

**CARE International in Iraq
Endline Evaluation Report
Ministry of Foreign Affairs of the Czech Republic
(MoFA Czech) Project**

**Water, Sanitation and Hygiene project
(WASH)**

**December 2018
West Mosul**



1. Executive summary:

1.1 Introduction and context:

On 17th April 2017 Iraqi Military Forces targeted ISIS positions with mortars in Al-Thawra neighborhood western side of Mosul city. On 18th April 2017 Iraqi Military Forces liberated Al-Thawra Apartment western side of Mosul city. As a result, twelve civilians were killed due to ISIS SVBIED attack in Al-Thawra neighborhood. In the same date a vehicle-borne improvised explosive (VBIED) exploded when civilians tried to flee from Al-Thawra neighborhood in the western of Mosul city, which led to the death of six and 14 injured persons. On 20th April 2017 Iraqi Military Forces liberated Al-Nasr neighborhood and managed to re-control Al-Thawra neighborhood. This was the situation in Al-Thawra neighborhood.

The elite forces, known as Counter Terrorism Service (CTS), liberated the neighborhood of al-Thawra in northwest of Mosul's old city center, the liberation of al-Thawra neighborhood came hours after the Iraqi Prime Minister paid a visit to the western side of Mosul and met with Iraqi military commanders and civilians at the freed neighborhoods of the city.

Since Oct 2017, the humanitarian situation in Ninawa governorate of Iraq especially West Mosul were one of the most drastically affected area of Mosul. The last military operation in October 2017 left buildings, water, electric sewage, schools and health facilities with major destruction which will need huge budget to renovate and recover the life of the returnee families.

In mid of 2018 CARE responded to the needs of returnees and host communities of West Mosul. Despite a sound knowledge of the dynamics and the context, additional challenges related with the volatile situation, the security in the target areas, and the lack of minimum qualified staff use to delay in project implementation.

1.2 Project Introduction:

Project Name	Improving Sanitation, Hygiene, Renovation of Sewage System MoFA – Czech Project
Estimate Number of Beneficiaries	1,166 households (7000 beneficiaries as individuals)
Target area	Al-Thawra and Al-Saha neighborhoods – West Mosul
Sectors	Sanitation and Hygiene
Project duration	01.07.2018 – 31.10.2018

In coordination with local authorities, this project addressed critical needs for sanitation services in West Mosul, as a direct contribution to enable the affected populations to return home. The project aimed to repair two vital sanitation resources/infrastructure in West Mosul and to support the municipal authorities to build their capacity to eventually recover their costs, once the situation allows. Finally, the project intended to mobilize local communities towards greater ownership for their local environment, to avoid the recurrence of such sanitation risks and maintain a cleaner, more habitable environment. In addition to mitigate a number of health risks related to poor sanitation in urban areas, CARE's engagement aimed to promote social cohesion and community participation among vulnerable populations affected by the conflict.

Within 4 months of implementation in Al-Thawra neighborhood, 1166 family (about 7000 individuals) including host community and IDPs were reached by following CARE's activities:

- Renovation and repair of sewage system
- Cleaning campaigns through cash for work (daily labors) and hiring garbage trucks
- Hygiene sessions conducted by community hygiene volunteers to promote for a healthy environment and sewage management and raise awareness among the population.
- Awareness sessions to create a healthy environment and to educate the community about a sustainable solid waste management, lead to prevent infectious diseases.

1.3 Summary purpose of the End-line Evaluation:

The End-line project Evaluation is intended to assess the relevance, performance, management arrangements and success of the project. It looks at signs of potential impact of project activities on men, women, girls and boys identified as vulnerable and the sustainability of results, including the contribution to capacity development. The Evaluation also identifies, and documents lessons learnt and makes recommendations that project staff and the stakeholders might use to improve the design and implementation of other related projects and programs.

1.4 Summary of Endline Evaluation Methodology Assessment:

The questionnaires employed for the endline project evaluation are based on the tools developed by CARE International in Iraq. The tools used quantitative and qualitative methodology and were translated into Arabic to facilitate the implementation. The survey was carried out using a digital data capture that CARE teams have already been using such as KoBo collect and have adequate handsets. The survey team worked with trained enumerators (50% of which were women) to collect the quantitative data from beneficiaries in Al-Thawra neighbourhood, qualitative data was collected through key informant interviews (such as; Mukhtars, religious leaders, community leaders, women leaders, men and women that are part of the hygiene promotion community teams and Ninawa directorate of swage etc.), and focus group discussions (FGD) with women, men, girls and boys of diverse ages, backgrounds including men and women with disabilities.

1.5 Impact and Summary of key findings:

Al-Thawra neighbourhood: about 85% (40% men & boys, 45% women & girls) of the respondents have received hygiene awareness through house to house visits or joint sessions provided by the hygiene teams. 95% (50% men & boys, 45% women & girls) have found the hygiene topics interesting and useful. This was also found in the qualitative survey, that on average out of 15 participants in each FGD, 13 of them in the focus group discussions think that the topics handled and the service in general have provided the community with significant knowledge about topics they were not aware of.

Overall, 85% (42% men & boys, 43% women & girls) were satisfied with the hygiene promotion services in the neighbourhood. The remainder were not satisfied mostly because they were not visited by the team or did not participate in the awareness sessions. Dishwashing detergent is available at 86% (40% men & boys, 46% women & girls) of the surveyed households. 70% (30% M, 35% F) of them have detergent most of the times.

People seem to prefer joint sessions over the home visits. They highlighted a couple of hygiene issues that they were directly addressed: transmission of diseases and environmental hygiene. Violence against children and domestic violence were identified as the most pertinent and preferred topics of discussion within the context of the hygiene/gender awareness sessions being conducted.

Cleanliness of your neighborhood: 93% (53% M, 40% F) of the participants claimed that the neighbourhood is now clean and looks much better than before CARE' intervention. As a result, they support the idea of having continued support to the neighbourhood.

1.5.1 Improvements in hand washing practices:

The improvements to the hand-washing in the households and schools depends on two factors: (1) the success of the software components (the school hygiene training and the hygiene components of the CARE approach in the communities) and (2) the hardware (e.g. soap, detergent).

The FGD with the children and adolescent boys and girls discussed the success of sensitization in schools. 50% of the adolescent boys and girls in the discussions could recount activities related to hand-washing. however, according to the baseline data that at the beginning of the project only 15% of the adolescent boys and girls could recount activities related hand-washing. They understood the times that they should wash their hands and the use of soap in the activity. There are some challenges with school hand-washing practices due to the lack of soap sometimes. Other respondents further explained that they did not use the soap at the latrine in the school and sometimes at the household level there is no soap available, as such they only use water after defecation.

In general, hand washing practices by the communities have been positively influenced by the diseases sensitisation that has taken place throughout the communities. The widespread availability of soap, and the distributions, as well as the continual community sensitisations has ensured that the results are positive.

1.5.2 Improvement of functionality of sewage system:

This section of the report seeks to document the improvement of effectiveness and functionality of the sewage system in West Mosul. The findings include a combination of opinions shared by the affected populations through household visits, key informant interviews with Mukhtars and representatives of directorate of swage and community leaders (40% women and men).

In consultation of local authorities and community representatives, CARE selected priority areas in need of sewage system rehabilitation and need of cleaning (all West Mosul). CARE has ensured proper management of WASH services incl. adequate capacity building, addressing all sectors of the community, as well as vulnerable groups (poor, elderly, disabled and children). Prior implementation, the hygiene team worked on a promotion activity by investigating the existing level of knowledge, attitudes and hygiene practices. Environmental hygiene awareness sessions were conducted accordingly at community centers, through house to house visits. The purpose of this intervention was to contribute to the behavioural changes of men, women, and children and to raise awareness on the hygienic risks and ways to prevent from it.

The below table demonstrates the functionality of repaired/maintained sewage systems addressed under this project. It furthermore shows the affected population's satisfaction with the quality of the work. On average 88% of the respondents in both neighbourhoods (43% M, 45% F) say that the water system in both neighbourhoods is fully functioning and 13% (7%M and 6%F) say that the system is functioning, but it gets disrupted at times.

How functional is the sewage system that	Options	Gender	Al-Thawra	Al-Saha
	Fully functioning	Men & Boys	40%	37%
		Women & Girls	41%	39%

CARE has repaired/maintained?	Functioning but sometimes it gets disrupted	Men & Boys	7%	7%
		Women & Girls	6%	7%
	not functioning	Men & Boys	3%	5%
		Women & Girls	3%	5%

1.5.3 Involvement of the beneficiaries and other stakeholders¹:

The communities reported positively on their involvement, as such playing an active role in many activities of the project (hygiene promotion, cash for work components, piping the sewage system, defining appropriate methods of cash for work approach). The same observation applies to the hygiene awareness activities with many household members participating in the sensitization trainings. The project also involved additional ownership and participation of the local communities by having community members involved in every stage of the project through community-based mobilizers. CARE's Mobilizers represent every group in both neighbourhoods and distributed cleaning up campaign materials to the relevant directorates, such as, municipalities and directorate of swage to continue clean both neighbourhoods.

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¹ Stakeholders, such as; DoS, Mukhtars, community leaders in both neighbourhoods and Ninawa Municipality)

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2. Focus of the project evaluation:

A project evaluation is planned to identify endline values for key WASH indicators as stated in the project documents in the targeted areas and to provide an information to assess an activity's impact and effectiveness, relevance and sustainability of the project after the implementation. The objective of the evaluation is to:

- Consolidate existing information in relation to WASH indicators.
- Document any gaps in the availability or quality of this information;
- Compliment incomplete or data of poor quality relevant to the activities being implemented within the context of the MoFA Czech project.

The endline focuses at the situation prior and post implementation to measure the change over time in the area of intervention. The data collection included qualitative and quantitative approaches (Key Informant Interviews-KIIs, Household visits, Focus Group Discussion-FGD and interviews). Due to the sensitivity of data collect on gender-based violence the CARE team conducting the data collection through enumerators which are specifically trained on how to handle this information to ensure safety and confidentiality of the individual.

3. Limitations

The scope of endline evaluation study was limited in its' capacity to complement all the information gaps that are identified because of ongoing insecurity which limits the ability of CARE team to travel to many areas in West Mosul and to all the nearby neighbourhoods due to ongoing insecurity. Although the safety audit is adapted and tailored to the context it remains a very sensitive topic that is not openly discussed and stigmatized. In addition, the distances between the neighbourhoods, time and financial resource constraints have limited the sample size.

4. Evaluation Methodology and Sampling:

The instruments collected data across a range of indicators laid out both by WASH and MEAL teams, as described in the project log frame. Such an approach was thought to promote efficiency in data collection. Multiple instruments collected data against individual indicators, engaging in a process of 'triangulation' of findings.

This report is based on quantitative and qualitative data collected through a survey covering targeted (Al-Thawra and Al-Saha) neighbourhoods, these data are backed up by qualitative data collected through focus

group discussions and interviews with key informants in the area including the Mukhtars and the community leaders. The findings from the key informants are incorporated into the results and analysis of the data.

The selected instruments comprised:

1. Documents Review
2. Key informant and stakeholder Survey Questionnaires
3. Household Survey Questionnaires
4. Community Groups FGD

The questionnaires used can be found in Annex 1. Questionnaire (qualitative and quantitative) have been developed within the context of the broader consultation with the affected population (KIs, household visits and FGD) and key stakeholders (INGOs, religious leaders, men and women community leaders). FGD were conducted with women, men, girls and boys of diverse ages, backgrounds, including people with disabilities. CARE also ensured that the team leaders were trained to be able to directly consult boys, girls and people with disabilities to accurately reflect their needs and feedback. The selection of the households was done in consultation with the participants in the FGD (maximum 17 and minimum 12 participants). Women headed households, child headed households and households with people with disabilities, elderly people and households representing minority and/or marginalized groups were prioritized for the FGDs. Focus group discussions included individuals of diverse background and ages.

4.1 Desk Reviews

A range of documents were reviewed with the primary objective of complementing and enriching findings of the end line survey (among others program reports, monitoring visit reports, discussion notes, weekly meeting minutes, and M&E reports).

4.2 Coverage

The assessment area of both quantitative and qualitative analysis was West Mosul (Al-Thawra and Al-Saha neighborhoods).

Neighborhoods	Qualitative Method		Quantitative Method
	FGD	KI	
Al-Thawra neighbourhood	women and girls Men and boys	FGD with representatives of Neighborhood, community leaders and DoS	45 assessments conducted
Al-Nasser neighbourhood	women and girls Men and boys	FGD with representatives of Neighborhood, community leaders and DoS	20 assessments conducted

4.3 Qualitative Assessment (Household and FGD)

The qualitative assessment covered both neighborhoods in West Mosul (Al-Thawra and Al-Saha neighbourhoods). A random sampling method was applied to identify households for a household visit and FGD.

4.4 Sample size Sinjar

- **Key informant interviews:** Head of sectors (Mukhtars), religious leaders, Local authorities, Community leaders (one-man, one-woman representative), NGOs and INGOs working in the area of operation.
- **FGDs:** Separate FGDs with women and men from the affected community. A FGD with men and a FGD with women conducted in each neighborhood assessed. FGD included no more than 17 participants and last about 60-90 minutes.

CARE team	Day 1	Day 2
CARE team	Al Thawra Neighbourhood	Al Thawra Neighbourhood
CARE team	Al Saha Neighbourhood	Al Saha Neighbourhood

The qualitative data collection in West Mosul was scheduled for two days.

Staff: CARE staff with enumerators conducted both quantitative and qualitative assessments and MEAL coordinator provided technical support, training, and oversight/supervision. The staff worked in pairs (one man and one woman). The CARE Gender team provided an inception session for the staff on Protection from Sexual Exploitation and Abuse, Child Safeguarding, Collecting Information in a Safe and Confidential manner and providing them with information about Gender-based violence (GBV) and protection specific referral pathways. The team also benefited from a session on gender, GBV mainstreaming and inclusion specifically tailored to collecting information within the context of the safety audit.

5. Complaints Response Mechanism (CRM):

A complaints/feedback response mechanism (CRFM) has been designed for the entire CARE Iraq programming and is adapted to the different geographical areas, including West Mosul and for the types of interventions in those areas. Given the differences from one operation to the next, a broad standard CFRM is established among CARE operation areas and adjusted depends on the local context.

A complaint response mechanism to receive and respond to feedback and complaints was established in West Mosul: a complaint box as well as a comments/feedback box, a free hotline number (80010170), and an accountability mobile team was established. The comments box was designed to capture general feedback on CARE intervention in West Mosul and was designed to capture information easily from the affected population taking into consideration their preferred channel of communication, language and the level of literacy. Community members are also able to submit complaints in ways that suit them and that takes power dynamics, cultural, geographical, and protection and safety issues into account. Women, men, boys, girls, the elderly, the non-literate, people living with chronic illness, people with disabilities, communities, all are taken into account to be able to submit complaints with relative ease and confidence.

Once completed, the individual simply puts the form into the box and the results are collated by MEAL staff and after the investigation on the feedback/complaints. The Hotline team receive calls and are responsible for providing the feedback to the calls and the complaints and feedback collected in the complaints box. FGDs are also used as a tool to consult with the affected population more broadly. This process is anonymous, the type of complaints received, the response time to the complaint, and the type

of actions taken to address the complaints are all recorded to monitor CARE staff's capacity to close the feedback loop.

If the complaint is not sensitive, then, as a general rule, it is solved as locally as possible, by bringing the issue to the attention of the relevant sector leader at the field level, such as the Field Office Team Leader, or the relevant Project manager. If it cannot be resolved at this level, it is elevated to Head of Programs and then to Country Director. The complainant receives a response that comprises a clear answer and explanation (even if no action is needed to be taken) as well as an indication that the complaint has gone through an established process. People need to know they have been heard and provided with a response. Experience has shown that in most cases in Iraq, even when no action is taken, receiving a clear explanation satisfies the complainants. In other instances, people are left unhappy with the result, and the mechanism has an appeal system that users are able to access and follow up. The data collected through the complaints and feedback mechanism was consolidated and analysed on a monthly basis to identify trends and is used to inform the decision making of senior management and the complaints/feedback form used to capture complaints from beneficiaries, and flyers and banners used in both neighbourhoods.

6. Data management and analysis:

All quantitative and qualitative data was analysed using Kobo toolbox itself and Microsoft Excel. Based on the raw data, available for download from KoBo Toolbox, a master database was developed, and data cleaning was carried out. A quantitative data framework was set up in Excel for all validated data. A series of frequencies count, and other statistical methods were employed in the analysis of the data. Qualitative data are collected and cleaned by MEAL team and been transferred to a standardized excel sheet to compare data of each IDP camp with others. All collected and analysed data refer to Annex 1

7. Main Baseline Findings:

This section of the document seeks to provide more detailed analyses than those offered within the logframe and the impact of the project, community needs, challenges, access to services, such as, basic services available within West Mosul context and more focused on WASH services and challenges. This is with the intent of both measuring the logframe indicators, as well as providing the broader analyses and data requested by WASH team, seeking provide contextualized recommendations for the future projects. These have been broken down by project outputs and activities, to ensure relevance and promote understanding:

When examining these data, it is crucial to bear in mind that local authorities responding to FGD questions may not be reliably informed. Equally, some respondents may not have been aware of the differences between various sources of services available in the area, as such, the different answers could reflect different levels of awareness rather than different primary sources.

7.1 Key project indicators tracked by the endline evaluation:

The key outcomes and indicators relating to the MoFA Czech project is outlined in Table 1 below. The findings from the endline evaluation survey relate to these indicators and outcomes and shows activities in relation to the outcomes.

Outcome	Indicator	Endline Evaluation Result
Outcome 1: To improve sanitation conditions in West Mosul by enabling free flow of grey water out of the city and reparation of piped sewage system.	1. At least 75% of the Cree stream area survey respondents report reduced pollution in the Cree stream and free flow of grey water out of the city 2. At least 75% of Al Thawra neighbourhood survey respondents report improved functionality of sewage system.	1. 85% 2. 94%
Outcome 2: To improve civic participation of local residents with respect to solid waste management and household pollution and increase Directorate of Sewage's (DoS) capacity for cost recovery	1) 80% of survey respondents show improved behaviour by using waste bins and alerting others on better solid waste management behaviour 2) 15% of survey respondents participate in keeping their neighbourhoods clean and managing solid household waste.	1. 93% 2. 70%

Outcome 1: To improve sanitation conditions in West Mosul by enabling free flow of grey water out of the city and reparation of piped sewage system.

Output 1.1 Solid waste is no longer observed in Cree stream.

CARE in coordination with local municipality of West Mosul have been identified a 400-meter-long sewage system in Al Thawra and 300 meter in Al Saha neighbourhoods. Both were destroyed and blocked during the last Mosul operation and the grey water has flooded the neighbourhoods causing multiple health hazards risks. CARE has rehabilitated and installed all the 700 meter of sewage pipe line leading the grey water to reach the final destination with continuous flows which is now contributing in reducing Mosquito breading, environmental and air pollutions

MAIN FINDINGS:

Mostly males mentioned that they have actively participated in FGDs related to the project implemented in the area. Some females said that they did not participate in that kind of FGDs in the past, however, half of them we are aware of CARE's intervention in the area or they have been heard by their family members. The remaining other women and men said either they participated, or they were aware that other women have participated in FGDs in relate to the project implementation.

The community leaders in the area reported that the designed project helped them to some degree to address the needs of people in terms of some urgent needs after the crisis in regard to the sanitation and hygiene. However, they reported that there are more demands to make the sanitation situation better in both neighborhoods.

Large puddles or pools of stagnant water near habitation/house: 80% (55% M, 25% F) of the participants are in agreement that large puddles/pools of stagnant water are cleaned in the neighbourhood and makes them feel more comfortable than past.

Output 1.2 Piped sewage system in Al Thawra neighbourhood is repaired according to DoS standards/design.

In coordination with local authorities and directorate of municipalities, a rapid need assessment was conducted in the target areas of Al-Thawra and Al-Saha neighbourhoods in West Mosul, the sewage system was heavily damaged because of the last conflicts. CARE has addressed the environmental sanitation concerns resulting in one of the major causes for diseases in the areas. The sewerage networks are fully rehabilitated.

MAIN FINDINGS:

Functionality of sewage system in the neighborhood: 90% (43% M, 48% F) are in agreement that sewage system in the neighbourhood is now fully function, however, there is still some area that needs further attention due to ongoing destruction caused by the conflict. Moreover; 10% (9% M, 1% F) think that sewage system is old and always needs maintenance to keep function.

In regard to the functionality of the sewage systems (400 M in Al-Thawra and 300 M in Al-Saha neighborhoods), 96% (50%M, 46%F) and 92% (45%M, 47%F) respectively reported that the rehabilitated sewage system is fully functioning now and 85% (43%M, 42%F) of the crew stream has reduced pollution. 85% (45%M, 40%F) of the respondents confirmed water is free of contamination on the crew steam.

Outcome 2: To improve civic participation of local residents with respect to solid waste management and household pollution and increase Directorate of Sewage's (DoS) capacity for cost recovery

Output 2.1 Environmental health and sanitation/solid waste management awareness activities are conducted among returnee households by CHVs with high audience and positive feedback from the target communities.

In order to increase community awareness and the level of understanding in behavioural change in responding with effectively to environmental health risks, CARE has setup and trained 20 gender balance hygiene promotion teams in disseminating the relevant environmental health messages through different hygiene communication tool. Tools were particularly developed for this context. The CARE hygiene team conducted hygiene awareness sessions to different age groups at community centres and by visiting households. The community complaints and feedback mechanisms were introduced to all participants.

Regular clean up campaigns have been conducted in coordination with the municipality in charge of waste management within the area. Trainers promoted environmental cleanliness within the community by organizing cash for work activities and using garbage trucks to clean up their surroundings and trenches,. This improved the solid waste management practices and enabled gray water to flow out of the city. 18 clean up campaigns have reached 5123 beneficiaries.

House-to-house hygiene sessions were conducted on a daily basis in Al-Thawra Neighborhood of West Mosul. Activities were conducted through the trained community hygiene volunteers (CHVs) focused on environmental hygiene and solid waste management and how to make sure to keep a healthy environment.

Cash for work (CfW) labors were recruited from the targeted area to conduct cleaning up campaigns for drainage services. CARE introduced a rotation system that allowed more people to take part in the campaign, thus CARE employed 20 new workers every two days 300 persons (20 men, –paid each working day/25 000 IQD). The large number of CfW labors was due to the high volume of accumulated rubbish and area to be cleaned.

2,600 garbage bags were distributed in Al-Thawra neighbourhood to increase the awareness and encourage the community to place the rubbish in proper places to mitigate the transmission of the diseases each household got 3 bags and that distribution included the shops and schools as well.

In addition, distribution of Information, Education and Communication (IEC) materials in the form of booklets, leaflets and posters have been done. Booklets contain the key hygiene messages used during the house-to-house and children sessions. These were distributed by all the community health and hygiene promoters. Posters were placed in strategic locations such as, market centers, schools, and health centers. This aimed at constantly reminding community members about the key hygiene messages.

Finally, CARE conducted a two-day training for hygiene promoters in Al-Thawra neighborhood for 20 volunteers. This aimed at impacting knowledge that would help in reducing the main risks related to health, the use of sanitation facilities, and hygiene mainly solid waste management

MAIN FINDINGS:

Cleanliness of your neighborhood: 93% (53% M, 40% F) of the participants pointed out that the neighbourhood is perceived as much cleaner than prior CARE's intervention. Beneficiaries encourage the idea of a continued support to the neighbourhood.

Training or education in water cleanliness, sanitation, or hygiene: 85% (45% M, 40% F) of the respondents agreed that they have received trainings on water cleanliness, sanitation and hygiene education. Moreover, females requested to have trainings on a bigger scale that can cover all females in the neighbourhood.

Household dispose of garbage: 88% (48% M, 40% F) of respondents reported that they have received garbage bags from CARE only once and are now using their own bins but what make the situation difficult for them is that there is no proper system by the government to remove the garbage on daily or weekly basis.

Hygiene Promotion Community Volunteers were responsible to carry out the day-to-day hygiene promotion activities of an operational WASH response at community level. They built relationship with community members that allowed them to be at the interface between the emergency-affected community and the WASH response. The integration of communities created channels for dialogue between the WASH response and the affected population to ensure appropriate and acceptable technical interventions and to allow the partners to be held to account for the quality of the WASH programming.

Al-Thawra neighbourhood: about 85% (40% men & boys, 45% women & girls) of the respondents have received hygiene awareness through house to house visits or joint sessions provided by the hygiene teams. 95% (50% men & boys, 45% women & girls) have found the hygiene topics interesting and useful. This was also found in the qualitative survey, most of the participants in the focus group discussions think

that the topics handled and the service in general have provided the community with significant knowledge about topic they were not aware of.

Overall, 79% (42% men & boys, 37% women & girls) were satisfied with the hygiene promotion services in the neighbourhood. The remainder were not satisfied mostly because they were not visited by the team or did not participate in the awareness sessions. Dishwashing detergent is always available at 86% (40% men & boys, 46% women & girls) of the surveyed households. 70% (30% M, 35% F) have detergent available most of the times.

People seem to prefer joint sessions over the home visits. They highlighted a couple of hygiene issues and therefore were directly addressed: transmission of diseases and environmental hygiene. Violence against children and domestic violence were identified as the most pertinent and preferred topics of discussion within the context of the hygiene/gender awareness sessions being conducted.

8. Conclusion and recommendation

According to the findings of this evaluation a number of recommendations are outlined below. The evaluation team focused on the challenges of the WASH project and its possibilities for improving WASH conditions of the most vulnerable population in both targeted neighbourhoods.

- Standardization of approaches (especially new ones for hygiene promotion) with room for flexibility depending on the community. As a result of the findings CARE will need to strengthen community-based awareness raising on hygiene and gender topics, such as, adding interactive software methods like educational videos and workshops.
- Set stronger focus on sustainable and environmental solution rather on quick interventions with taking groups with specific needs into consideration.
- Strengthen solid waste management skills and awareness of the targeted population including decision makers and culturally accepted leaders such as key Mukhtars, local authorities for sustainable and durable solutions. Education and hand on practices to be developed jointly to keep neighborhoods clean and healthy.
- Distribution of cleaning materials should also be supplied regularly (if possible) to ensure good sanitation practices.
- Education and awareness campaign in school to sensitize people in young age already (e.g. a clean water day, of Hygiene day)

7. Annexes:

Annex 1: Photos taken in Al-Thawra neighbourhood.

	
Cash for work at Al-Thawra neighbourhood	Cash for work training on risk education sessions
	
Hygiene promotion sessions, Al-Thawra neighbourhood	Renovation of sewage system, Al Thawra west Mosul

Annex 2: Data analysis of endline evaluation