</td>
</tr>
<tr>
<td>14.1.3. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners</td>
</tr>
<tr>
<td>14.2. Who were the main agents of change?</td>
</tr>
<tr>
<td>14.3. How did these changes occur? What triggered them?</td>
</tr>
<tr>
<td>14.4. What could impede the continuity of these changes? What would support the continuity of these changes?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Were hygiene practices a priority concern for your community when the programme was implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1. Why? Why not?</td>
</tr>
<tr>
<td>15.2. Are hygiene practices a priority concern for your community now?</td>
</tr>
<tr>
<td>15.3. Why? Why not?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. How have hygiene practices in your community changed (positively or negatively) since the project?</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1. Please give detailed examples. <strong>Interviewer to keep a focus on:</strong></td>
</tr>
<tr>
<td>16.1.1. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners</td>
</tr>
<tr>
<td>16.1.2. Changes in the prevalence of the water-borne disease in the communities</td>
</tr>
<tr>
<td>16.2. Who were the main agents of change?</td>
</tr>
<tr>
<td>16.3. How did these changes occur? What triggered them?</td>
</tr>
<tr>
<td>16.4. What could impede the continuity of these changes? What would support the continuity of these changes?</td>
</tr>
</tbody>
</table>

**Any other comments made by the participants:**

**Observations from the facilitator/note-taker:**

Thank You!

*** End of Interview ***
### WATER SUPPLY

1. **Type of infrastructure assessed. SINGLE CODE**
   - Deep Borehole/Well with solar or engine pump
   - Open well/shallow well with hand pump
   - Mini water system
   - Tap stand
   - Animal trough
   - Water tank
   - Pipeline
   - Other (specify) ___________

2. **Is the infrastructure part of the project? SINGLE CODE**
   - Yes
   - No

3. **Does the infrastructure exist (i.e. exists in the correct number)? SINGLE CODE**
   - Yes
   - No

4. **How far is this water source from houses? SINGLE CODE**
   - < 200 m
   - < 500 m
   - > 500 m

5. **Is the infrastructure functional (e.g. water is running, tanks are full)? SINGLE CODE**
   - Yes
   - No

6. **Is the infrastructure covered (e.g. tanks are closed, well is closed, etc.)? SINGLE CODE**
   - Yes
   - No

7. **Is there any sign of disrepair (e.g. rust, leakages, broken solar panels, etc.)? SINGLE CODE**
   - Yes (go to Q.5)
   - No (go to Q.6)

8. **Give details. WRITE IN ANSWER**

9. **Would you drink the water? SINGLE CODE**
   - Yes (go to Q.13)
   - No (go to 12)

10. **Is the infrastructure accessible for elderly/disabled students? SINGLE CODE**
    - Yes (go to Q.9)
    - No (go to Q.8)

11. **Give details. WRITE IN ANSWER**

12. **Are there faeces within 25 metres of the infrastructure? SINGLE CODE**
    - Yes
    - No

13. **Are there animal troughs or livestock within 25 metres of the infrastructure? SINGLE CODE**
    - Yes
    - No

Please take pictures of the infrastructure.

### SANITATION

14. **Are there latrines in the health facilities? SINGLE CODE**
    - Yes
    - No (go to Q.28)

15. **Are the latrines gender-disaggregated? SINGLE CODE**
    - Yes
    - No

16. **Who DOES NOT use the latrines? MULTICODE**
    - No-one (everyone in the health facilities use the latrines)
    - Female children
    - Male children
    - Female adults
    - Male adults
    - Health facility staff
    - Everyone (latrines are not used)

17. **According to you, why is the latrine not used by these groups? MULTICODE**
    - Location is not safe
    - Dangerous
    - Too far
    - No privacy
    - Not clean
    - Other (specify) ___________

18. **Are the latrines accessible for disabled or elderly patients/people? SINGLE CODE**
    - Yes
    - No

19. **Type of latrine: SINGLE CODE**
    - Single pit
    - Lined up pit
    - Concrete deslugeable pit
    - Concrete non-deslugeable pit
    - Connected to a network

20. **Are the latrines clean? SINGLE CODE**
    - Yes
    - No

21. **Are the latrines well lit? SINGLE CODE**
    - Yes
    - No

22. **Are the latrines ventilated? SINGLE CODE**
    - Yes
    - No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. In women latrines, are there any bins for menstrual products?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Is there a <strong>functioning</strong> water point at the latrine? <strong>SINGLE CODE</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. Is there a handwashing point nearby (within 5 metres)? <strong>SINGLE CODE</strong></td>
<td>Yes</td>
<td>No (go to Q.28)</td>
</tr>
<tr>
<td>26. At the handwashing point, is there: <strong>MULTICODE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Is there water at the handwashing point (tap, bucket, etc.)? <strong>SINGLE CODE</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28. Do patients use handwashing points after using the latrines? <strong>SINGLE CODE</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29. Are there any IEC material in the health facilities about hygiene promotion? <strong>SINGLE CODE</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30. Is the place clean of faeces around the latrines?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Observations from the Enumerator:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TRANSECT WALK**
1. Were faeces seen during the transect walk?  Yes  No

---

**SANITATION – Latrine observation 1**
2. What category of latrine is it? **SINGLE CODE**
   - Public
   - Private shared
   - Private individual

3. Are the latrines gender-disaggregated? **SINGLE CODE**
   - Yes
   - No

4. Who do you think **CANNOT** use the latrines? **MULTICODE**
   - Everyone can use the latrine (go to Q.6)
   - Female children
   - Male children
   - Female adults
   - Male adults
   - People with disability
   - Elderly
   - No-one can use the latrine

5. According to you, why is the latrine not used by these groups? **MULTICODE**
   - Location is not safe
   - No privacy
   - Dangerous
   - Not clean
   - Too far
   - Other (specify)_________

6. Type of latrine: **SINGLE CODE**
   - Single pit
   - Lined up pit
   - Concrete deslugeable pit
   - Concrete non-deslugeable pit
   - Connected to a network

7. Are the latrines clean? **SINGLE CODE**
   - Yes
   - No

8. Are the latrines well lit? **SINGLE CODE**
   - Yes
   - No

9. Are the latrines ventilated? **SINGLE CODE**
   - Yes
   - No

10. In women latrines, are there any bins for menstrual products? **SINGLE CODE**
    - Yes
    - No

11. Is there a **functioning** water point at the latrine? **SINGLE CODE**
    - Yes
    - No

12. Is there a handwashing point nearby (within 5 metres)? **SINGLE CODE**
    - Yes
    - No (end of observation)

13. At the handwashing point, is there: **MULTICODE**
    - Soap
    - Ash
    - Sand
    - Other (specify)_________

14. Is there water at the handwashing point (tap, bucket, etc.)? **SINGLE CODE**
    - Yes
    - No

**Observations from the Enumerator:**

Please take pictures of the infrastructure.

---

**SANITATION – Latrine observation 2**
15. What category of latrine is it? **SINGLE CODE**
    - Public
    - Private shared
    - Private individual

16. Are the latrines gender-disaggregated? **SINGLE CODE**
    - Yes
    - No

17. Who do you think **CANNOT** use the latrines? **MULTICODE**
    - Everyone can use the latrine (go to Q.18)
    - Female children
    - Male children
    - Female adults
    - Male adults
    - People with disability
18. According to you, why is the latrine not used by these groups? **MULTICODE**  
- Elderly  
- No-one can use the latrine  
- Location is not safe  
- Dangerous  
- Too far  
- No privacy  
- Not clean  
- Other (specify)  

19. Type of latrine: **SINGLE CODE**  
- Single pit  
- Lined up pit  
- Concrete deslugeable pit  
- Concrete non-deslugeable pit  
- Connected to a network  

20. Are the latrines clean? **SINGLE CODE**  
- Yes  
- No  

21. Are the latrines well lit? **SINGLE CODE**  
- Yes  
- No  

22. Are the latrines ventilated? **SINGLE CODE**  
- Yes  
- No  

23. In women latrines, are there any bins for menstrual products?  
- Yes  
- No  

24. Is there a **functioning** water point at the latrine? **SINGLE CODE**  
- Yes  
- No  

25. Is there a handwashing point nearby (within 5 metres)? **SINGLE CODE**  
- Yes  
- No (end of observation)  

26. At the handwashing point, is there: **MULTICODE**  
- Soap  
- Ash  
- Sand  
- Other (specify)  

27. Is there water at the handwashing point (tap, bucket, etc.)? **SINGLE CODE**  
- Yes  
- No  

**Observations from the Enumerator:**  
Please take pictures of the infrastructure.

**SANITATION – Latrine observation 3**

28. What category of latrine is it? **SINGLE CODE**  
- Public  
- Private shared  
- Private individual  

29. Are the latrines gender-disaggregated? **SINGLE CODE**  
- Yes  
- No  

30. Who do you think **CANNOT** use the latrines? **MULTICODE**  
- Everyone can use the latrine (go to Q.31)  
- Female children  
- Male children  
- Female adults  
- Male adults  
- People with disability  
- Elderly  
- No-one can use the latrine  

31. According to you, why is the latrine not used by these groups? **MULTICODE**  
- Location is not safe  
- Dangerous  
- Too far  
- No privacy  
- Not clean  
- Other (specify)  

32. Type of latrine: **SINGLE CODE**  
- Single pit  
- Lined up pit  
- Concrete deslugeable pit  
- Concrete non-deslugeable pit  
- Connected to a network  

33. Are the latrines clean? **SINGLE CODE**  
- Yes  
- No  

34. Are the latrines well lit? **SINGLE CODE**  
- Yes  
- No  

35. Are the latrines ventilated? **SINGLE CODE**  
- Yes  
- No  

36. In women latrines, are there any bins for menstrual products?  
- Yes  
- No  

37. Is there a **functioning** water point at the latrine? **SINGLE CODE**  
- Yes  
- No (end of observation)  

38. Is there a handwashing point nearby (within 5 metres)? **SINGLE CODE**  
- Yes  
- No  

39. At the handwashing point, is there: **MULTICODE**  
- Soap  
- Ash  
- Sand  
- Other (specify)  

40. Is there water at the handwashing point (tap, bucket, etc.)? **SINGLE CODE**  
- Yes  
- No  

**Observations from the Enumerator:**  
Please take pictures of the infrastructure.
<table>
<thead>
<tr>
<th>Question</th>
<th>Single Code Options</th>
<th>Multi Code Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. What category of latrine is it?</td>
<td>Public, Private shared, Private individual</td>
<td>Yes, No</td>
</tr>
<tr>
<td>42. Are the latrines gender-disaggregated?</td>
<td></td>
<td>Yes, No</td>
</tr>
<tr>
<td>43. Who do you think <strong>CANNOT</strong> use the latrines?</td>
<td>Everyone can use the latrine (go to Q.44), Female children, Male children, Female adults, Male adults, People with disability, Elderly, No-one can use the latrine</td>
<td>Female children, Male children, Female adults, Male adults, People with disability, Elderly, No-one can use the latrine</td>
</tr>
<tr>
<td>44. According to you, why is the latrine not used by these groups?</td>
<td>Location is not safe, No privacy, Dangerous, Not clean, Too far, Other (specify)</td>
<td></td>
</tr>
<tr>
<td>45. Type of latrine:</td>
<td>Single pit, Lined up pit, Concrete deslugeable pit, Concrete non-deslugeable pit, Connected to a network</td>
<td></td>
</tr>
<tr>
<td>46. Are the latrines clean?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>47. Are the latrines well lit?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>48. Are the latrines ventilated?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>49. In women latrines, are there any bins for menstrual products?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>50. Is there a <strong>functioning</strong> water point at the latrine?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>51. Is there a handwashing point nearby (within 5 metres)?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>52. At the handwashing point, is there:</td>
<td>Soap, Ash, Sand, Other (specify)</td>
<td></td>
</tr>
<tr>
<td>53. Is there water at the handwashing point (tap, bucket, etc.)?</td>
<td>Yes, No</td>
<td></td>
</tr>
</tbody>
</table>

**Observations from the Enumerator:**

Please take pictures of the infrastructure.
### WATER SUPPLY

1. Type of infrastructure assessed. **SINGLE CODE**
   - Deep Borehole/Well with solar or engine pump
   - Open well/shallow well with hand pump
   - Mini water system
   - Tap stand
   - Animal trough
   - Water tank
   - Pipeline
   - Other (specify) ___________

2. Is the infrastructure part of the project? **SINGLE CODE**
   - Yes
   - No

3. Does the infrastructure exist (i.e. exists in the correct number)? **SINGLE CODE**
   - Yes
   - No

4. Is the infrastructure functional (e.g. water is running, tanks are full)? **SINGLE CODE**
   - Yes
   - No

5. Is the infrastructure covered (e.g. tanks are closed, well is closed, etc.)? **SINGLE CODE**
   - Yes
   - No

6. Is there any sign of disrepair (e.g. rust, leakages, broken solar panels, etc.)? **SINGLE CODE**
   - Yes (go to Q.5)
   - No (go to Q.6)

7. Give details. **WRITE IN ANSWER**

8. Would you drink the water? **SINGLE CODE**
   - Yes (go to Q.13)
   - No (go to 12)

9. Is the infrastructure accessible for disabled students? **SINGLE CODE**
   - Yes (go to Q. 9)
   - No (go to Q.8)

10. Give details. **WRITE IN ANSWER**

11. Are there faeces within 25 metres of the infrastructure? **SINGLE CODE**
    - Yes
    - No

12. Are there animal troughs or livestock within 25 metres of the infrastructure? **SINGLE CODE**
    - Yes
    - No

    Please take pictures of the infrastructure.

### SANITATION

13. Are there latrines in the school? **SINGLE CODE**
    - Yes
    - No (go to Q.28)

14. Are the latrines gender-disaggregated? **SINGLE CODE**
    - Yes
    - No

15. Who **DOES NOT** use the latrines? **MULTICODE**
    - No-one (everyone in the school use the latrines)
    - Boys (6-12)
    - Girls (6-12)
    - Boys (13-18)
    - Girls (13-18)
    - Teachers/School staff
    - Everyone (latrines are not used)

16. According to you, why is the latrine not used by these groups? **MULTICODE**
    - Location is not safe
    - Dangerous
    - Too far
    - Not privacy
    - Not clean
    - Other (specify) ___________

17. Are the latrines accessible for disabled students? **SINGLE CODE**
    - Yes
    - No

18. Type of latrine: **SINGLE CODE**
    - Single pit
    - Lined up pit
    - Concrete deslugeable pit
    - Concrete non-deslugeable pit
    - Connected to a network

19. Are the latrines clean? **SINGLE CODE**
    - Yes
    - No

20. Who is in charge of cleaning the latrines? **WRITE IN ANSWER**

21. How often the latrines are cleaned? **WRITE IN ANSWER**

22. Are the latrines well lit? **SINGLE CODE**
    - Yes
    - No

23. Are the latrines ventilated? **SINGLE CODE**
    - Yes
    - No

24. In women latrines, are there any bins for menstrual products? **WRITE IN ANSWER**
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>25. Is there a <strong>functioning</strong> water point at the latrine?</td>
<td>SINGLE CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Is there a handwashing point nearby (within 5 metres)?</td>
<td>SINGLE CODE</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. At the handwashing point, is there: <strong>MULTICODE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Is there water at the handwashing point (tap, bucket, etc.)?</td>
<td>SINGLE CODE</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29. Do students use handwashing points after using the latrines?</td>
<td>SINGLE CODE</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30. Are there any IEC material in the school about hygiene promotion or MHM?</td>
<td>SINGLE CODE</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Observations from the Enumerator:**


## Direct Observation
### Water in Community

**Instructions:**
- One direct observation sheet per community.
- Please observe various water sources you can see and underline the one that belongs to the project.

### Infrastructure 1

1. **Type of infrastructure assessed.**
   - Deep borehole/well with solar or engine pump
   - Open well/shallow well with hand pump
   - Mini water system
   - Tap stand
   - Animal trough
   - Water tank
   - Pipeline
   - Other (specify) ___________

2. **Is the infrastructure part of the project?**
   - Yes
   - No

3. **Does the infrastructure exist (i.e., exists in the correct number)?**
   - Yes
   - No

4. **How far is this water source from houses?**
   - < 200 m
   - < 500 m
   - > 500 m

5. **Is the infrastructure functional (e.g., water is running, tanks are full)?**
   - Yes
   - No

6. **Is the infrastructure covered (e.g., tanks are closed, well is closed, etc.)?**
   - Yes
   - No

7. **Is the place around the water source clean (radius 20 m)?**
   - Yes
   - No

8. **Are there faeces/droppings around the water source (radius 20 m)?**
   - Human
   - Camel
   - Cow
   - Goat
   - Chicken
   - None
   - Other (specify) ___________

9. **Is there any sign of disrepair (e.g., rust, leakages, broken solar panels, etc.)?**
   - Yes (go to Q. 10)
   - No (go to Q. 11)

10. **Give details.** WRITE IN ANSWER

11. **Would you drink the water?**
    - Yes (go to Q. 13)
    - No (go to 12)

12. **If no, why?** WRITE IN ANSWER

13. **Is the infrastructure accessible for elderly/disabled people?**
    - Yes (go to Q. 15)
    - No (go to Q. 14)

14. **Give details.** WRITE IN ANSWER

15. **How long approximately do people have to wait to collect water (during your observation)?**
    - < 15’
    - < 30’
    - > 30’

16. **Are there animal troughs or livestock of the infrastructure (radius 20 m)?**
    - Yes
    - No

Please take pictures of the infrastructure.
**COMMUNITY GROUP DISCUSSION**

**SCHOOL CLUB**

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Interviewer</td>
<td></td>
</tr>
<tr>
<td>Name of Note-taker</td>
<td></td>
</tr>
<tr>
<td>Zone</td>
<td>Region</td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
<tr>
<td>Number of participants</td>
<td># of participants</td>
</tr>
<tr>
<td>Gender of participants</td>
<td>Female Male</td>
</tr>
<tr>
<td>Age of participants</td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:** Facilitators should probe and ask for details as much as possible. Note-takers should take detailed notes. Remember that if you, as a facilitator/note-taker has any doubt or does not understand, the analyst will also not understand.

**Introduction:** Hello, my name is _____and I am working with PGM organization. PGM is _______. We are conducting an evaluation of (NGO name) WASH programme in your community conducted in (year). As such, we are interviewing households to help us better understand the WASH situation in your community.

Participation in this focus-group discussion is voluntary, and answers will remain confidential. You can choose to answer any or all questions; however, we hope that you will participate since your views are important. The focus-group discussion will take approximately xxx to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate?  Yes  No
Is it ok to record this interview?  Yes  No

1. Please ask the participants to introduce themselves, such as name, age, grade, favourite colour.

2. Is there a WASH school club in your school?
   2.1. Who is part of it (gender, grade, status (IDPs, host, etc.), number)?
   2.2. What is the club's main role?

3. Please tell us about the activities your club did?
   3.1. Please name 3 activities? [Take photos if possible of the activity, not of children]
   3.2. What motivated your club to do these activities?

4. Please tell us about the water sources in your school.
   4.1. What facilities are there?
   4.2. Are they functioning?
   4.3. Who can use them?

5. Has there ever been a time when there was no drinking water in the school?
   5.1. When? Before/after the project?
   5.2. Why there was no water?
6. How has the water situation in your community and school changed (positively or negatively) since the project?
   6.1. Please give detailed examples. **Interviewer to keep a focus on:**
   6.1.1. Use and upkeep of the improved water sources by the communities
   6.1.2. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
   6.1.3. Availability/reliability, quantity and quality of water in school
   6.2. Who were the main agents of change?
   6.3. What could impede the continuity of these changes? What would support the continuity of these changes?

7. Please tell us about the latrines in your school.
   7.1. What facilities are there?
   7.2. Are they functioning?
   7.3. Who can use them?
   7.3.1. Are they disaggregated? (male/female, and teachers/students)

8. How has the sanitation/latrine use and access situation in your school changed (positively or negatively) since the project?
   8.1. Please give detailed examples. **Interviewer to keep a focus on:**
   8.1.1. Use and upkeep of the improved toilets and sanitation facilities in schools
   8.1.2. Change in the awareness of open defecation in school, and avoidance of the practice
   8.1.3. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
   8.1.4. Inclusive access to sanitation facilities (for girls, boys, disabled students)
   8.1.5. Attendance and enrolment of students (boys/girls, age)
   8.2. Who were the main agents of change?
   8.3. What could impede the continuity of these changes? What would support the continuity of these changes?

9. Did you ever receive any training on hygiene practices/promotion?
   9.1. From who?
   9.2. When was the last one?
   9.3. What were the key messages of these trainings?

10. Did you ever receive any training on Menstrual Hygiene Management (MHM)?
    10.1. From who?
    10.2. When was the last one?
    10.3. What were the key messages of these trainings?

---

**Any other comments made by the participants:**

**Observations from the facilitator/note-taker:**

Thank You!

*** End of Interview ***
Introduction: Hello, my name is ____ and I am working with PGM organization. PGM is ______. We are conducting an evaluation of (NGO name) WASH programme in your community conducted in (year). As such, we are interviewing households to help us better understand the WASH situation in your community. If you agree to participate, you can choose to stop the survey at any time or not answer any questions. However, we hope that you will participate as your opinion is important to us. Please note that your responses will be presented only as one of a sum of all responses and we will not collect any personal details. None of your responses will affect the assistance you receive or your eligibility to receive further assistance. This survey will take approximately ______ minutes to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?

Do you agree to participate?  ☐ Yes  ☐ No

**HOUSEHOLD AND RESPONDENT PROFILE**

1. Gender of respondent **SINGLE CODE**  ☐ Male  ☐ Female
2. Age of respondent **WRITE IN NUMBER**
3. Is the respondent the head of his/her household? **SINGLE CODE**  ☐ Yes  ☐ No
4. Status **SINGLE CODE**  ☐ IDP  ☐ Host community  ☐ Returnee
5. Household composition (incl. respondent): **WRITE IN NUMBER**
   - Total children under 5
     - Female  #
     - Male  
   - Total children (5-18)
     - Female  #
     - Male  
   - Total adults (18-59)
     - Female  
     - Male  
   - Total elderly (60+)
     - Female  
     - Male  
   - Total No. of HH members

**INvolvement in Programme and Needs**

6. Was your household or other households in your community included in any surveys or discussions regarding the community’s WASH needs with (NGO name) in the last 2 years? **SINGLE CODE**  ☐ Yes  ☐ No  ☐ Do not know/remember

<table>
<thead>
<tr>
<th>Enumerator to ask whether the respondent has heard of CLTS (Community-Led Total Sanitation) or ODF (open-defecation free).</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please ask the following question.</td>
</tr>
<tr>
<td>If no, please briefly explain the concept and ask the following question</td>
</tr>
<tr>
<td>7. Do you know if your community has implemented CLTS or is ODF certified? <strong>SINGLE CODE</strong></td>
</tr>
</tbody>
</table>

**WATER SUPPLY**

8. What is your household’s main source of water? **SINGLE CODE**
   - Borehole or closed well
   - Open well
   - River/dam
   - Tap water/network
   - Water trucking
   - Shops/Water bottles
   - Borehole
   - Other (specify) ___________

9. How far (in KM) is this water source? **WRITE IN NUMBER**

10. Usually, who collects water in your household? **MULTICODE**
    - No need to collect water (e.g. tap water)
    - Boys (6-12)
    - Girls (6-12)
    - Boys (13-18)
    - Girls (13-18)
    - Adult men
    - Adult women
    - Elderly women (above 60)
    - Elderly men (above 60)
11. How long does it take to collect water from this source (please include the time to go to the source and back, waiting time and collection/pumping time)? **WRITE IN NUMBER**

12. How would you rate the quality of water from this source? **SINGLE CODE**

13. Do you agree or disagree with the following statements? **SINGLE CODE FOR ALL STATEMENTS**

14. Do you pay to access water? **SINGLE CODE**

15. To whom do you pay to access water? **MULTICODE**

16. Is drinking water available throughout the year from this water source? **SINGLE CODE**

17. When is it not available? **WRITE IN ANSWER**

18. What other water source(s) does your household have access to when water is unavailable from the main source? **MULTICODE**

19. On average, how many jerrycans of water does your household consume in one day (please include water for drinking, cooking, hygiene such as bath, toilet, etc.)? **WRITE IN NUMBER**

20. What do you use for transporting drinking water? **MULTICODE**

**OBSERVATION BY ENUMERATOR**

Ask if it is possible to look at the household’s water storage/recipient.

21. How does the household store their drinking water? **SINGLE CODE**

22. Do you drink water straight from the source? **SINGLE CODE**

23. Why not? **WRITE IN ANSWER**

24. What do you need to do to be able to drink the water? **MULTICODE**

**DO NOT READ ANSWERS**

**SANITATION FACILITIES**

25. Has your household built or rehabilitated latrines in your home? **SINGLE CODE**

26. When did this happen? **WRITE IN ANSWER**
27. Did you pay for the rehabilitation/construction of the latrines? If not, who paid? WRITE IN ANSWER

28. Why did you build or rehabilitate the latrines? WRITE IN ANSWER

29. Why not? WRITE IN ANSWER

30. Do you plan to build or rehabilitate your household’s latrines within the next 6 months? SINGLE CODE

31. Does your household currently have access to latrines? SINGLE CODE

32. Who, in your household, DOES NOT use these latrines? MULTICODE

33. Why do they not use the latrines? WRITE IN ANSWER

34. Do you feel safe utilising the toilets at home? SINGLE CODE

35. Why not and what do you do? WRITE IN ANSWER

36. Ask if it is possible to look at the household’s latrines. SINGLE CODE FOR EACH QUESTION. Respondent:

36.1 Are these latrines: SINGLE CODE

36.2 Type of latrine: SINGLE CODE

36.3 Is there an open water source nearby the latrines? SINGLE CODE

36.4 Are the latrines clean? SINGLE CODE

36.5 Are the latrines well lit? SINGLE CODE

36.6 Are the latrines ventilated? SINGLE CODE

36.7 Is there a functioning water point at the latrine? SINGLE CODE

36.8 Is there a handwashing point nearby (within 5 metres)? SINGLE CODE

36.9 At the handwashing point, is there: MULTICODE

36.10 Is there water at the handwashing point (tap, bucket, etc.)? SINGLE CODE

37. Have you participated in a training done by /led by a community health promoter in the past 12 months? SINGLE CODE

38. Could you please tell us: WRITE IN ANSWER

39. Can you please cite three (3) key messages that you remember from the training(s)? WRITE IN ANSWER (if do not remember, please write DK)

40. Overall, would you say that in the last year the WASH situation in your community has:
41. Please tell us about any *(positive or negative)* changes you have seen in your community regarding the water situation. WRITE IN ANSWER

42. Please tell us about any *(positive or negative)* changes you have seen in your community regarding the sanitation/latrine use and access situation. WRITE IN ANSWER

43. Please tell us about any *(positive or negative)* changes you have seen in your community regarding hygiene practices. WRITE IN ANSWER

44. Has there ever been any WASH or ODF committee(s) in your community? SINGLE CODE

- Yes, before the 2017 drought (go to Q.45)
- Yes, after the 2017 drought (go to Q.45)
- Yes, both before and after the 2017 drought (go to Q.45)
- No /Never (go to Q.46)

45. Can you please briefly explain their role. WRITE IN ANSWER

46. In the past 12 months, have community leaders, religious leaders, natural leaders, influential leaders discussed sanitation practices with community members? SINGLE CODE

- Yes (go to Q. 47)
- No (go to Q.48)

47. Can you please cite three (3) key messages you remember from these discussions? WRITE IN ANSWER (if do not remember, please write DK)

48. Are any of the children in your household attending the local school? SINGLE CODE

- Yes (go to Q. 48-61)
- No (go to Q.62)

49. Which school do they attend? WRITE IN ANSWER

- _name of school_

Note from enumerator: does this match SIDA/UNICEF’s rehabilitated school?

- Yes
- No

**IF ANSWER Q. 50 MATCHES Q. 10**

50. Who attends school? MULTICODE

- Boys (6-12)
- Girls (6-12)
- Boys (13-18)
- Girls (13-18)
- Disabled child

**Note for enumerator: here we are interested in knowing whether water collection impacts children’s school attendance.**

51. How do they combine school and water collection?

52. In the past two weeks, was drinking water from the main source available at the school throughout each school day? SINGLE CODE

- Yes
- No
- Do not know

53. Is drinking water from the main source typically available throughout the school year? SINGLE CODE

- Yes
- No
- Do not know

54. When is it not available? WRITE IN ANSWER

55. Do children like drinking the water from the school water source? SINGLE CODE

- Yes (go to Q.57)
- No (go to Q.56)
- Do not know (go to Q.57)

56. Why not? WRITE IN ANSWER

57. When at school, where do your children defecate? SINGLE CODE

- School latrines
- Outside/in the open
- Do not go/Hold it
- Other (specify)____
- Do not know

58. Who, among your children, **DOES NOT** use the school latrines? MULTICODE

- No-one (all children use the school latrines) (go to Q. 60)
- Boys (6-12) (go to Q.59)
- Girls (6-12) (go to Q. 59)
- Boys (above 12) (go to Q. 59)
- Girls (above 12) (go to Q. 59)
- Disabled child (go to Q. 59)
- Do not know (go to Q. 60)

59. Why do they not use the school latrines? WRITE IN ANSWER

60. Have any children in the household participated in activities at school on WASH? SINGLE CODE

- Yes
- No
- Do not know

61. What messages have children learnt at school in regard to WASH and shared with you? WRITE IN ANSWER
### HEALTH

62. In the last 12 months, has anyone in your household become sick with waterborne illnesses (e.g. diarrhoea, typhoid, cholera)? **SINGLE CODE**

- [ ] Yes (go to Q. 63-64)
- [ ] No (go to Q. 65)
- [ ] Do not know (go to Q. 65)

63. Who got sick? **MULTICODE**

- [ ] Child under 5
- [ ] Child 6-12
- [ ] Child above 12
- [ ] Adult (18-59)
- [ ] Disabled household member
- [ ] Elderly (Above 60)

64. How did they get sick? **WRITE IN ANSWER**

65. In the last 12 months, has anyone in your household gone to the local health centre/facility? **SINGLE CODE**

- [ ] Yes (go to Q. 66-67)
- [ ] No (end of interview)
- [ ] Do not know (end of interview)

66. When you were there, was drinking water available at the facilities? **SINGLE CODE**

- [ ] Yes
- [ ] No
- [ ] Do not know

67. When you were there, were latrines functioning? **SINGLE CODE**

- [ ] Yes
- [ ] No
- [ ] Do not know

---

This is the end of the interview. Do you have any question for us?

Any other comments made by the Respondent:

Observations from the Enumerator:

Thank You!

*** End of Interview ***
**FOCUS GROUP DISCUSSION/KEY INFORMANT INTERVIEW**
**HEALTH PROMOTORS/HEALTH FACILITY**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Name of Interviewer</td>
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<tr>
<td>Name of Note-taker</td>
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<tr>
<td>Zone</td>
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<tr>
<td>District</td>
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<tr>
<td>Number of participants</td>
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<td>Gender of participants</td>
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</table>

**Instructions:** Facilitators should probe and ask for details as much as possible. Note-takers should take detailed notes. Remember that if you, as a facilitator/note-taker has any doubt or does not understand, the analyst will also not understand.

**Introduction:** Hello, my name is ____ and I am working with PGM organization. PGM is _______. We are conducting an evaluation of (NGO name) WASH programme in your community conducted in (year). As such, we are interviewing households to help us better understand the WASH situation in your community.

Participation in this focus-group discussion is voluntary, and answers will remain confidential. You can choose to answer any or all questions; however, we hope that you will participate since your views are important. The focus-group discussion will take approximately xxx to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate? □ Yes □ No
Is it ok to record this interview? □ Yes □ No

<table>
<thead>
<tr>
<th>IF KEY INFORMANT</th>
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<tbody>
<tr>
<td>i. Name of key informant</td>
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<tr>
<td>ii. Gender of key informant</td>
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</tbody>
</table>
| iii. Position. | ☐ Nurse ☐ Doctor ☐ Health promoter ☐ Admin staff ☐ Other (specify)_____
| iv. How long have you been working in this health facility? | ____________ years |

1. Please tell us about the water sources in your health centre. (Note for enumerators: please underline the infrastructure built for this project)
   1.1. What facilities are there?
   1.2. Are they functioning?
   1.3. Who can use them?
   1.4. Who manages them? How?

2. Has there ever been a time when there was no drinking water in the health centre?
   2.1. When? Before/after the project?
   2.2. Why there was no water?
   2.3. How did the health centre handle the situation?
   2.4. How was this issue solved?

3. Has there ever been a time when water in the health centre was unsafe to drink?
   3.1. When? Before/after the project?
   3.2. What might have caused the water to be unsafe?
   3.3. How did the health centre handle the situation?
   3.4. How was this issue solved?
4. Was water a priority concern for your community when the project was implemented?
   4.1. Why? Why not?
   4.2. Is water a priority concern for your community now?
   4.3. Why? Why not?

5. How has the water situation in your community changed (positively or negatively) since the project?
   5.1. Please give detailed examples. **Interviewer to keep a focus on:**
   - 5.1.1. Use and upkeep of the improved water sources by the communities
   - 5.1.2. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
   - 5.1.3. Availability/reliability, quantity and quality of water in health centre
   5.2. Who were the main agents of change?
   5.3. How did these changes occur? What triggered them?
   5.4. What could impede the continuity of these changes? What would support the continuity of these changes?

6. Please tell us about the latrines in your health centre.
   6.1. What facilities are there?
   6.2. Are they functioning?
   6.3. Who can use them?
   - 6.3.1. Are they disaggregated? (male/female, and patients/staff)
   6.4. Who manages them? How?

7. According to you, is it important for your community to be Open Defecation Free (ODF)?
   7.1. Why/why not?
   7.2. What were the challenges you heard from the community about keeping their community ODF?

8. What sort of ODF/hygiene promotion training did you provide to community members?
   8.1. Who did the training target (age, gender, number)?
   8.2. What were the key messages of these trainings?

9. Was latrine use and access a priority concern for your community when the project was implemented?
   9.1. Why? Why not?
   9.2. Is latrine use and access a priority concern for your community now?
   9.3. Why? Why not?

10. How has the latrine use and access situation in your community changed (positively or negatively) since the project?
    10.1. Please give detailed examples. **Interviewer to keep a focus on:**
    - 10.1.1. Use and upkeep of the improved toilets and sanitation facilities in health centre
    - 10.1.2. Change in the awareness of open defecation in communities, and avoidance of the practice
    - 10.1.3. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
    - 10.1.4. Inclusive access to sanitation facilities for patients
    10.2. Who were the main agents of change?
    10.3. How did these changes occur? What triggered them?
10.4. What could impede the continuity of these changes? What would support the continuity of these changes?

11. What are the most common hygiene practices in your community?

12. Who in the community tend to get sick with waterborne diseases?
   12.1. Why/How does this happen?
   12.2. Do you think it is related to the sanitation/latrines/OD(F) situation and practices?

13. Were hygiene practices a priority concern for your community when the programme was implemented?
   13.1. Why?/ Why not?
   13.2. Are hygiene practices a priority concern for your community now?
   13.3. Why?/Why not?

14. How have hygiene practices in your community changed (positively or negatively) since the project?
   14.1. Please give detailed examples. **Interviewer to keep a focus on:**
   14.1.1. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
   14.1.2. Changes in the prevalence of the water-borne disease in the communities
   14.2. Who were the main agents of change?
   14.3. How did these changes occur? What triggered them?
   14.4. What could impede the continuity of these changes? What would support the continuity of these changes?

Any other comments made by the participants:

Observations from the facilitator/note-taker:

Thank You!

*** End of Interview ***
Introduction: Hello, my name is ____ and I am working with PGM organization. PGM is _______. We are conducting an evaluation of (NGO name) WASH programme in (community names) conducted in (year). As such, we are interviewing different stakeholders involved in this project to help us better understand the WASH situation. If you agree to participate, you can choose to stop the interview at any time or not answer any questions. However, we hope that you will participate as your opinion is important to us. Please note that no personal/identifiable details from your answers will be used in our report. This interview will take approximately ______ minutes to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate?  Yes  No
Is it ok to record this interview?  Yes  No

RESPONDENT PROFILE
1. Name of key informant
2. Name of Ministry
3. Position of key informant
4. How long have you been working in this Ministry/project?  _______ years

5. Please tell us about the water situation in (community/district names).
   5.1. What are the most common water sources/infrastructures in this region/district/community?
   5.2. Is water a priority for the population and communities in this region/district?

6. Please tell us about the sanitation/latrine use and access in (community/district names).
   6.1. What are the most common sanitation/latrine infrastructures in this region/district/community?
   6.2. Is latrine use and access/sanitation a priority for the population and communities in this region/district?

7. Please tell us about the most common hygiene practices in (community/district names).

8. Who in the community/household tend to get sick with waterborne diseases?
   8.1. Why/How does this happen?
   8.2. Do you think it is related to the sanitation/latrines/OD(F) situation and practices?

The project targeted schools and health facilities as core facilities for improved water sources and latrines/sanitation infrastructure combined with CLTS activities in communities and PPP collaboration.

9. What is your opinion on this approach?
   9.1. What works well and not so well with this approach?
   9.2. How does this approach fit in the Ministry/government:
       9.2.1. Water supply/sources strategy and priorities? Please give details.
       9.2.2. Water sanitation strategy and priorities? Please give details.
       9.2.3. Water hygiene promotion/sensitisation and priorities? Please give details.
   9.3. In your opinion, should such approach be replicated?
       9.3.1. Why/Why not?
<table>
<thead>
<tr>
<th>9.3.2</th>
<th>Where? Could it be replicated anywhere else or only with some communities/populations?</th>
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<tbody>
<tr>
<td>9.3.3</td>
<td>Why?</td>
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<tr>
<th>10.</th>
<th>What was the role of your Ministry in this project?</th>
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<tbody>
<tr>
<td>10.1</td>
<td>How did your Ministry collaborate with the different stakeholders (schools, health facilities, PPP, NGOs, communities, WASH committees, etc.)?</td>
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<td>10.2</td>
<td>What activities did your Ministry participate in?</td>
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<td>10.3</td>
<td>What role did the government play in supporting, training, assigning and monitoring the ODF status in the community and different committees?</td>
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<td>10.4</td>
<td>What challenges did/do you encounter when providing this support?</td>
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<td>10.5</td>
<td>How did/does the Ministry support the training of water supply management in the communities?</td>
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<tr>
<td>10.5.1</td>
<td>Is the Ministry still providing such support?</td>
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<tr>
<td>10.5.2</td>
<td>Why/why not?</td>
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<td>10.6</td>
<td>What type of support did the Ministry provide in the sensitisation of the communities?</td>
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<tr>
<td>10.6.1</td>
<td>Is the Ministry still providing such support?</td>
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<tr>
<td>10.6.2</td>
<td>Why/why not?</td>
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<th>11.</th>
<th>What water supply/sources policies and/or response-preparedness plan has your Ministry developed during the project timeframe?</th>
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<tbody>
<tr>
<td>11.1</td>
<td>Please give details.</td>
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<td>11.2</td>
<td>How are these policies/response plans being implemented?</td>
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<tr>
<td>11.2.1</td>
<td>Where?</td>
</tr>
<tr>
<td>11.3</td>
<td>With which funding?</td>
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</tbody>
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<tr>
<th>12.</th>
<th>What policies and/or response-preparedness plan related to sanitation/latrine use and access has your Ministry developed during the project timeframe?</th>
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<tbody>
<tr>
<td>12.1</td>
<td>Please give details.</td>
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<tr>
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</tbody>
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<tr>
<th>13.</th>
<th>What policies and/or response-preparedness plan related to hygiene promotion has your Ministry developed during the project timeframe?</th>
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<tbody>
<tr>
<td>13.1</td>
<td>Please give details.</td>
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<th>14.</th>
<th>What was the role of the PPP companies in this project?</th>
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<tr>
<td>14.1</td>
<td>How did your Ministry collaborate with the PPP companies?</td>
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<tr>
<td>14.2</td>
<td>What is your opinion on such collaboration in WASH projects?</td>
</tr>
<tr>
<td>14.3</td>
<td>What challenges did you face in relation with PPP companies involvement in such project?</td>
</tr>
<tr>
<td>14.4</td>
<td>What good practices were put in place in relation with the PPP companies involvement in such project?</td>
</tr>
</tbody>
</table>
15. How has the water situation in the targeted communities changed (positively or negatively) since the project?
15.1. Please give detailed examples. **Interviewer to keep a focus on:**
  15.1.1. Use and upkeep of the improved water sources
  15.1.2. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
  15.1.3. Availability/reliability, quantity and quality of water in targeted schools and health facilities
15.2. Who were the main agents of change?
15.3. How did these changes occur? What triggered them?
15.4. What could impede the continuity of these changes? What would support the continuity of these changes? **Interviewer to collect reports whenever possible.**

16. How has the sanitation/latrine use and access situation in the targeted communities changed (positively or negatively) since the project?
16.1. Please give detailed examples. **Interviewer to keep a focus on:**
  16.1.1. Use and upkeep of the improved toilets and sanitation facilities in schools/ health facilities
  16.1.2. Change in the awareness of open defecation in communities/school, and avoidance of the practice
  16.1.3. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
  16.1.4. Inclusive access to sanitation facilities (for girls, boys, disabled students) in targeted schools and health facilities
  16.1.5. Attendance and enrolment of students (boys/girls, age) in targeted schools
16.2. Who were the main agents of change?
16.3. How did these changes occur? What triggered them?
16.4. What could impede the continuity of these changes? What would support the continuity of these changes? **Interviewer to collect reports whenever possible.**

17. How have hygiene practices in the targeted communities changed (positively or negatively) since the project?
17.1. Please give detailed examples. **Interviewer to keep a focus on:**
  17.1.1. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
  17.1.2. Changes in the prevalence of the water-borne disease in the communities
17.2. Who were the main agents of change?
17.3. How did these changes occur? What triggered them?
17.4. What could impede the continuity of these changes? What would support the continuity of these changes? **Interviewer to collect reports whenever possible.**

18. Has the Ministry budget made a provision for maintaining water sources/supply infrastructures in the targeted communities?
18.1. What other stakeholders have financially contributed towards water infrastructures in the community?
18.2. If not, who will be in charge of funding the maintenance of the rehabilitated water sources/supply infrastructures?
18.3. What about other communities: what percentage of funds has the government contributed to the rehabilitation of water sources in the district?
19. Has the Ministry budget made a provision for maintaining sanitation/latrines infrastructures in the targeted communities?
   19.1. What other stakeholders have financially contributed towards sanitation/latrines infrastructures in the community? (household level, health centres, schools)
   19.2. If not, who will be in charge of funding the maintenance of the rehabilitated sanitation/latrines infrastructures?
   19.3. Does the government financially contribute towards:
       19.3.1. The maintenance of toilets (e.g. covered bins for disposal of menstrual hygiene products)?
       19.3.2. Soap or handwashing gear to schools and health facilities?
20. What about other communities: what percentage of funds has the government contributed to the rehabilitation of latrines in the district?

21. Has the Ministry budget made a provision for hygiene practices sensitisation in the targeted communities?
   21.1. What other stakeholders have financially contributed towards hygiene practices sensitisation in the community?
   21.2. If not, who will be in charge of funding hygiene practices sensitisation?
       21.2.1. Does the government financially contribute towards materials to schools for washing hands such as IEC materials?
   21.3. What about other communities: what percentage of funds has the government contributed to hygiene practices sensitisation in the district?

22. Were there any other challenges or delays that your Ministry faced in relation to this project?
   22.1. Please give detailed examples.

Any other comments made by the respondent:

Observations from the interviewer:

Thank You!

*** End of Interview ***
Introduction: Hello, my name is ____ and I am working with PGM organization. PGM is _______. We are conducting an evaluation of (NGO name) WASH programme in your community conducted in (year). As such, we are interviewing households, schools and health facilities staff to help us better understand the WASH situation in your community. If you agree to participate, you can choose to stop the interview at any time or not answer any questions. However, we hope that you will participate as your opinion is important to us. Please note that no personal/identifiable details from your answers will be used in our report. This interview will take approximately ______ minutes to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate? □ Yes □ No
Is it ok to record this interview? □ Yes □ No

RESPONDENT PROFILE
1. Name of key informant
2. Gender of key informant □ F □ M
3. Position. □ Teacher □ Headmaster □ Administrative staff □ Other (specify)_____
4. How long have you been working in this school? __________ years
5. Please tell us about the water sources in your school.
   5.1. What facilities are there?
   5.1.1. Are they functioning?
   5.1.2. Who can use them?
   5.1.3. Who manages them? How?

2. Has there ever been a time when there was no drinking water in the school?
   2.1. When? Before/after the project?
   2.2. Why there was no water?
   2.3. How did the school handle the situation?
   2.4. How was this issue solved?

3. Was water a priority concern for your community and school when the project was implemented?
   3.1. Why?/Why not?
   3.2. Is water a priority concern for your community and school now?
   3.3. Why?/Why not?

4. How has the water situation in your community and school changed (positively or negatively) since the project?
   4.1. Please give detailed examples. **Interviewer to keep a focus on:**
      4.1.1. Use and upkeep of the improved water sources by the communities
      4.1.2. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
      4.1.3. Availability/reliability, quantity and quality of water in school
   4.2. Who were the main agents of change?
   4.3. What could impede the continuity of these changes? What would support the continuity of these changes?
5. Please tell us about the latrines in your school.
   5.1. What facilities are there?
   5.2. Are they functioning?
   5.3. Who can use them?
       5.3.1. Are they disaggregated? (male/female, and teachers/students)
   5.4. Who manages them? How?

6. Was latrine use and access a priority concern for your school when the project was implemented?
   6.1. Why? / Why not?
   6.2. Is latrine use and access a priority concern for your school now?
   6.3. Why? / Why not?

7. How has the sanitation/latrine use and access situation in your school changed (positively or negatively) since the project?
   7.1. Please give detailed examples. **Interviewer to keep a focus on:**
       7.1.1. Use and upkeep of the improved toilets and sanitation facilities in schools
       7.1.2. Change in the awareness of open defecation in school, and avoidance of the practice
       7.1.3. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
       7.1.4. Inclusive access to sanitation facilities (for girls, boys, disabled students)
       7.1.5. Attendance and enrollment of students (boys/girls, age)
   7.2. Who were the main agents of change?
   7.3. What could impede the continuity of these changes? What would support the continuity of these changes?

8. Who was trained on hygiene practices/promotion?
   8.1. Amongst school staff? Position/Number/ Are they still teaching in the school?
   8.2. Amongst students? Grade/Number
   8.3. Who trained them and when?
   8.4. What were the key messages of these trainings?

9. How were these learnings (from the training) used and put in place in the school?
   9.1. Did you teach any lessons on ODF and hygiene practices?
   9.2. When was the last time you taught a lesson on hygiene practices and ODF?
   9.3. How often do you repeat the lesson about ODF/hygiene practices to children?
   9.4. What were the biggest challenges in teaching the children about WASH?

10. Who was trained on Menstrual Hygiene Management (MHM)?
    10.1. Amongst school staff? Position/Number/ Are they still teaching in the school?
    10.2. Amongst students? Grade/Number
    10.3. Who trained them and when?
    10.4. What were the key messages of these trainings?
11. How were these learnings (from the training) used and put in place in the school?
   11.1. Did you teach any lessons on MHM?
   11.2. When was the last time you taught a lesson on MHM?
   11.3. How often do you repeat the lesson about MHM to children/girls?
   11.4. What were the biggest challenges in teaching the children/girls about MHM?

12. Did you see a change in the behaviour of children regarding their hygiene practices?
   12.1. What changes?
      12.1.1. Changes in the prevalence of the water-borne disease in the communities?
   12.2. When?
   12.3. Who displayed these changes (age, gender)?

13. Is there a WASH school club in your school?
   13.1. Who is part of it (gender, grade, status (IDPs, host, etc.), number)?
   13.2. What is the club’s main role?

**Any other comments made by the respondent:**

**Observations from the interviewer:**

**Thank You!**

*** End of Interview ***
Introduction: Hello, my name is ____ and I am working with PGM organization. PGM is _______. We are conducting an evaluation of (NGO name) WASH programme in your community conducted in (year). As such, we are interviewing households, schools and health facilities staff to help us better understand the WASH situation in your community. If you agree to participate, you can choose to stop the interview at any time or not answer any questions. However, we hope that you will participate as your opinion is important to us. Please note that no personal/identifiable details from your answers will be used in the report. This interview will take approximately ______ minutes to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate? □ Yes □ No
Is it ok to record this interview? □ Yes □ No

RESPONDENT PROFILE
1. Name of key informant ________________________________
2. Gender of key informant □ F □ M
3. Position in WASH Committee ___________________________
4. How long have you been part of this WASH committee? ____________ years

5. What are the main water sources in your community? (note for the enumerator: List of the sources available in the community and underline the water source that is part of the Unicef/SIDA project)
   5.1. Are they functioning?
       5.1.1. Now?
       5.1.2. All year-round?
   5.2. Who can access these water sources and who cannot access them?
   5.3. Who is in charge of conducting water quality testing?
       5.3.1. When was the last time such testing was conducted?
       5.3.2. What testing is done (FRC, Faecal coliform bacteria testing, etc.)?

6. What type of latrines do households commonly use in the community? (Note for the enumerator: we are trying to understand if people are using their own private latrines or rather common/shared latrines – we are also trying to understand if they took part of the construction or not)
   6.1. Who built them?
   6.2. Who use them and who do not use them?
   6.3. Why/Why not?

7. According to you, is it important for your community to be Open Defecation Free (ODF)?
   7.1. Why/why not?
   7.2. What are the challenges you have faced in keeping the community ODF?

8. What are the most common hygiene practices in your community?

9. Who in the community tend to get sick with waterborne diseases?
   9.1. Why/How does this happen?
   9.2. Do you think it is related to the sanitation/latrines/OD(F) situation and practices?
<table>
<thead>
<tr>
<th>10.</th>
<th>What is the role and responsibility of the WASH committee?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>How do you manage the community water sources? How does the WASH committee implement its priorities and carry out their responsibilities?</td>
</tr>
<tr>
<td>10.2</td>
<td>Where does funding come from?</td>
</tr>
<tr>
<td>10.3</td>
<td>Who is in the WASH committee (age, gender, status, number)?</td>
</tr>
<tr>
<td>10.4</td>
<td>What are the committee’s 3 main priorities for the next 6 months?</td>
</tr>
<tr>
<td>10.5</td>
<td>What were the 3 biggest issues your committee had to deal with?</td>
</tr>
<tr>
<td>10.5.1</td>
<td>How did you manage/solve these?</td>
</tr>
</tbody>
</table>

**Briefly explain about the project in the community.**

<table>
<thead>
<tr>
<th>11.</th>
<th>How was your community and WASH committee involved in the project and activities’ design?</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1</td>
<td>Was your committee involved in construction of any of new facilities or structures in any manner - consulted, employed, trained to manage?</td>
</tr>
<tr>
<td>11.2</td>
<td>How could this be improved?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.</th>
<th>Was water a priority concern for your community when the programme was implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>Why?/ Why not?</td>
</tr>
<tr>
<td>12.2</td>
<td>Is water a priority concern for your community now?</td>
</tr>
<tr>
<td>12.3</td>
<td>Why?/Why not?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.</th>
<th>How has the water situation in your community changed (positively or negatively) since the project?</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1</td>
<td>Please give detailed examples. <strong>Interviewer to keep a focus on:</strong></td>
</tr>
<tr>
<td>13.1.1</td>
<td>Use and upkeep of the improved water sources by the communities</td>
</tr>
<tr>
<td>13.1.2</td>
<td>New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners</td>
</tr>
<tr>
<td>13.2</td>
<td>Who were the main agents of change?</td>
</tr>
<tr>
<td>13.3</td>
<td>How did these changes occur? What triggered them?</td>
</tr>
<tr>
<td>13.4</td>
<td>What could impede the continuity of these changes? What would support the continuity of these changes?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14.</th>
<th>Was latrine use and access a priority concern for your community when the programme was implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1</td>
<td>Why?/ Why not?</td>
</tr>
<tr>
<td>14.2</td>
<td>Is latrine use and access a priority concern for your community now?</td>
</tr>
<tr>
<td>14.3</td>
<td>Why?/Why not?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15.</th>
<th>How has the latrine use and access situation in your community changed (positively or negatively) since the project?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1</td>
<td>Please give detailed examples. <strong>Interviewer to keep a focus on:</strong></td>
</tr>
<tr>
<td>15.1.1</td>
<td>Use and upkeep of the improved toilets and sanitation facilities in clinics and schools</td>
</tr>
<tr>
<td>15.1.2</td>
<td>Change in the awareness of open defecation in communities, and avoidance of the practice</td>
</tr>
<tr>
<td>15.1.3</td>
<td>New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners</td>
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<tr>
<td>15.4</td>
<td>What could impede the continuity of these changes? What would support the continuity of these changes?</td>
</tr>
</tbody>
</table>
16. Were hygiene practices a priority concern for your community when the programme was implemented?
   16.1. Why? Why not?
   16.2. Are hygiene practices a priority concern for your community now?
   16.3. Why? Why not?

17. How have hygiene practices in your community changed (positively or negatively) since the project?
   17.1. Please give detailed examples. **Interviewer to keep a focus on:**
      17.1.1. New practices, habits, understanding, and policies set up as a result of capacity building by UNICEF and its implementing partners
      17.1.2. Changes in the prevalence of the water-borne disease in the communities
   17.2. Who were the main agents of change?
   17.3. How did these changes occur? What triggered them?
   17.4. What could impede the continuity of these changes? What would support the continuity of these changes?

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**Any other comments made by the respondent:**

**Observations from the interviewer:**

Thank You!

*** End of Interview ***
Introduction: Hello, my name is ____ and I am working with PGM organization. PGM is __________. We are conducting an evaluation of (NGO name) WASH programme in (community names) conducted in (year). As such, we are interviewing different stakeholders involved in this project to help us better understand the WASH situation. If you agree to participate, you can choose to stop the interview at any time or not answer any questions. However, we hope that you will participate as your opinion is important to us. Please note that no personal/identifiable details from your answers will be used in our report. This interview will take approximately _______ minutes to complete.

Do you have any questions?
Did you understand why we are collecting this information and how we plan to use it?
Do you agree to participate? ☐ Yes ☐ No

RESPONDENT PROFILE
1. Name of key informant
2. Name of PPP Company
3. Position of key informant
4. How long have you been working in this project? __________ years

The project targeted schools and health facilities as core facilities for improved WASH infrastructure combined with CLTS activities in communities and PPP and ministry collaboration.

6. What is your opinion on this approach?
   6.1. What works well and not so well with this approach?
   6.2. How does this approach fit with your company’s WASH strategy and priorities? Please give details.
   6.3. In your opinion, should such approach be replicated?
       6.3.1. Why/Why not?
       6.3.2. Where? Could it be replicated anywhere else or only with some communities/populations?
       6.3.3. Why?

7. What was the role of the PPP companies in this project?
   7.1. How did your company collaborate with the ministry and communities?
   7.2. What other stakeholders did you work with?
   7.3. What is your opinion on such collaboration in WASH projects?
   7.4. What challenges /delays did you face?
   7.5. What good practices were put in place?

8. Is your company still working with these targeted communities?
   8.1. Why/Why not?
   8.2. Who do you work with?
       8.2.1. At community level?
       8.2.2. At institutional level?
   8.3. Where does funding come from?
   8.4. What is your company’s role now?
   8.5. What are the priorities for the next 6 months?
<table>
<thead>
<tr>
<th>Any other comments made by the respondent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observations from the interviewer:</td>
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</table>

Thank You!

*** End of Interview ***