

# FINAL EVALUATION REPORT

## WASH support to IDPs & host communities in Dohuk & Ninewa



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## List of Acronyms

BRHA: Board of Relief and Humanitarian affairs

DoE: Directorate of Environment

DoM: Directorate of Municipalities

DoW: Directorate of Water

FGD: Focus Group Discussion

HHs Survey: Households Survey

IDPs: Internally Displaced Persons

KII: Key Informant Interviews

PWD: People with Disabilities

WASH: Water, Sanitation and Hygiene

## Executive Summary

CARE, REACH and Harikar solicited support from GAC to support their WASH intervention in four IDP camps (Chamishko, Essyan, Mamrashan and Sheikhan) and in host community collectives (Ardawan, Ba'adre, Kalakchi, Mahate and Ayas) in Dohuk and Ninewa from January 2017 to December 2019. The project also had an emergency response component in November 2017 in three neighbourhoods of West Mosul (Al-Mansour, Al-Jawsaq and Wadi Al-Hajar). The purpose of the final evaluation is to assess the post intervention situation in the targeted areas against baseline indicators. Furthermore, the study looked at the effectiveness and efficiency of the intervention to reach the expected outcomes. The study also considered criteria such as coverage and appropriateness to evaluate the quality of the intervention. Finally, the evaluation looked at some of the impacts of the intervention.

The final evaluation concludes that CARE, REACH and Harikar reached most of the expected targets during the project implementation. The evaluation team is confident that with the intervention of CARE, REACH and Harikar men, women, boys and girls have improved access to safe water supply (Outcome 100) and to safe sanitation facilities (Outcome 200) in the IDPs camps and also to some extent in the host communities. The evaluation team can also report that IDPs have had improved access to hygiene supplies in 2017 and 2018 thanks to the hygiene voucher system set up by CARE, REACH and Harikar (Outcome 300). Men, women, boys and girls also have improved access to information about hygiene as well as gender and protection both in the IDP camps and host communities (Outcome 300 and 500). The evaluation team collected mixed results however concerning the increased capacity of community actors, local NGOs & local authorities to provide timely WASH assistance to vulnerable IDPs and host communities that meet the differing needs of women & girls (Outcome 400). Due to the volatility of the context and the limited financial capacities of local authorities, the intervention failed to identify a strong exit strategy where local authorities would take over the services provided by CARE, Harikar and REACH with the support of GAC.

The intervention met its target in term of reach in the camps. However, in the host communities the total reach is slightly lower for the water and sanitation components because the works did not necessary reach 100% of the population in each neighborhood or district as projected at the proposal stage. In addition for host communities, the reach is significantly lower for the hygiene promotion components due to the challenges to mobilise men, women, boys and girls to participate in FGD and awareness sessions.

CARE, REACH and Harikar took several decisions to maximise the cost-efficiency of the intervention such the purchase of trucks for garbage collection and desludging services rather than contract with private companies, the use of voucher system rather than direct distribution or the modification in the type of bins distributed from metallic to plastic containers. However, in some areas the efficiency or timeliness of the intervention could have been improved or questioned. Alternative solutions to regular and frequent desludging could have been explored and duplicated such as the installation of cesspool, the construction of bigger septic tanks, the separation of grey and black water and more sensitization about water management and grey and black water disposal management at household level. Similarly, some gaps in program and financial management have led to some inefficiency and delays in implementation.

The evaluation team concludes that overall all individuals regardless of age, gender and ability have access to improved water services since water is available on tap inside the tents/caravans. 95.53% of respondents in the HHs survey are satisfied with the quantity of water available to cover their basic needs (drinking, cooking and hygiene practices). 82.35% of respondents have water remaining in their water tanks between two scheduled refills. In Chamishko, Essyan and Mamrashan 90.5% stated that water quality is good for drinking. However, in Sheikhan 70.66% of respondents think the water is not good for drinking purposes but good for other households needs such cooking and hygiene practices (Female: 97.92%, Male: 52.74%). According to the DoE water quality results though, the water quality in all four camps is appropriate for drinking purposes. The remaining issue raised by respondent across camps regarding access to water supply concerns the household

water tanks. Most families have not cleaned or changed their water tank since they moved into the camps. When it comes to sanitation facilities, individual regardless of age and gender have access to improved sanitation facilities since 97.68% of respondents have access to single household bathrooms including toilets and showers under the same roof. 92.13% are satisfied with the quality, privacy, safety and conditions of the bathrooms available for their family. In the baseline, 85% of enumerator’s observation from Chamishko and Bersive1 IDP camps reported that “latrines are smell”. However, most people with disabilities especially people with limited mobility could not easily access the sanitation facilities that are in most cases not equipped to facilitate their use such as handles or seating chairs, due to financial constraints. In Mamrashan especially the height of the caravans mean higher rehabilitation costs to make the latrines accessible for PWD.

Due to the poor quality of infrastructure built in emergency some 4-5 years ago, the water and sanitation system requires a lot of care and maintenance from Harikar and REACH to fix breakages and clogging. 75.72% of respondents know about the mechanism for individual or groups to raise concern about the water supply and sanitation facilities. Most interventions are completed within one or two days. It is important to note that BRHA has forbidden NGOs to work at household level to conduct repairs, unless the families are registered as vulnerable with camp management office (female headed household, low income, PDW, etc.)

The ongoing desludging and garbage collection services are appropriate to ensure the camps are clean and safe from diseases. However, the satisfaction level with the services provided differs between camps. In the biggest camps of Chamishko and Essyan, the satisfaction level is lower than in Mamrashan and Sheikhan. The main issue is that the number of trucks and bins distributed is not proportionated to the size of the camps.

Regarding improved access to hygiene supplies and information, 78.54% declare they have receive house-to-house visits or participated in joint sessions about hygiene information in the last 3 months and 98.42% are satisfied with the messages shared by the teams. However, the tools and methodology used to deliver the key messages were quite basic with Harikar using some IEC materials and REACH using a message-based approach only. The hygiene promotion teams’ capacities was stretched out to reach all individuals in the camps, especially the bigger camp of Chamishko and Essyan. Hence, 21.46% of respondents claim they did not received house-to-house visits nor joined group sessions in the last 3 months (Chamishko: 22.92%; Essyan: 31.38%; Mamrashan: 12.15%; Sheikhan: 16.53%). In 2018, after the hygiene voucher distribution up to 95% reported having access to enough hygiene supplies but claimed the amount of the voucher was only sufficient for one month when the distribution was planned for two months. In addition, the voucher amount was the same regardless of gender (\$3USD/person in the household) while women have different needs such as menstrual hygiene items. In November 2019 however, only 54.10% of respondent in IDP camps report having access to enough hygiene supplies to meet their basic needs. Since early 2019, BRHA imposed restrictions on NGO to stop distributing hygiene items. To prepare IDPs to limit their dependance on distributions, CARE, Harikar and REACH decided to cover only partially the needs in hygiene items in 2017-2018 explaining clearly to them that distributions will stop in 2019.

The impact of the intervention in the camps mean the environment is cleaner with 95.85% of direct observation reporting the absence of solid waste in Chamishko, 95.77% in Mamrashan and 96.96% in Sheikhan compared to 93% in the baseline. 94.39% of female respondent confirmed they dispose of diapers in the bins or the latrines where in the Baseline, 85% reported the stools/diapers of young children they “Thrown in with the garbage”, and over 6% reported in Mamrashan IDP camps and 11% of Ardawan neighbor reported they “Thrown behind the house/tent”.

Hygiene knowledge has also improved with 85% respondents highlighting the importance of hand washing before eating and 63% mentioning after using the toilets. 99.18% female and 97.67% male stated they use soap and water to clean their hands after using the toilet. In the baseline, the percentage was ranging from 2% to 20% for responses from HHs stating they go to washing hands after urination and defecation.

Regarding gender and protection issues, 76% of respondents could mention at least one negative impacts of child marriage (health risks). However, a rather high proportion of respondent (67.03%) still declare they would not refer cases of GBV and keep it secret within the family.

## Introduction

**In 2016, Water, Sanitation and Hygiene (WASH) remain critical unmet needs in Northern Iraq.** According to the Iraq Humanitarian Response Plan 2016, 6.6 million people in Iraq are in need of WASH assistance; of these, 1.8M are estimated to be IDPs and 2.7 M from within host communities. Access to basic WASH needs is critical, including potable drinking water, basic hygiene items, access to sanitation systems for safe excreta disposal and waste management to prevent the spread of disease. The lack of safe water, sanitation and solid waste management systems pose serious health risks, especially during the summer months due to seasonal diarrhoea trends, which may also include cholera.

WASH needs remain overwhelming outside of camps, where the vast majority of affected people (over 91 per cent) live. Many people living outside of camps rely on unsafe and/or costly water such as bottled water, unregulated water trucking, illegal connections, open wells and rivers. This is exacerbated by increased levels of debt, poverty and financial insolvency due to the protracted crisis, with female headed households (FHH) particularly affected. The main needs in IDP camps are operation and maintenance of WASH infrastructure, an under-resourced area of emergency operations. Existing systems do not suitably address gender-specific needs, and disposal of solid and liquid waste is not handled in a safe and consistent manner.

In Iraq, the specific needs of people at risk of SGBV, especially women and girls, have been neglected across all sectors, while the potential to minimize SGBV risks and provide quality multi-sector care for survivors is great. And as the crisis in Iraq evolves, so too must the organized, lifesaving response to SGBV.

**CARE in Iraq solicited support from GAC to fund its WASH intervention.** The project “*WASH support to IDPs & host communities in Dohuk & Ninewa 2017-19*” started in January 2017 providing critical water, sanitation and hygiene (WASH) services to improve overall WASH services for women, men, boys and girls and reduce tensions between the host community and IDPs in the areas of 4 IDP camps (Mamrashan, Essyan, Sheikhan, and Chamishko), and host community collectives (Ardawan, Ba’adre, Kalakchi, Mahate and Ayas) of Duhok Governorate. The project aimed to support the WASH needs of up to 117,472 vulnerable affected women, men, boys and girls (49% female, 51% male) in IDP camps (43,372 people) and host communities (74,100 people) through integrated WASH services in Dohuk and Ninewa governorates.

The project objectives were:

1. Improved access to safe water supply for vulnerable IDPs and host communities that meet the differing needs of men, women, boys and girls.
2. Improved access to safe sanitation facilities for vulnerable IDPs and host communities that meet the differing needs of men, women, boys and girls.
3. Improved access to hygiene supplies and information for IDPs and host communities, which takes into account the specific needs of women and girls.
4. Increased capacity of community actors, local NGOs & local authorities to provide timely WASH assistance to vulnerable IDPs and host communities that meet the differing needs of women & girls.
5. Gender and social inclusion (GSI) is strengthened at the community, institutional, and sectoral levels, in order for WASH systems and services to better meet the needs of women and girls, people with disabilities/chronic illness, and older persons.

The project also had an emergency response component in November 2017 in three neighbourhoods of West Mosul (Al-Mansour, Al-Jawsaq and Wadi Al-Hajar). The project was implemented through two local partners Harikar and REACH. Working through partners is a key modality of CARE’s country strategy to strengthen the capacity of local NGOs. This approach was expected to have a significant impact in achieving the GAC aim of supporting vulnerable and conflict-affected people living in the Kurdistan Region of Iraq. The total budget of the project was \$8,000,000 CAD.

## Evaluation objectives and questions

The purpose of the final evaluation is to assess the post intervention situation in the targeted areas against baseline indicators. Furthermore, the study looked at the effectiveness and efficiency of the intervention to reach the expected outcomes. The study also considered criteria such as coverage and appropriateness to evaluate the quality of the intervention. Finally, the evaluation looked at some of the impacts of the intervention. More specifically, the evaluation will look at the following evaluation questions:

### 1. Effectiveness and efficiency

- To what extent did the project meet the expected targets for outcome indicators (outcome and output indicators)? Why were some targets not met, if any?
- Assess performance of the project in terms of effectiveness, efficiency, and timeliness of producing the expected outputs;

### 2. Coverage and appropriateness

- To what extent do all individuals regardless of age, gender and ability have access to improved water and sanitation services and hygiene practices?
- To what extent did the project meet WASH needs? Are there any WASH issues that still need to be taken into consideration for the future projects?

### 3. Impact

- To what extent did the community's knowledge, attitude, practice and beliefs regarding water, sanitation and hygiene have evolved since the beginning of the project? What are the barriers in the uptake of key health, hygiene and sanitation practices, if any-

### 4. Multi-Year Funding

- To what extent did the multi-year funding approach have a positive impact on project implementation?
- To what extent did the multi-year funding approach support the organization to respond to underlying causes and achieve longer-term, sustainable solutions and improve community resilience?

## Methodology

### 1. Desk Review

The unstructured desk review analyzed internal and external documents to allow the evaluation team to better understand the context, to draw on the knowledge gained from previous evaluations or research, draw on the knowledge captured in project monitoring documents, identify potentially key issues for later fieldwork, and identify potential judgement criteria, sources, and methods for the evaluation matrix. The evaluation team leader was responsible for the desk review.

### 2. Household survey including observation tools

A quantitative questionnaire was developed to interview the targeted beneficiaries of the project in the IDP camps (Chamishko, Sheikhan, Mamrashan and Essyan). The questionnaire consists mostly of closed ended questions and direct observation questions which will provide essential quantitative data related to project indicators and outcomes. Data was collect by 25 enumerators both male and female (50/50) using tablets to collect digitally the data using Kobocollect application. The enumerators were trained for two days to ensure they understand the questionnaires and master the use of KoboCollect. During data collection female enumerators conducted interview with women and girls, especially for questions related to menstrual hygiene. While male enumerators interviewed men and boys. Enumerators were requested to ask questions

to only one person per household, selecting sometime adult and sometime adolescent or children. Data collection team ensure to minimize the influence of any members of the HH on the respondents’ answers, especially for children and women by selecting a quiet and comfortable space in the tents/caravans to conduct the interviews.

Participants to the survey were selected using simple random sampling methodology. Each enumerators was allocated specific blocks where they had to randomly select a given number of household visiting every 5<sup>th</sup> tent/house. In case of absence or refusal of encountered HH, the household was replaced by alternative beneficiaries within the same location. On average each enumerator conducted 8 interviews per day

The sample size was calculated using confidence level of 95% and a confidence interval of 5% as follow.

CAMP	FEMALE	MALE	TOTAL
<b>CHAMISHKO</b>	180	156	336
<b>ESSYAN</b>	194	147	341
<b>MAMRASHAN</b>	137	151	288
<b>SHEKHAN</b>	96	146	242
<b>GRAND TOTAL</b>	<b>607</b>	<b>600</b>	<b>1207</b>

### 3. Volunteers, committees and local authorities surveys

One of the key indicators for the project assess the % of trained individuals that remain active in their role as hygiene promoters, WASH committees’ members, gender workers or even CARE and partners staff. The evaluation team conducted a short survey with volunteers, committees’ members and local authorities to assess whether they plan to remain active after the end of the project. Ideally a similar survey should be conducted in 6 months to assess whether they did actually remained active in their role without the support of CARE, Harikar or REACH. The anonymous survey was conducted over the phone by CARE M&E Assistant using KoboCollect.

### 4. Focus Group discussion

Focused Group Discussion were conducted in the 4 IDP camps and host communities. The questions in the FGD guide were based on findings from the survey and focused on substantiating the quantitative results with the qualitative aspects. The selection of the participants in the FGD was done to ensure representation of all sectors in the camps including women, men, boys, girls, elderly women and men and people with disabilities.

Staff from Harikar and REACH facilitated the FGD and collected data in the field using a FGD guide on paper. Each FGD was organized with two staff: one facilitator and one note-taker. At the end of each day, debriefing session were organized in Harikar and REACH field office to share main findings and identified key challenges. The detailed results of the FGD were then translated and compiled into excel analysis sheets,

The sampling for the FGD in IDP camps was organised as follow with between 6-12 participants:

HARIKAR	Chamshko	Shekhan	Ayaz and Ardawan Neighborhood	Baadre Collective
<b>FGD male</b>	2	1	2	2
<b>FGD female</b>	2	1	2	2
<b>FGD with leaders / representatives</b>	2	1		
<b>FGD male disabled / elderly</b>	1	1		
<b>FGD female disabled / elderly</b>	1	1		
<b>TOTAL</b>	<b>8</b>	<b>5</b>	<b>4</b>	<b>4</b>
			<b>21 FGD</b>	

REACH	Essyan	Mamrashan	Kalakchi collective	Mahate collective
FGD male	2	1	2	2
FGD female	2	1	2	2
FGD with leaders / representatives	2	1		
FGD male disabled / elderly	1	1		
FGD female disabled / elderly	1	1		
<b>TOTAL</b>	8	5	4	4
	21 FGD			

## 5. Key informant interviews

Key informant interviews were organized to collect specific insights to answer the evaluative questions. The evaluation team leader conducted KII with the support of CARE MEAL assistant and WASH officer. Key informants included:

- 3 CARE staff (1 Female / 2 Males)
- 3 REACH staff (1 Female / 2 Males)
- 3 Harikar staff (1 Female / 2 Males)
- 4 Camp Manager (4 Males)
- 1 Directorate of Water Representative (1 Male)
- 1 Directorate of Environment Representative (1 Male)
- 1 BRHA Representative (1 Male)
- 1 Directorate of Municipalities Representative (1 Male)
- Approximately 15 randomly selected individuals in the camps (8 Females / 7 Males)

## 6. Lessons Learned Workshop

A lessons learned workshop was organized for two days after the data collection process was finalized with about 30 participants from REACH, Harikar and CARE including program and program support teams from the field and from senior management position.

Reflecting and brainstorming on successes, challenges, unintended outcomes, advantage/disadvantage of multiyear funding and our capacity to meet the different needs of women, men, boys and girls, the Learning questions included:

- What did we learn about providing improved water supply (quantity and quality) in the camps?
- What did we learn about care and maintenance for water and sanitation systems in the camps?
- What did we learn about providing garbage collection and desludging services in the camps?
- What did we learn about establishing WASH committees in the camps?
- What did we learn about raising awareness in the camp on hygiene issues and on gender and protection issues?
- What did we learn about providing hygiene items through a voucher system in the camps?
- What did we learn about how to be cost-efficient? Look at whether the least costly resources were used to achieve the intended results. Look also at whether we add the necessary resources to achieve intended results.
- What did we learn about ensuring the benefits of the project continue after the project ends?
- What did we learn about working with local partners to increase their capacity in a sustainable way?

## 7. Limitations

The household survey and most FGD were only conducted in the camps. It was challenging to mobilise host communities members to participate in the FGD and to find the individuals who actually participated in the project activities to reflect on the project achievements. Hence the findings reflect mostly the situation in the four camps (Chamishko, Essyan, Mamrashan, and Sheikhan).

## Results and Analysis

### 1. Effectiveness: To what extent did the project meet the expected targets for the indicators? Why were some targets not met, if any?

The final evaluation concludes that CARE, REACH and Harikar reached most of the expected targets during the project implementation. The evaluation team is confident that with the intervention of CARE, REACH and Harikar men, women, boys and girls have improved access to safe water supply (Outcome 100) and to safe sanitation facilities (Outcome 200) in the IDPs camps and also some extent in the host communities. The evaluation team can also report that IDPs have had improved access to hygiene supplies in 2017-2018 thanks to the hygiene voucher system set up by CARE, REACH and Harikar (Outcome 300). Men, women, boys and girls also have improved access to information about hygiene as well as gender and protection both in the IDP camps and host communities (Outcome 300 and 500). The evaluation team collect mixed results however concerning the increased capacity of community actors, local NGOs & local authorities to provide timely WASH assistance to vulnerable IDPs and host communities that meet the differing needs of women & girls (Outcome 400).

The table 1 in annex presents in more details the list of indicators for baseline and endline with the following results:

✓	Target is reached (100% or above)	77%	50 indicators / 65
○	Target is partially reached (50-100%)	20%	For 13 indicators / 65
✗	Target is not reached (0-50%)	1.5%	For 1 indicators / 65
?	Data not available to draw conclusion	1.5%	For 1 indicators / 65

Several elements explain why few indicators are partially met:

#### Individual reached in host communities

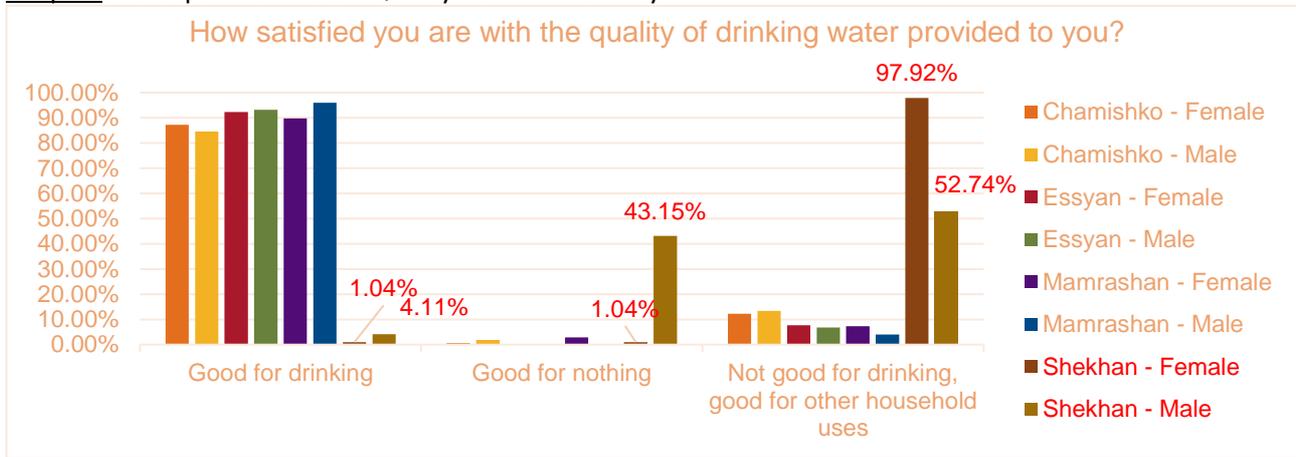
The intervention met its target in term of reach in the camps. However, in the host communities the total reach is slightly lower for the water and sanitation components because the works did not necessary reach 100% of the population in each neighborhood or district as projected at the proposal stage. One borehole planned for the host communities was relocated to the Mamrashan camp, originally planned for the host communities. This decision was taken after consultation with local authorities due to the growth of population in the camp and the failure of the existing water infrastructures to deliver water quantity to meet the needs. Some water and sanitation projects implemented in host communities did not reached as many individuals as foreseen in the proposal stage. In addition, the member of host communities were challenging to engage with to organise hygiene promotion or gender and protection campaigns. House to house visits were not appropriate as families were not comfortable to let strangers into their houses. Alternatively, the outreach teams organised focus group discussion and joint sessions but with limited participation from members of the host communities.

#### Perception of water quality in Sheikhan

The project met its target to improve water supply for the IDP camps and host communities both in term of quantity and quality of water available as per national standards. However, in Sheikhan camps the water quality does not reach the satisfaction of IDPs living in the camp. In the household survey, 70.66% of respondents think the water is not good for drinking purposes but good for other households needs such cooking and hygiene practices (Female: 97.92%, Male: 52.74%) and 26.45% claimed it is good for neither drinking nor other use, mostly men though who don't really practice much of the domestic work (Female: 1.04%, Male: 43.15%). In the FGD, participants in Sheikhan explained that the water taste is bad and that the water includes lots of lime and deposit. They explained that the water doesn't foam during washing and even some claimed it changes the clothes color. Families who can afford it have purchased water filters. Others

organise themselves to collect water in the nearby municipality of Sheikhan with men using their private cars to bring back jerrycans of water. However, based on the water quality monitoring done by the Directorate of Environment, the water quality is appropriate for drinking purposes within the standard range of WHO in Sheikhan camp. Further investigation is required to determine why the IDP are not satisfied with the water quality.

Graph 1: Perception of Water Quality from HHs Survey



**Access to hygiene information**

The project only partially met its targets when it comes to individuals reporting having access to hygiene information. The hygiene promotion teams’ capacities was stretched out to reach all individuals in the camps, especially the bigger camp of Chamishko and Essyan. The limited financial resources of Harikar and REACH did not allow them to mobilise more hygiene promoters proportionately to the camps size. This explains why some respondents (21.46% - 15.98% Female, 27% Male) claim they did not received house-to-house visits nor joined group sessions in the last 3 months (Chamishko: 22.92%; Essyan: 31.38%; Mamrashan: 12.15%; Sheikhan: 16.53%). Interestingly for all 4 camps women claim more than men having received visits from hygiene promoters, probably because they spend more time at home due to their domestic work and are present during volunteers’ visits.

**Access to hygiene supplies**

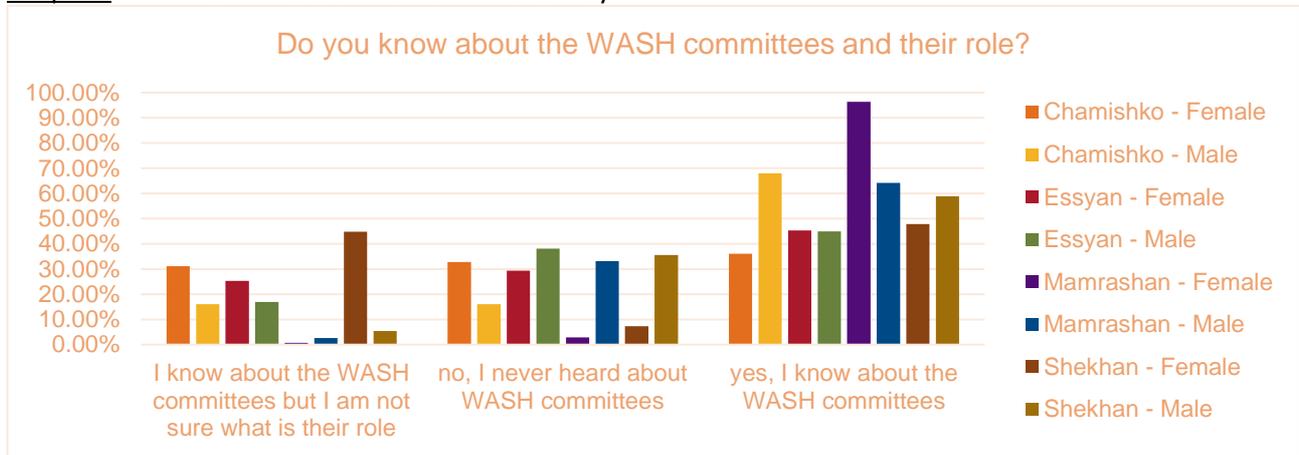
The project only partially met its targets when it comes to individuals reporting having access to hygiene supplies. In November 2019, only 54.10% of respondent in IDP camps (Female 51.24%, Male 57%) report having access to enough hygiene supplies to meet their basic needs. The project did not distribute any supplies in 2019. In 2017 - 2018 however, after the hygiene voucher distribution up to 95% reported having access to enough hygiene supplies but there were complaints about the amount of the voucher. It was only sufficient for one month when the distribution was planned for two months. This is due to budget limitations. In addition, the voucher amount was the same regardless of gender (\$3USD/person) while women have different needs such as menstrual hygiene items. Since early 2019, BRHA imposed restrictions on NGO to stop distributing hygiene items. To prepare IDPs to limit their dependance on distributions, CARE, Harikar and REACH decided to cover only partially the needs in hygiene items in 2017-2018 explaining clearly to them that distributions will stop in 2019.

**Functional WASH Committees**

The project only partially met its target when it comes to establish WASH Committees that are functional in the 4 IDP camps, including male and female members. The WASH committees were set up and trained however most of the participants in FGD, especially female, admitted they did not know about these committees nor their roles. Even the camp managers for two camps stated that the WASH committees were “useless” or claimed they did not know about them. During the lessons learned workshop, the teams reflected

on this challenge and highlighted that from the beginning the role of such committees were not clear even for the field teams. Clear ToRs should be established for such committees including a strong consultation process with the communities to ensure grassroots ownership of the committees and to define realistic tasks for its members, especially if they are volunteers without financial incentives.

Graph 2: WASH Committees Role from HHs survey



Harikar house to house hygiene promotion (Chamishko)

## 2. Efficiency: Assess the performance of the project in terms of efficiency and timeliness of producing the expected outputs

During the project implementation CARE, REACH and Harikar took several decisions to maximise the cost-efficiency of the intervention. For example:

### Purchase of trucks



*REACH desludging truck in action (Essyan)*

The decision to purchase 8 trucks rather than contract private companies to provide garbage collection and desludging services was driven by cost-efficiency and durability motives.

Based on CARE and Harikar experience in Chamishko camp, the monthly costs for garbage collection and desludging services with a private companies is \$ 28,400 USD per month with 3 trucks and 10 workers. This means one truck cost approximatively \$9,467 USD per month (including workers, fuel and maintenance). For 8 trucks over 3 years, it comes up to \$ 2,423,466.67 USD. If the municipalities had agree to cover for 50% of the costs like in Chamishko, the costs for CARE, Harikar and REACH would still come up to \$ 1,211,733.33 USD. The actual cost to purchase of the 8 trucks was \$ 532,000 USD with \$ 13,480 USD of monthly running costs (workers, fuel and maintenance). Over three years, it adds up to \$ 855,520 USD, significantly lower than the first option with private companies.

In addition, owning the trucks and directly hiring the workers also meant Harikar and REACH add better capacity to monitor the quality of the work delivered. It generated some employment opportunities for IDPs in the camps. Finally, the trucks will remain at the end of the project as assets for the municipalities to continue to provide garbage collection and desludging services in camps that are not yet covered by private companies under the schemes of the Directorate of Municipalities.

### Voucher distribution

The voucher system is identified as an efficient option to deliver the most appropriate hygiene items in a cost-efficient manner since all costs related to procurement, storage, distribution are removed. In addition, this option gives more choices to the family to select their preferred items from a wide range of options and it provides economical opportunities for shop owners in and around the camps.



*Hygiene voucher distribution (REACH)*

### Metallic bins

The change of type of bins distributed from metallic or steel to plastic was driven by beneficiaries' preference and cost-efficiency imperatives. The choice of bins distributed was changed from metallic to plastic to ensure it is safe and easy to use for children and women. Indeed, the lid of metallic bins was too heavy for children to open and with risks of getting their fingers caught into it. The women appreciate that the plastic containers are not too heavy so they can move them around the sectors if the location chosen by Harikar and REACH staff does not satisfy them. They are also easier for the garbage collection teams to handle. Finally, the metallic bins get boiling hot in the summer making them hard to open and very smelly. This adaptive management decision also drastically reduced the cost associated with the procurement of bins which allow to increase the total number distributed.

The evaluation team identified some areas where the efficiency or timeliness of the intervention could have been improved or questioned. For example:

### Desludging

The four camps were built quickly in 2014-2015 to respond to the rapid influx of IDPs in the Dohuk districts. The camps were not designed for the long term nor based on local standards. After 4 or 5 years the poor quality of infrastructures requires regular care and maintenance and frequent desludging, as often as twice a week for some sectors in the camps. For the duration of the project, this generated high costs that could have been allocated to more durable solutions to reduce the need for desludging such as the installation of cesspool, the construction of bigger septic tanks, the separation of grey and black water and more sensitization about water management and grey and black water disposal management at household level. Some pilot projects are currently undertaken whose results will help assess the potential gains in term of cost-efficiency and durability.

### Program management

Some shortcomings in the program management lead to losses of efficiency and timeliness. Implementing partners feel they have not been sufficiently oriented on program details and approaches and program support procedures from the start of the project. This led to some misunderstandings between CARE, Harikar and REACH for instance during the purchase of trucks. The lack of understanding of procedures to changes from original proposal generated significant time spent on administrative resolutions and delays in receiving the funds. Similarly, the turnover in the NGOs especially at senior management position in CARE generated frequent steering on approaches and strategies for instance regarding the establishment of WASH committees since partners were given contradictory instructions from one senior manager to the other. Finally, program management focused firstly on "hard activities" leaving the "soft components" such as training to be implemented at a latter stage. For instance, the PHAST training to improve hygiene promotion was conducted in October 2019.

Strong one week long kick off meeting and regular lessons learned workshop could be solutions to mitigate these challenges involving a wide range of staff from all NGOs (from field to senior management position covering both program and program support) and promoting adaptive management.

### Exchange rate

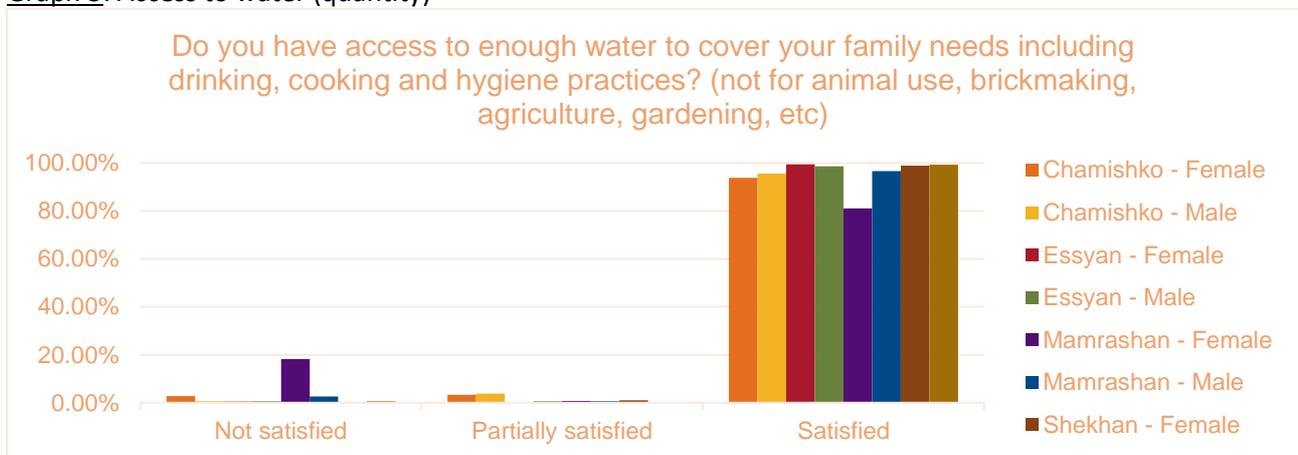
The funds for the project are transferred from CARE Canada in CAD to CARE Germany, who manages to Country Office in Iraq, into a EUR bank account. CARE Germany then sends the funds to CARE Iraq from EUR to USD. The Country Office changes it to IQD and transfers to partners. The reporting exchange rate is indexed on the central exchange rate from Canadian Central Bank. The difference generated an exchange rate loss of approximatively \$ 67,000 CAD. The whole process takes about 20 days.

### 3. Coverage: To what extent do all individuals regardless of age, gender and ability have access to improved water and sanitation services and hygiene practices?

#### Improved access to water services (Outcome 100)

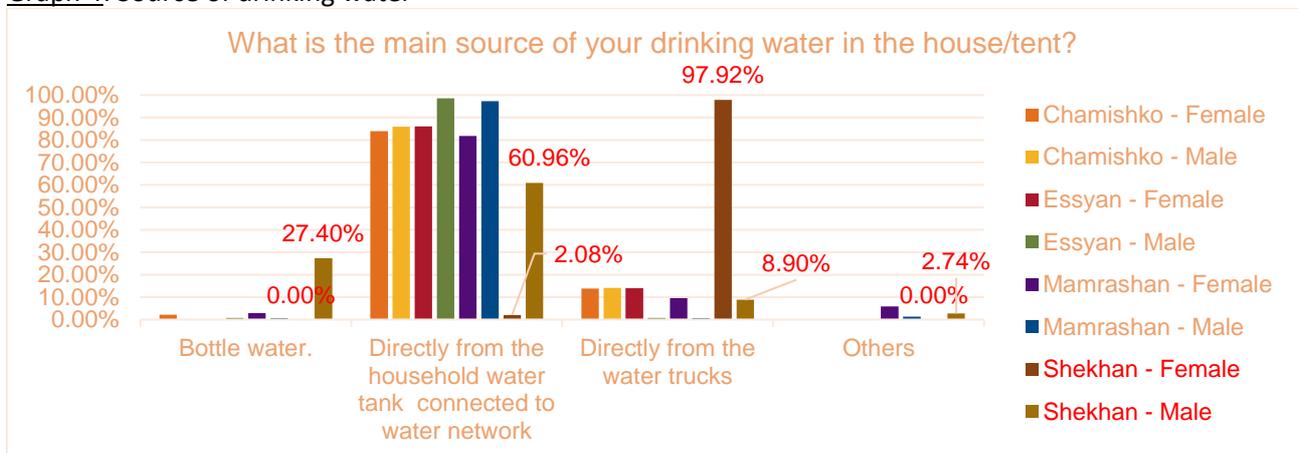
The evaluation team concludes that overall all individual regardless of age, gender and ability have access to improved water services since water is available on tap inside the tents/caravans. In the four IDP camps, all tents (in Chamishko, Essyan and Sheikhan) or caravans (in Mamrashan) have been connected to the water supply network and equipped with household water storage tanks. The water is distributed into the family tanks according to a set schedule developed by CARE, Harikar and REACH in coordination with camp management and borehole operators. The care and maintenance teams ensure any breakage is fixed within one or two days. It is worth noting that in FGDs some people with limited mobility highlighted that they face challenges to access the tap if left alone in the tent/caravans since they are not adapted to their needs and too high to reach.

Graph 3: Access to water (quantity)



In Sheikhan due to the dissatisfaction with water quality (see Graph 1), the poorest families who cannot purchase water filters have to collect water from the Sheikhan municipalities. They depend on men owning a car in their neighboring sector to go to fill jerrycans with their vehicle (understood in Graph 4 as water trucks). This means women, especially female headed household, might face some challenges to access improved water supply.

Graph 4: Source of drinking water

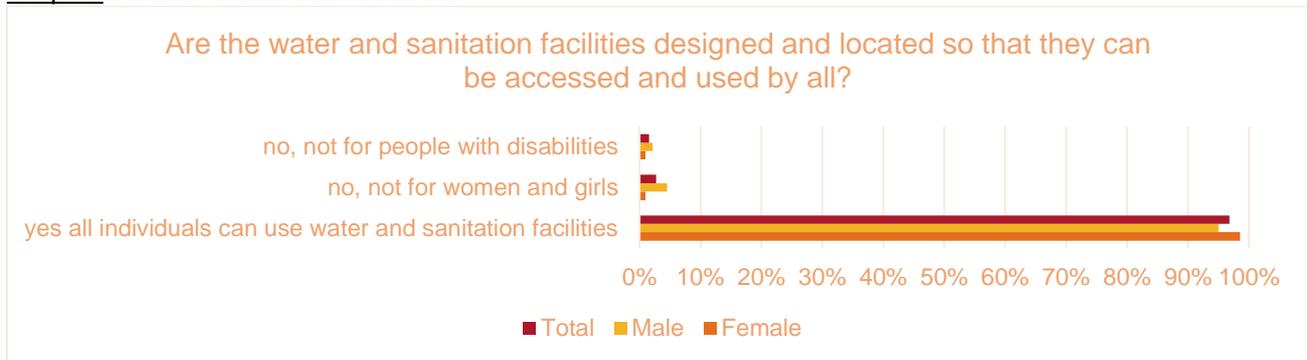


**Improved access to sanitation services (Outcome 200)**

The evaluation team concludes that individual regardless of age and gender have access to improved sanitation facilities since all tents or caravans have their own bathroom with toilets and showers. Most FGDs confirmed that there is no problem for female and male individuals from the same household to share the same bathroom. In some cases though, respondents suggested to provide separated bathrooms for male and female especially for big size families. But families with more than 8 members are meant to receive additional caravans/tents with toilet and shower. It is also important to note that since the new BRHA guidelines, NGOs are not allowed to perform household level repairs except for families identified as vulnerable in camp management listing (including widows, orphans, low-income people, elderly people with no dependents, people with special needs, family with many children and limited income, and ISIS survivors). This means some repairs such as fixing locks, lights or windows are left to be managed by the household themselves. In few cases, female respondents stated they did not feel comfortable to shower during the day due to broken windows or doors that did not cover them fully.

However, the evaluation team finds that most people with disabilities especially people with limited mobility could not easily access the sanitation facilities that are not equipped to facilitate their use such as handles or seating chairs. Harikar did construct or rehabilitate some PWD latrines in Chamishko and Sheikhan camps but the needs are not fully covered. In Mamrashan and Essyan, REACH did not work on specific latrines for PWD.

**Graph 5: Access to sanitation facilities**



**Improved access to hygiene supplies and information (Outcome 300)**

The evaluation team concludes that there were some differences in the capacity of all individuals to access the services for hygiene promotion and hygiene supplies. Firstly, females report more than males having accessed hygiene promotion services in house-to-house visits or joint sessions. This is because outreach teams visit the household during the day when men might be out looking for waged work or socialising while women stay at home to perform their domestic work. Specific measures should ensure the equal participation of male and female to hygiene promotion and gender and protection awareness sessions to challenge the predominant role attributed to women regarding hygiene practices. Secondly, for hygiene voucher system in Chamishko and Sheikhan the shops identified to redeem the vouchers were located outside the camps. This meant accessing the hygiene items was challenging or costly, especially for women and people with disabilities. CARE, Harikar and REACH adapted the system to work with shops inside the camps for Essyan and Mamrashan.

**Graph 6: Access to hygiene promotion (Female/Male)**



#### 4. Appropriateness: To what extent did the project meet WASH needs? Are there any WASH issues that still need to be taken into consideration for the future projects?

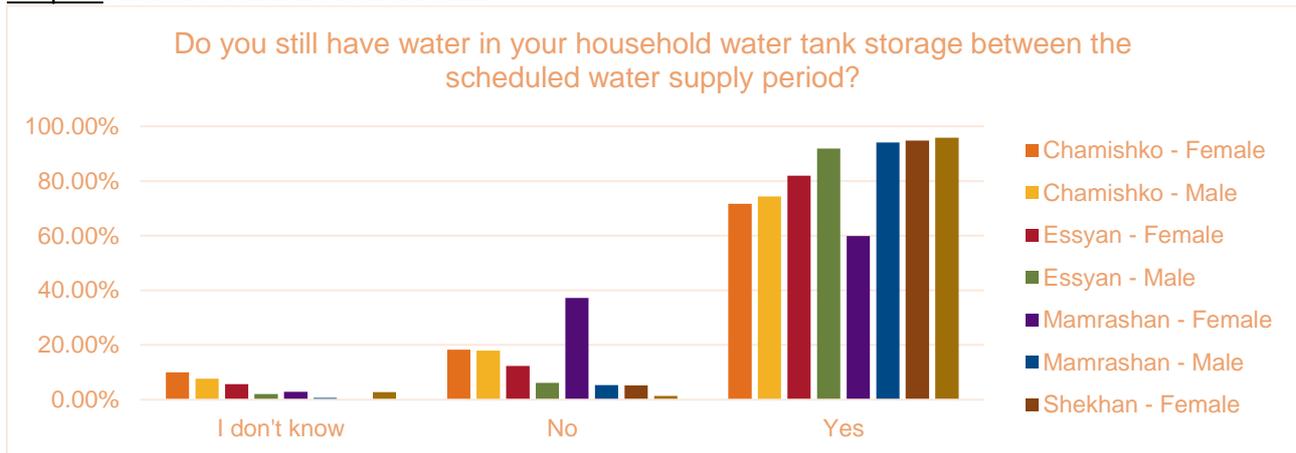
The focus of the intervention on WASH needs in the IDP camps and host communities is much appreciated by key informants met such as camp managers, DoM, DoW and BRHA.

*“Without the intervention of CARE/Harikar/REACH, we would face many challenges in the camps to meet the needs of the IDP for water supply and to maintain a clean environment safe from diseases” - Camp Managers, Nov 2019*

##### Improved access to safe water supply (Outcome 100)

95.53% of respondents in the HHs survey are satisfied with the quantity of water available to cover their basic needs (drinking, cooking and hygiene practices). See Graph 3 in section 3 for more details. Water is directly available on tap in each tents or caravans through the household water storage tanks that are refilled on a daily basis by borehole operators. 82.35% of respondents have water remaining in their water tanks between two scheduled refills. In summer, the shortages are more frequent due to power cuts and increased needs of water, especially for water coolers.

Graph 7: Water stock in household tank



In Chamishko, Essyan and Mamrashan the water quality is satisfying for IDPs. Water is treated at distribution point by borehole operators. FRC is checked bi-weekly at delivery points throughout the camps. However in Sheikhan, as explained above, the IDPs are not satisfied by the quality of the water provided although the DoE confirmed the water quality is appropriate for drinking in all 4 camps. See more details in Section 1 and Graph 1 and the table below:

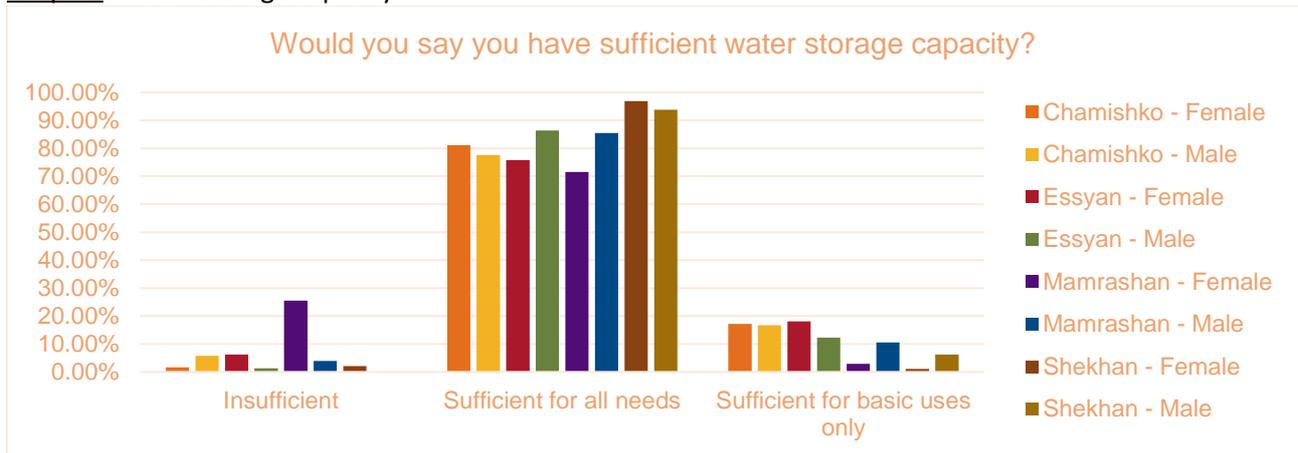
Table 2: Causes of dissatisfaction with water quality

	Chamishko	Essyan	Mamrashan	Sheikhan
Bad taste (chlorine)	13%	6%	4%	26%
Bad taste (not chlorine)	2%	2%	1%	45%
Turbid	1%	0%	1%	76%
Bad smell	1%	1%	1%	26%
Temperature (hot/cold)	0%	0%	0%	0%
Others	0%	1%	0%	9%

The water supply system depends on electricity to function. Electricity irregularities damage the electrical systems in the borehole and/or interrupt the delivery of water into household water tank. To mitigate this challenge, the intervention provided voltage regulators and fuel for generators.

Regarding water storage capacities, 82.68% respondents declare they have sufficient water storage to cover for all needs. However, some families deplore that household tank size or number is not proportionated to the size of the family putting larger households under more pressure to save water to meet the needs of all members. But families with more than 8 members are meant to receive additional caravans/tents with tank for water storage.

Graph 8: Water storage capacity



The remaining issue raised by respondent across camps regarding access to water supply concerns the household water tanks. Most families haven't cleaned or changed their water tank since they moved into the camps. Many complaints the tanks are dirty or leaking. The sedimentation in the tanks impacts on the taste of the water and leakages/holes increase the risks of contamination. Most IDPs declare they do not have the necessary tools to open the pipes connected with the tank and/or do not know how to clean the tanks and/or are afraid they will damage the old tanks while cleaning them. Most participants to the FGD requests the NGOs to carry out a clean-up campaign for water tanks or distribution of new tanks. Harikar in Sheikhan and Chamishko did support some families to clean the tanks.



Each tents/caravan has its own water tank on the roof but they are not clean regularly (Chamishko, Nov 2019)

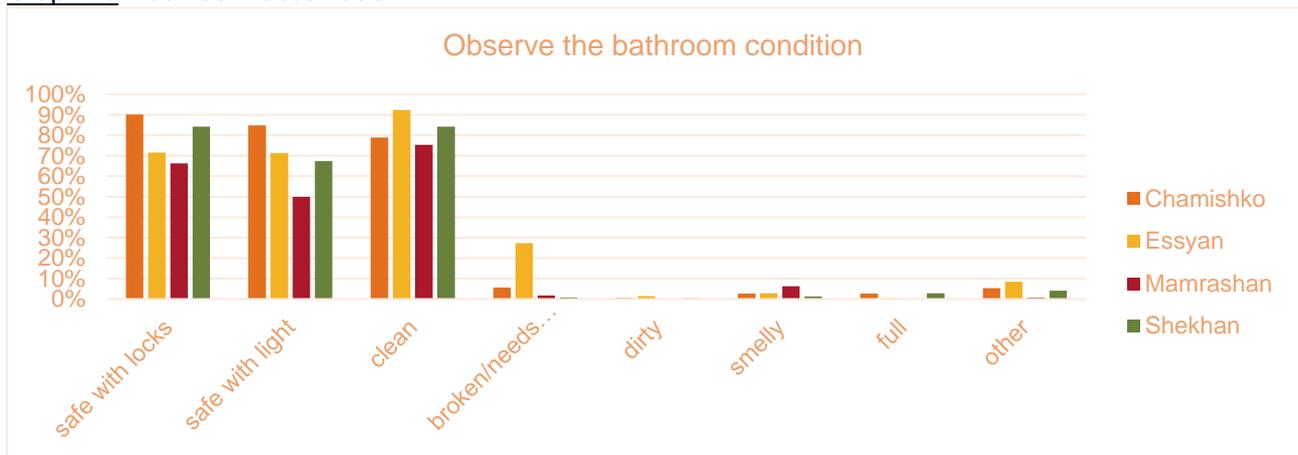
**Improved access to safe sanitation facilities (Outcome 200)**

97.68% of respondents have access to single household bathrooms including toilets and showers under the same roof. Across the four camps, 92.13% are satisfied with the quality, privacy, safety and conditions of the bathrooms available for their family. Field observation confirms that most bathrooms are in good conditions. Female respondents confirm they have access but as discussed in section 3, PWD have specific needs to access bathrooms that are not sufficiently addressed across the four camps.

**Graph 9: Satisfaction with bathrooms**



**Graph 10: Bathroom observation**



In the baseline, 85% of enumerator’s observation from Chamishko and Bersive1 IDP camps reported that “latrines are smelly”.

Due to the poor quality of infrastructure built in emergency some 4-5 years ago, the water and sanitation system requires a lot of care and maintenance from Harikar and REACH to fix breakages and clogging. 75.72% of respondents know about the mechanism for individual or groups to raise concern about the water supply and sanitation facilities. They have to go the camp management office where they are issued with a voucher to then

All stakeholders are very satisfied with the work of the care and maintenance teams in the camps. Most interventions are completed within one or two days. All camps managers highlight the hard work of care and maintenance teams to respond to the needs as new issues are signaled at communal level.

It is important to note that BRHA has forbidden NGOs to work at household level to conduct repairs, unless the families are registered as vulnerable with camp management office (female headed household, low income, PDW, etc.). For other families, REACH and Harikar can provide technical support but the beneficiaries

have to purchase the necessary materials. This issue was raised in most FGD as participants claim they can't afford to pay for repairs and still need assistance.

The ongoing desludging and garbage collection services are appropriate to ensure the camps are clean and safe from diseases. However, the satisfaction level with the services provided differs between camps. In the biggest camps of Chamishko and Essyan, the satisfaction level is lower than in Mamrashan and Sheikhan.



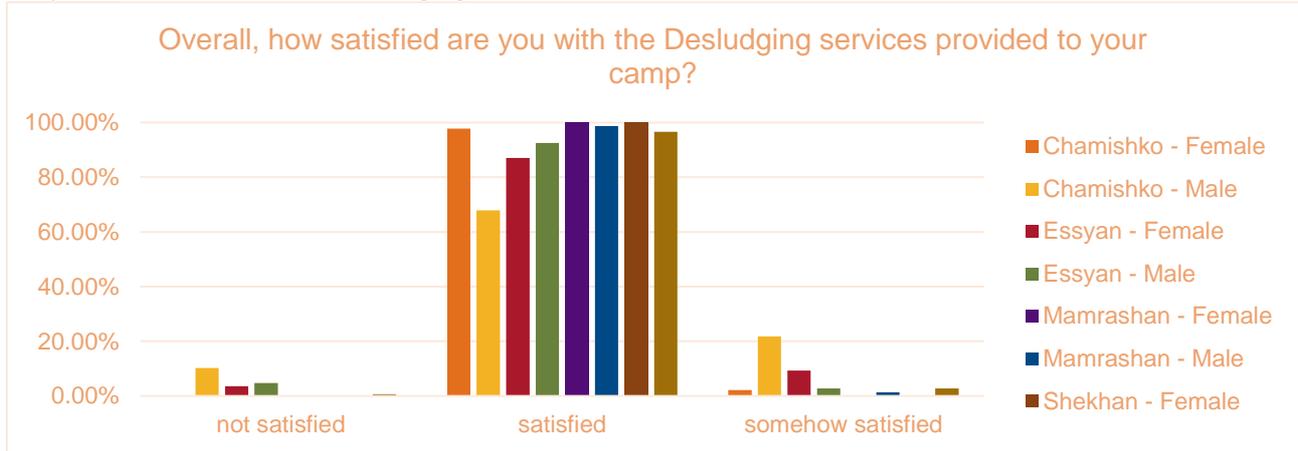
Garbage collection team in Essyan camp

The main issue is that the number of trucks is not proportional to the size of the camps. According to dissatisfied respondents in Chamishko and Essyan, the garbage collection and desludging trucks do not come frequently enough. In Chamishko, 14% of respondents pay private service providers to come empty their septic tanks. This was also raised in the FGD. Participants organise themselves per sector and claim to pay on average 3000 IQD every two weeks per family.

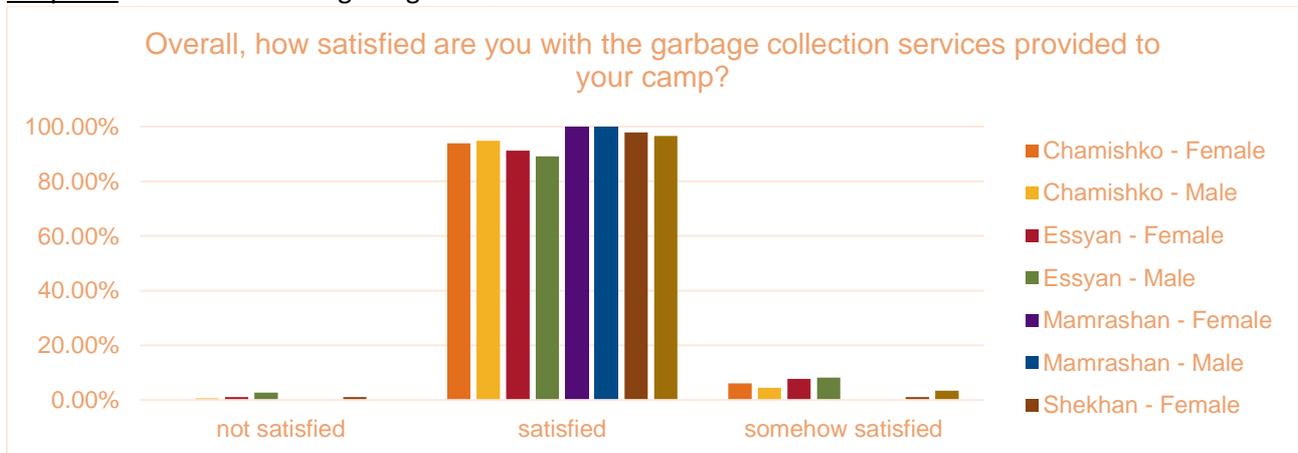
Table 3: Trucks available per camp

	Chamishko	Essyan	Mamrashan	Sheikhan
<b>Population</b>	27,049	14,955	9,275	4,469
<b>Desludging truck</b>	2*		2*	1
<b>Garbage collection truck</b>	2	2	1*	1*
<i>* including 1 from the DoW with operating costs covered by the project</i>				

Graph 11: Satisfaction with desludging services



Graph 12: Satisfaction with garbage collection services



Similarly, although the distribution of bins was highly appreciated and appropriate to ensure the cleanliness of the camps, the number distributed was not proportionate to the camps’ population size. It results from this that while in Mamrashan each caravan has its own household bins, in Chamishko and Essyan communal bins are shared between 10 to 20 tents, due to insufficient funds. They fill up quickly before the garbage collection trucks can come to empty them.



Two girls in Essyan camp taking garbage to an already full communal bin, Nov 2019

Few remaining issues were raised during FGD and KII regarding sanitation facilities and services:

Firstly, the poor design and quality of infrastructures built 4-5 years ago to respond to the rapid influx of IDP generate operational challenges with constant needs for repairs and desludging. CARE, Harikar and REACH have rehabilitated several pipelines, sewages, septic tanks and drainages but could not cover all the needs. Longer term rehabilitation would be required with considerable financial investment to review most of the camp infrastructures to limit failures and reduce desludging needs (separation of black and grey water in showers/ toilets, review design of showers diameter to avoid blockage, installation of cesspool, rehabilitation of open water channels, etc. ...). Specific attention should be given to open channels and drainage that are not rehabilitated at 100% across the camps and not properly lined up together.



*Open channel not rehabilitated in Chamishko camp*

Secondly, the disposal of solid waste and sludge is often done at proximity of the camps generating inconvenient smell from sludge or inconvenient smoke from burning the waste. Before the waste is burnt, they attract insects and rodents. The different dumping sites have been identified by camp management in coordination with the municipalities. The solid waste management assessment proposed some solutions that have been shared with the DoW and camp management. Similarly, some families complained that the septic tanks are too close from the tents/caravans producing inconvenient smell especially during desludging. This is due to the original design of the camps before CARE, Harikar and REACH intervention.

In addition, female FGDs in Chamishko and Mamrashan declare that some septic tank covers are broken or old and do not provide enough protection for children to prevent them from falling. In Essyan, there was a case of child death from falling in a septic tank before REACH and CARE started working in the camp.

### **Improved access to hygiene supplies and information (Outcome 300)**

78.54% (Female 84.02%, Male 73%) declare they have received house-to-house visits or participated in joint sessions about hygiene information in the last 3 months and 98.42% are satisfied with the messages shared by the teams. Camp managers appreciate the good coordination of CARE, REACH and Harikar team with various actors in the camps to determine on the most appropriate topics to be covered (e.g. clinics, schools, camp management office, etc.). More cultural analysis could have been done to take into consideration the specificity of Yezidis beliefs and practices such as the religious prohibition of bathing on Wednesdays. Messages could also be more adapted to the seasonality.

The most useful topics that people could remember were:

**Table 4:** Most useful hygiene information topics

<b>Which sessions did you find most useful?</b> <i>(Don't read the list of topics)</i>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Personal hygiene</i>	47%	38%	43%
<i>Lice</i>	27%	31%	29%
<i>Handwashing</i>	31%	23%	27%
<i>Environmental hygiene (around the house/tent)</i>	19%	33%	26%
<i>Food hygiene</i>	26%	22%	24%
<i>Scabies</i>	21%	26%	23%
<i>Diarrhea</i>	26%	19%	23%
<i>UTI</i>	25%	6%	16%
<i>Cholera</i>	7%	13%	10%
<i>Safe water conservation and storage</i>	11%	5%	8%
<i>Female hygiene (menstrual hygiene and breastfeeding)</i>	4%	4%	4%
<i>Solid waste management system</i>	2%	4%	3%
<i>None of the above</i>	1%	4%	2%

It is interesting to note that some topics seemed redundant for IDPs during the household survey. Enumerators reported that respondent felt offended and thought it was infantilising to ask them if/how they wash their hands. Also for some sensitive or “shameful” topics such as scabies, lice or female hygiene respondents prefer to have the information through house-to-house visits rather than joint sessions.

The tools and methodology used to deliver the key messages were quite basic with Harikar using some IEC materials and REACH using a message-based only approach. CARE organized a PHAST training that would help improve the hygiene promotion approach through participatory activities and taking into consideration illiteracy of participants.

As described in section 1, the hygiene promotion teams’ capacities was stretched out to reach all individuals in the camps, especially the bigger camp of Chamishko and Essyan. Hence, 21.46% of respondents (15.98% Female, 27% Male) state they did not received house-to-house visits nor joined group sessions in the last 3 months (Chamishko: 22.92%; Essyan: 31.38%; Mamrashan: 12.15%; Sheikhan: 16.53%). Interestingly for all 4 camps women state more than men having received visits from hygiene promoters, probably because they spend more time at home due to their domestic work and are present during volunteers’ visits.

The project also only partially met its targets when it comes to individuals reporting having access to hygiene supplies. In November 2019, only 54.10% of respondent in IDP camps report having access to enough hygiene supplies to meet their basic needs. 20.13% of respondent explain they cannot purchase the hygiene items. The project did not distribute any supplies in 2019 due to budget limitations and in accordance to the restriction imposed by BRHA preventing NGOs from distributing hygiene items.

In 2018 however, after the hygiene voucher distribution up to 95% reported having access to enough hygiene supplies but there were complaints about the amount of the voucher. It was only sufficient for one month when the distribution was planned for two months. In addition, the voucher amount was the same regardless of gender (\$3USD/person in the household) while women have different needs such as menstrual hygiene items.

### Increased capacity of community actors, local NGOs & local authorities (Outcome 400)

71% of individuals that participated in capacity building activities declared they have increased capacities to provide timely, gender-mainstreamed WASH assistance to target communities and that they were provided with appropriate materials to carry out their activities. Similarly KIIs with various stakeholders revealed general satisfaction with capacity building from the intervention. However, some highlighted the lack of clear assessment of capacity building needs and the establishment of clear capacity building plan both for partners and local authorities. Some of the training were deemed too theoretical by participants who express their interest for more on-the-spot practical training or mentoring.

In addition, partners and external stakeholders suggested that CARE team was focusing rather on monitoring and coordination than on providing strong technical support to its partners at community level. The partners recognised the value-added of CARE to strengthen their financial, administrative and logistic capacities. However, from a programmatic side they expected from CARE to better harmonise the approaches between the two partners (e.g... Hygiene promotion, distribution of garbage bags, etc.), to orient on new concepts (e.g... WASH committees, gender mainstreaming), to review tools and curriculum for the training of volunteers.



*Plumber training in Essyan camp (REACH)*

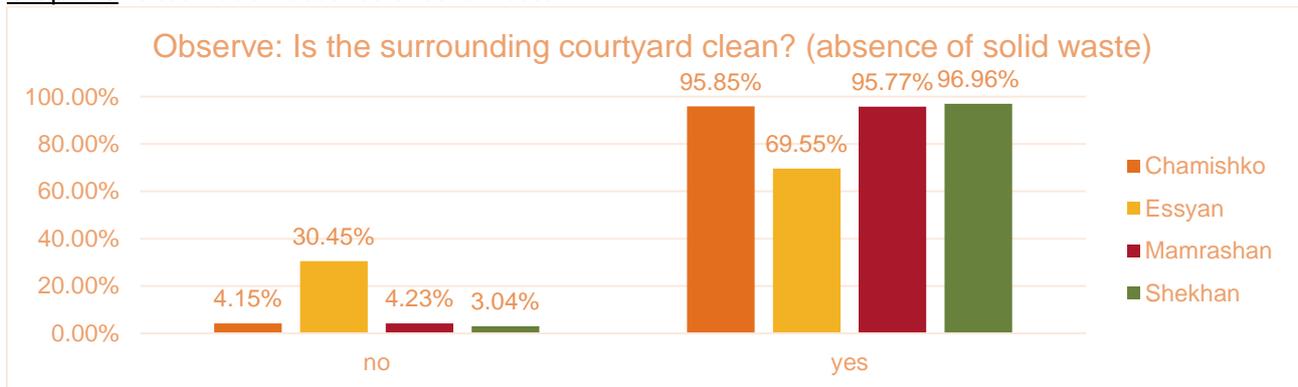
**5. Impact: To what extent did the community’s knowledge, attitude, practice and beliefs regarding water, sanitation and hygiene have evolved since the beginning of the project? What are the barriers in the uptake of key health, hygiene and sanitation practices, if any?**

CARE, Harikar and REACH are the only three organisations working in WASH in the camps. Their coordinated intervention certainly improved the access to safe water supply system. Water is available in higher quantity thanks to the constructions and rehabilitations of infrastructures such as boreholes, wells and pipelines. The training and mentoring of boreholes operators enhanced their capacity to manage the water flow, control the chlorine level and distribute as per set schedule to ensure the availability of water at household level. The regular testing in collaboration with the DoE ensured the water was acceptable for drinking. Awareness raising about water consumption and water saving was identified as very important by camp managers to limit wasteful practices such as car-washing.

The intervention also improved the access to safe sanitation facilities in the camps. Despite the poor quality of existing infrastructures, the care and maintenance teams have worked hard and continuously to repair breakages, constructed new infrastructures and pilot innovative options to reduce facilities failures (e.g. separation of grey and black water, construction of new septic tanks, construction of cesspool, etc. ...). The ongoing garbage collection and desludging services were much appreciated by camp managers and IDPs to ensure the camps are clean and safe from diseases.

All participants to FGD and KII confirmed that the camps are cleaner than three years ago. This is confirmed by the observation conducted during the household survey, with Essyan having the worst result:

Graph 13: Observation absence of solid waste



During the KAP survey conducted for the Baseline, 93% of enumerator’s observations reported that the surrounding courtyard is “clean”. In the endline, 88.47% on average reported that surrounding courtyard is clean due to the poor score in Essyan camp. The other three camps are above 95% clean.



General cleanliness has improved over 3 years (Sheikhan camp)

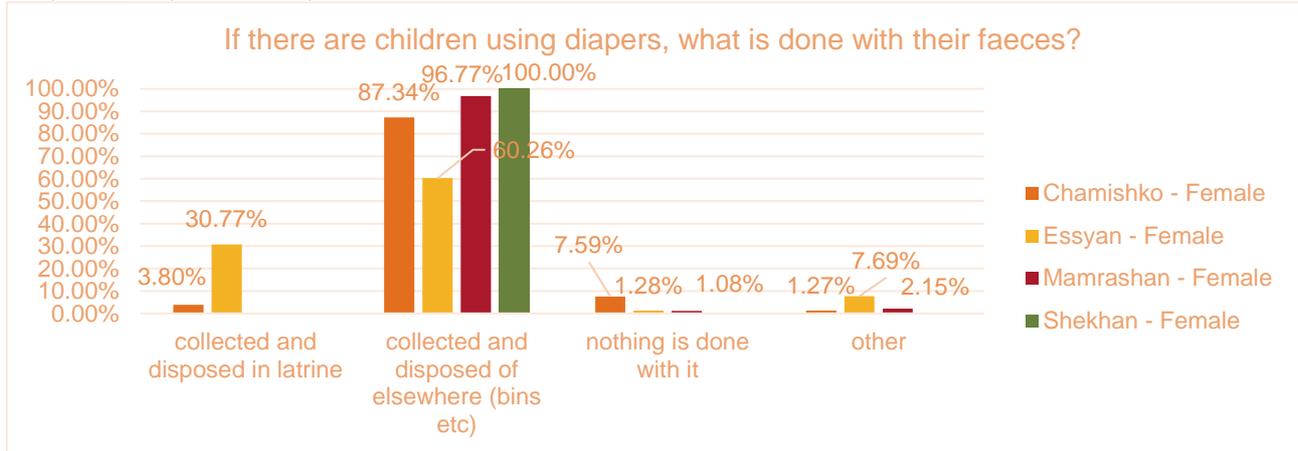
The participants to KII and FGD attributed the improvement to the ongoing work of CARE, Harikar and REACH in the camps. They noted though that some bins are filled up quickly and stay full before the trucks come to collect the garbage. This is because in the biggest camps of Chamishko and Essyan communal containers are shared with 10-20 tents. Some people leave the bags next to the containers because it is full. Another explanation for bags being left out of the container is that children bring the bags and are too small to swing it over.

Table 5:

<b>Where does your household dispose of domestic waste?</b>	<b>Chamishko</b>	<b>Essyan</b>	<b>Mamrashan</b>	<b>Sheikhan</b>	<b>Average</b>
<i>communal garbage container</i>	90%	93%	93%	62%	86%
<i>household garbage container</i>	58%	91%	65%	76%	73%
<i>other</i>	4%	0%	0%	1%	1%
<i>drainage</i>	4%	0%	0%	0%	1%
<i>anywhere/undesignated open area</i>	0%	0%	0%	0%	0%
<i>recycle food waste for livestock (selling or using themselves)</i>	0%	0%	0%	0%	0%
<i>burn it</i>	0%	0%	0%	0%	0%
<i>designated open area</i>	0%	0%	0%	0%	0%
<i>bury it</i>	0%	0%	0%	0%	0%

In the Baseline, 82% of the surveyed people in the sampled locations use either private or public bin or plastic bags inside the tents. It is important to note here that REACH distributes garbage bags in Essyan and Mamrashan while Harikar does not. Further analysis would be required to determine whether it is necessary and appropriate to distribute this type of items in the camps.

Graph 14: Disposal of diapers



In the Baseline, 85% reported the tools/diapers of young children they “Thrown in with the garbage”, and over 6% reported in Mamrashan IDP camps and 11% of Ardawan neighbor reported they “Thrown behind the house/tent”.

Most FGD and KII also recognised improvement of knowledge regarding personal hygiene and seasonal diseases and the general improved cleanliness of tents and caravans. Female FGDs especially explained they knew better how to prevent certain diseases to affect their children. Camp managers highlighted the impact of hygiene promotion on the reduction of prevalence for cases of scabies, lice and urinary tube infection.

Table 6:

Can you tell me the critical moments for hand washing?

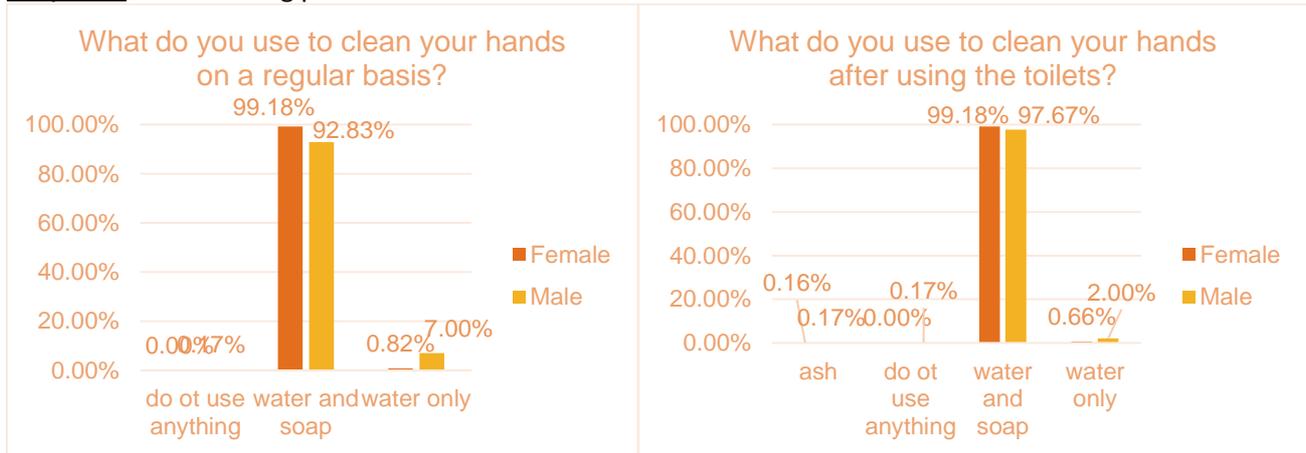
	Female	Male	Total
before eating	88%	82%	85%
before preparing food	59%	59%	59%
before feeding a child	37%	20%	28%
after using the toilet or	64%	63%	63%
after cleaning a child’s bottom	22%	10%	16%
don’t know	0%	9%	5%

Table 7:

Can you tell me the causes of diarrhea

	Female	Male	Total
Through contaminated water	86%	85%	85%
Through contaminated or uncooked food	80%	80%	80%
From flies	36%	30%	33%
From contact with someone sick with diarrhoea or someone who died from diarrhoea	15%	35%	25%
Don’t know	5%	8%	7%

Graph 15: Handwashing practices



In the Baseline, low percentage of the responses from HHs goes to washing hands after urination and defecation, the percentage is ranging from 2% to 20%. There is a drastic improvement from baseline here.

Table 8: Hand washing area

**Observation: Is there hand washing area with water and soap near the latrine and/or in the house/tent? Response YES**

Chamishko	Essyan	Mamrashan	Sheikhan	Grand Total
88.39%	95.31%	99.31%	97.93%	94.86%

Hygiene promotion staff and volunteers recognize the awareness raising with children at household level or during joint sessions in schools seem to have the biggest impact compared to sensitization with older men and women.



Hygiene promotion with children (Essyan)



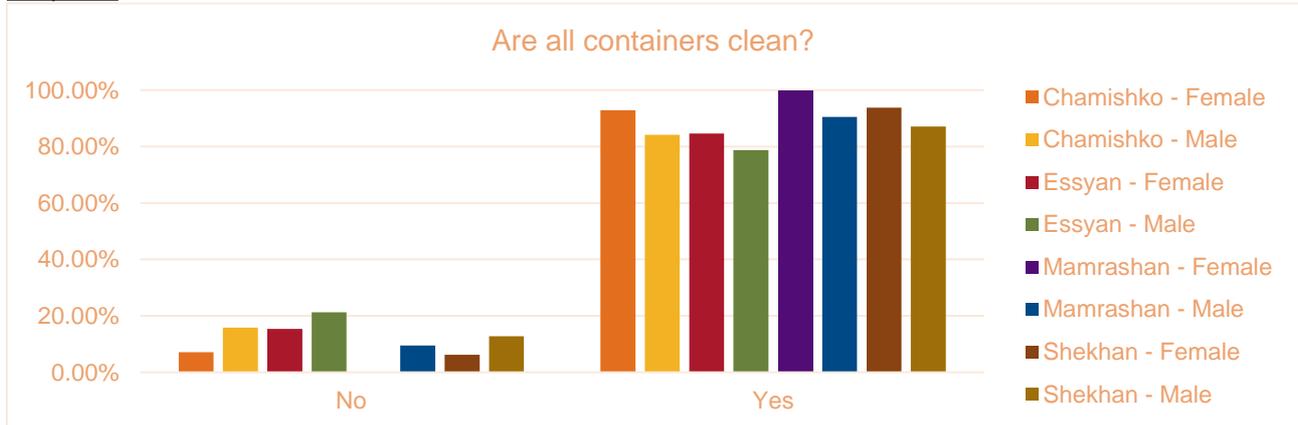
Theater show about hygiene in school (Mamrashan)

In term of drinking water practices, 33.89% of respondents treat their water, especially in Sheikhan. The majority of respondent in Chamishko, Essyan and Mamrashan say they do not treat the water because the water quality is good. In Sheikhan 48% of respondents boil the water and 19% use a water filter.

Graph 16: Water treatment



Graph 17: Water containers are clean



88.53% of water containers are clean (including jerrycans and water tanks). This is similar to the Baseline where 88% of the enumerators reported the place of keeping (storing) water is “clean”

However, some practices and beliefs are hard to change.

For instance, the religious Yezidis respect specific prohibition regarding bathing practices on Wednesdays. Another example is the practice of disposing specific waste such menstrual hygiene items or diapers in the manhole in the latrine which generates clogging of the sewage network. In addition, throughout the camps the evaluation team noticed that some families are drying left over food waste in front of their house. This attracts rodents and insects. They do it to sell it for livestock feeding for some income or some hygiene items. It is not culturally acceptable to dispose of the food waste with the other waste (diapers etc.). Some families don't have enough space to keep the food refrigerated for the next meals or they don't want to, but still would not prepare less food to show the relative prosperity of the household.

More generally, in the KII various stakeholders highlighted the need to move from “the relief approach” to “the development approach” so the IDPs are more proactive and participating to ensuring the cleanliness and safety in the camps. For example, hygiene promoters discouraging household from putting garbage anywhere have been responded to by the IDP that it is the volunteers’ responsibility to clean because “they are paid for it”.



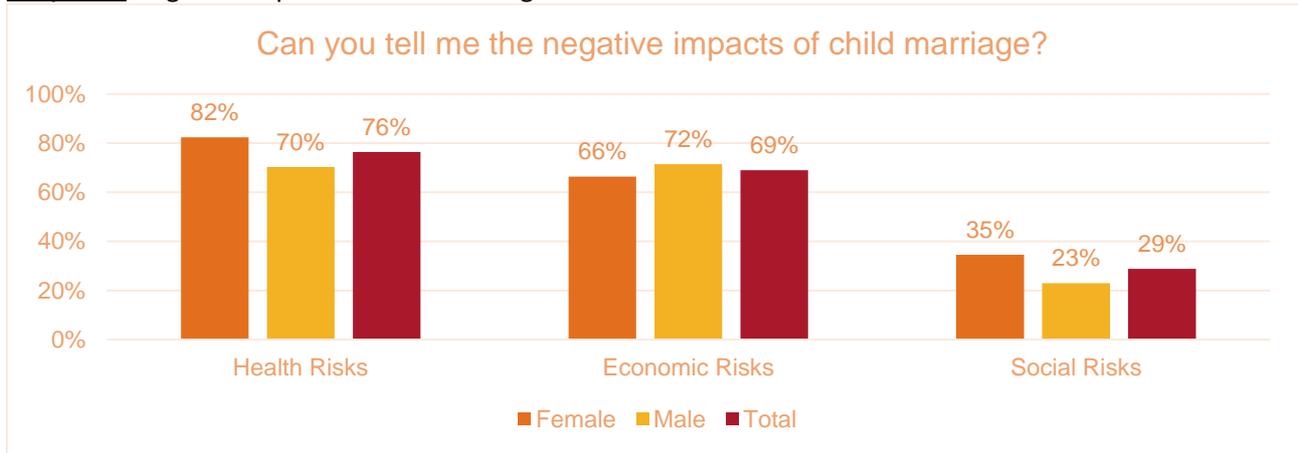
House-to-house awareness campaigns (Sheikhan camp)

The hygiene promotion was coupled with awareness raising about gender issues in the camps and host communities. The impacts of such campaigns are challenging to assess and the final evaluation did not focus on this aspect. A dedicated GBV and Measuring Gender Assessment was conducted in October 2019 showing some changes in attitudes and practices within the communities. It is worth noting that camp managers and other key informants highlighted that children and especially girls have returned to school as a result of the sensitization from Harikar and REACH in the camps. They also mentioned that although child marriage is quite common practice among adolescents in the camps, they have noticed a reduction of cases in the past year. Some finally suggested that men are more involved in domestic work that they did not participate into in the past. Regarding referral for GBV, 67.03% of respondents still declare they would not refer cases of GBV and keep it secret within the family.

Graph 18: Reaction to GBV cases



Graph 19: Negative impacts of child marriage



In the household survey, 98.64% of respondents (Female 99.24%, Male 97.88%) were satisfied with the gender and protection awareness messages service. The most useful topics respondents could remember were:

Table 9:

Which sessions did you find most useful?	Chamishko	Essyan	Mamrashan	Sheikhan
Combating Child Marriage	69%	52%	80%	70%
Importance of Education	24%	51%	53%	27%
Domestic Violence	25%	19%	30%	36%
Gender Equality	30%	13%	15%	52%
Violence against Children	12%	18%	43%	32%
Neglect	19%	16%	20%	14%
Family Planning	23%	7%	4%	33%
Successful intimate partner relations	13%	9%	15%	24%
none of the above	16%	21%	7%	10%
advantage and disadvantages of internet	10%	23%	2%	10%
Gender-based violence and referral pathways	15%	10%	7%	16%
Acceptance of ISIL survivors	7%	13%	2%	7%



Child marriage sensitization on Girls Day (Chamishko)

## 6. Multi-Year Funding: To what extent did the multi-year funding approach have a positive impact on project implementation? Did it enhance the sustainability of these outcomes?

The multi-year funding allowed CARE to build strong partnerships with the local actors. REACH and Harikar have benefitted from capacity building in term of project management, M&E, financial, administrative and logistical procedures. Different stakeholders highlighted strong improvement during the project implementation in term of program support functions which greatly impacted on their ability to deliver the intervention outputs in a timely and efficient manner. The program quality has also increased throughout the project implementation thanks to the ongoing monitoring and supervision conducted by CARE in the field to advice and mentor partners' staff and volunteers. CARE, REACH and Harikar are even collaborating outside the GAC funding to respond to new emergencies such as the recent influx from Syria in Bardarash camp.

With local authorities, the multi-year funding allowed CARE, REACH and Harikar to be seen as trustworthy and committed actors. Both camp managers and DoW, DoE, DoM representatives were very satisfied with the work of the organisation and made themselves available to discuss with the evaluation team. Similarly, with their regular participation in cluster meetings and other coordination mechanisms, CARE, REACH and Harikar are clearly identified by other humanitarian stakeholders as strong WASH actors in the Dohuk districts. However, CARE and REACH are not mentioned in OCHA humanitarian dashboard for 2019. This suggests a lack of communication and coordination at some higher level<sup>1</sup>.

The multi-year funding also had positive impact on the capacity of the intervention to adapt to new emergencies. Hence CARE, REACH and Harikar adapted their strategy to respond to the needs of population in West Mosul between December 2017 and February 2018.

The multi-year funding finally allowed CARE, REACH and Harikar to build trust with local communities in the camps. The ongoing activities and presence of staff and volunteers in the camps meant IDP were more inclined to participate in awareness raising sessions and house-to-house visits to discuss hygiene promotion and gender and protection issues. These topics require time to foster changes in knowledge, attitude and practices. The multi-year funding meant a longer period to see the impact of the sensitization effort in the camps. It is important to note though that despite the multi-year funding, the intervention did not manage to build such a trust and community involvement with activities in the host communities.

When it comes to enhancing the sustainability of the outcomes, the final evaluation concludes that CARE, Harikar and REACH have not made the most of the multi-year funding opportunities to build a strong exit strategy for the continuation of services. All camp managers claimed during KII that they will face many challenges if CARE, Harikar and REACH leave the camps as they have no one else to take over the crucial services provided by the organisations so far. As detailed in section 1, the WASH committees that have been set up are not fully functional and will most likely not continue after the end of the project. In the survey conducted with volunteers, only 25% of WASH committees' members stated that they will continue in their role even if they don't get financial support / salary or material support for this activity. In addition, CARE, Harikar and REACH did not play a sufficient advocacy role over the multi-year funding period to ensure the camps are included in the plan of local authorities (DoW, DoM, DoE) to provide the garbage collection and desludging services. The DoM has only decided to include the Chamishko camp in the garbage collection and desludging plan from the Zakho municipalities. It is important to note however that in 2016-2017 it was foreseen that the IDPs will return to their region of origins so limited continuation of services will be required. The volatility of the context and the limited financial capacities of local authorities are two external actors that explain the difficulty for the intervention to build strong exit strategy despite having multi-year funding.

<sup>1</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/24102019-humanitarian\\_dashboard\\_hrp\\_jan-sept19.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/24102019-humanitarian_dashboard_hrp_jan-sept19.pdf)

## Conclusions and Lessons Learned

The final evaluation concludes that the project has reached its objectives to ensure improved access to water supply and sanitation facilities in the camps and host communities. The poor design and quality of existing infrastructures built in the emergency context of the arrival of the IDP 4-5 years ago were a key challenge that CARE, Harikar and REACH have successfully faced during the implementation period but ongoing care and maintenance are still necessary in the camps. The project did not manage to set up durable solutions for the management of the systems put in place due to the limited financial capacities of local actors and authorities. The project partially met its target in term of improvement to hygiene items and information. Limited budget and limitations from BRHA for NGO to distribute hygiene items restricted the intervention capacities to meet the needs. Further investment in income generating activities and vocational training, especially for women, could be an alternative to ensure IDPs are able to support their own needs.

The workshop organised in November 2019 came up with the following lessons learned and recommendations for future programming:

Water supply system	<ul style="list-style-type: none"> <li>• Construct of boreholes and extension of water networks up to household level</li> <li>• Hire and train of boreholes operators for water supply management</li> <li>• Install of voltage regulators to limit damage to electrical system from electricity voltage irregularities.</li> <li>• Lower of submersible pumps to limit the shortage of water in summer</li> <li>• Conduct water conservation and storage awareness campaigns</li> </ul>
Sanitation facilities and services	<ul style="list-style-type: none"> <li>• Purchase of trucks rather than contracting private services</li> <li>• Ensure the distribution of bins is proportionated to the camp size</li> <li>• Focus on durable solutions to limit the frequency of desludging such as: separation of black and grey water in showers/ toilets), review design of showers diameter to avoid blockage, installation of cesspool, water conservation awareness, etc. ...</li> <li>• Provide infrastructures for PWD</li> </ul>
Water quality monitoring	<ul style="list-style-type: none"> <li>• Continue the collaboration with DoE for monthly water quality test (Biological, chemical and physical), FRC and Ph. on weekly basis</li> <li>• Distribute water filter to low income families in Sheikhan camp</li> </ul>
Care and maintenance	<ul style="list-style-type: none"> <li>• Improve involvement of camp management in the complaint system</li> <li>• Focus on vulnerable household only for care and maintenance inside house/tents</li> <li>• Recruit staff proportionated to the size of the camps</li> </ul>
Clogging of gray water network.	<ul style="list-style-type: none"> <li>• Create evidence-based awareness among the community (consequences awareness and proposed action)</li> <li>• Revisit the design and proposed the improvement of design if not appropriate.</li> <li>• Involvement of community and camp management in new design</li> </ul>
Hygiene promotion and gender / protection awareness	<ul style="list-style-type: none"> <li>• Recruit staff/volunteer from camps to ensure acceptance by the community</li> <li>• Recruit of HP proportionated to the size of the camp (SPHERE: 2 outreach workers per 1,000 people)</li> <li>• Coordinate with clinics, schools, camp management and other actors in the camp to select the messages / topics</li> <li>• Take in consideration specific Yezidis cultural beliefs to build the HP messages (e.g. not using water on Wednesday, Adolescent marriage)</li> <li>• Clarify HP approach in conducting only “soft activities” without distribution of items nor IGA support</li> <li>• Engage men and women equally in the activities</li> </ul>
Hygiene voucher distribution	<ul style="list-style-type: none"> <li>• Select shops inside the camps to facilitate access and promote economic opportunities inside the IDP population</li> </ul>

	<ul style="list-style-type: none"> <li>• Revise the amount provided to meet the differing gender needs</li> <li>• Focus on selection criteria rather than blanket distribution with strong communication, consultation and participation</li> </ul>
Functional WASH committee and training of local plumbers (sustainability of outcomes)	<ul style="list-style-type: none"> <li>• Ensure participation of field staff and community consultation to develop clear ToR</li> <li>• Clarify the selection criteria and process to pick the right people and build on existing youth groups (motivation, community involvement, etc.)</li> <li>• Identify the training needs of committees linked to sustainability</li> <li>• Don't provide financial incentives if we want them to continue the work even after the end of the project. Be realistic about what you can ask them as they are volunteers</li> <li>• Be ready to train / recycle volunteer every 3 months</li> <li>• Train plumbers and equip them with tool kits needed for repair work.</li> <li>• Create the linkages of with community and camp management</li> <li>• Develop the tariff collection mechanism in community for communal network rehabilitation</li> <li>• Make the community / WASH committees understand about supervision protocol and tariff management systems</li> </ul>
Project kick off induction workshop	<ul style="list-style-type: none"> <li>• Involve staff from senior management to the field level</li> <li>• Collect and share all related documents for the project including details of activities</li> <li>• Share guidelines for different departments. I.e. Finance, procurement, HR, Security.</li> <li>• Discuss technical guidance and Care &amp; partners responsibilities from each department</li> <li>• Detailed implementation plan, procurement plan, exit strategy plan/ sustainability</li> </ul>
Capacity Building plan	<ul style="list-style-type: none"> <li>• Assessment for identifying staff skills and gaps</li> <li>• Prepare plan for capacity building of each staff from different departments.</li> <li>• Implementation of trainings.</li> <li>• Revising the gaps</li> </ul>
Improving Coordination	<ul style="list-style-type: none"> <li>• Monthly meetings to discuss challenges, progress of the project, BVA.</li> <li>• Harmonize the approaches between the 2 partners (hygiene messages IEC, Garbage bags, etc.)</li> <li>• Quarterly lessons learned workshops to discuss recommendations and way forward.</li> <li>• Clear responsibilities of CARE and partners regarding implementation, monitoring, and reporting.</li> <li>• Increased coordination to exchange experiences and good practices.</li> </ul>
Developing implementation and monitoring tools	<ul style="list-style-type: none"> <li>• Reviewing existing tools and assessing the gaps.</li> <li>• Revising or developing tools as required.</li> <li>• Periodically adapting/revising the tools on quarterly basis.</li> </ul>

### Annexes

**Table 1:** Performance Management Framework Update November 2019

EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
<b>ULTIMATE OUTCOME</b>	Lives saved, suffering alleviated and human dignity maintained in countries experiencing humanitarian crisis or that are food insecure					
<b>INTERMEDIATE OUTCOMES</b>						
Reduced vulnerability of crisis-affected people, especially women and children	1. % increase in households reporting having enough water to meet their basic needs	86%	95%	95.53% report having enough water to meet their basic needs <ul style="list-style-type: none"> <li>• Chamishko 94.64%</li> <li>• Essyan 99.12%</li> <li>• Mamrashan 89.24%</li> <li>• Sheikhan 99.17%</li> </ul>	✓	Household survey Nov 2019
	2. % reduction in reported incidences of diarrheal disease caseloads in targeted intervention areas.	11%	<5%	7.1% cases of diarrheal disease for <5yo 12.8% cases of diarrheal disease for >5yo	○	Incidence of cases collected in household survey Nov 2019
<b>IMMEDIATE OUTCOMES</b>						
100 WASH – Water Improved access to safe water supply for vulnerable IDPs and host communities that meet the differing needs of men, women, boys and girls.	1. # of people reached by water interventions	N,A	113,172	105,819 individuals reached by water and sanitation intervention (Female: 49,850; Male: 55,969) <ul style="list-style-type: none"> <li>• 60,001 individuals (IDP) (Female: 28,316; Male: 31,685)</li> <li>• 45,818( host) (Female: 21,534; Male: 24,284)</li> </ul>	○	Project monitoring data
	2. % of the targeted women, men, boys and girls that report having access to water supply	N,A	90%*	95.53% report having access to water supply <ul style="list-style-type: none"> <li>• Women: 88.87%</li> <li>• Men: 97.53%</li> <li>• Girls: 97.14%</li> <li>• Boys: 96.63%</li> </ul>	✓	Household survey Nov 2019
200 WASH – Sanitation Improved access to safe sanitation facilities for vulnerable IDPs and host communities that meet the differing needs of men, women, boys and girls	1. # of people reached by sanitation interventions	N,A	132,000	105,819 individuals reached by water and sanitation intervention (Female: 49,850; Male: 55,969) <ul style="list-style-type: none"> <li>• 60,001 individuals (IDP) (Female: 28,316; Male: 31,685)</li> <li>• 45,818( host) (Female: 21,534; Male: 24,284)</li> </ul>	○	Project monitoring data

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
	2. % of the targeted women, men, boys and girls that report having access to safe sanitation facilities.	N,A	90%*	95.45% report having access to safe sanitation facilities <ul style="list-style-type: none"> <li>• Women: 92.39%</li> <li>• Men: 91.48%</li> <li>• Girls: 95.24%</li> <li>• Boys: 95.04%</li> </ul>		Household survey Nov 2019
	3. % of men and women that express they are satisfied with the bathing facilities provided (shower in tent, cabin)	81%	90%*	95.45% express they are satisfied with bathing facilities provided <ul style="list-style-type: none"> <li>• Women: 92.39%</li> <li>• Men: 91.48%</li> <li>• Girls: 95.24%</li> <li>• Boys: 95.04%</li> </ul>		Household survey Nov 2019
	4. % of households that indicate child stool, diapers are hygienically disposed of.	92%	95%	94.39% of households indicate child stool, diapers are hygienically disposed of (in latrines or bins)		Household survey Nov 2019 <i>Note:</i> This question was only asked to female due to male enumerators' reluctance to ask it to male respondents
	5. % of key identified sites with reduced visible solid waste present	N,A	80%	88.47% of sites visited did not present solid waste <ul style="list-style-type: none"> <li>• Chamishko: 95.85%</li> <li>• Essyan: 69.55%</li> <li>• Mamrashan: 95.77%</li> <li>• Sheikhan: 96.96%</li> </ul>		Household survey Nov 2019 (Field Observation)
300 WASH – Hygiene Improved access to hygiene supplies and information for IDPs and host communities, which takes into account the specific needs of women and girls.	1. # of people reached by hygiene interventions	0	129,472	77,538 individuals reached by hygiene interventions <ul style="list-style-type: none"> <li>• 60,001 individuals (camps)</li> <li>• 1,659 individuals (host)</li> <li>• 15,878 (in Mosul)</li> </ul>		Project monitoring data
	2. % of the targeted women, men, boys and girls that report having access to hygiene supplies and information	N,A	90%	78.54% report having accessed hygiene information in the last 3 months (F: 84%, M: 73%) <ul style="list-style-type: none"> <li>• Chamishko: 77.08%</li> <li>• Essyan: 68.62%</li> <li>• Mamrashan: 87.85%</li> <li>• Sheikhan: 83.47%</li> </ul> <p>95% report having access to enough hygiene supplies to meet their basic household needs for one month after the distribution</p>		Household survey Nov 2019. In the 2 largest camps (Essyan and Chamishko camps), hygiene promoters struggle to cover the whole camp frequently.  PDM Round 3 (2018) <i>Note:</i> In Nov 2019, only 54.10% report having access to enough hygiene supplies to meet their basic needs. Distribution occurred in 2018 only

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
	3. % of IDP Camp residents and host community members that report using soap and water to keep hands clean	85%	90%*	96.02% report using regularly soap and water to clean their hands (F: 99.18%, M: 92.83%)		Household survey Nov 2019.  Observation: Soap and water available in 94.86% of households
	4. % of IDP Camp residents and host community members that report they clean with soap and water after defecation	76%	90%*	98.43% report using soap and water to clean their hands after defecation (F: 99.18%, M: 97.67%)		Household survey Nov 2019.  Observation: Soap and water available in 94.86% of households
	5. % of IDP Camp residents and host community members that indicate there has been a hygiene awareness campaign in their area in the previous 3 months.	27%	90%*	78.54% report having accessed hygiene information in the last 3 months either through joint sessions or house to house visits (F: 84%, M: 73%)		Household survey Nov 2019. In the 2 largest camps (Essyan and Chamishko camps), hygiene promoters struggle to cover the whole camp frequently.
400 WASH - Capacity-building Increased capacity of community actors, local NGOs & local authorities to provide timely WASH assistance to vulnerable IDPs and host communities that meet the differing needs of women & girls.	1. # of local community actors, NGOs and authority representatives trained to provide timely, gender-mainstreamed WASH assistance to target communities	0	300	71 individuals with local partners <ul style="list-style-type: none"> <li>• 26 females</li> <li>• 45 males</li> </ul> 23 individuals from local authorities <ul style="list-style-type: none"> <li>• 10 females</li> <li>• 13 males</li> </ul>		Project monitoring data.
	2. # of community-led structures and plans that are in place to manage water supply and to promote improved sanitation and hygiene practices	0	1	1		A plan was set up to manage water supply and promotion improved sanitation and hygiene practices but was not necessarily community led or officially shared with communities
500 – Gender Gender and social inclusion (GSI) is strengthened at the community, institutional, and sectoral levels, in order for WASH systems and services to better meet the needs of women and girls, people with disabilities, chronic illness, and older persons	1. # of people reach by GSI intervention	0	1,800 (F: 49%, M: 51%)	18 PWD latrines in Chamishko and Sheikhan camps (Harikar)		Missing information about activities other than PWD latrines. Available with gender team not shared with evaluation team at the time of writing
	2. % of stakeholders involved in project activities who demonstrate improved knowledge of WASH and GSI.	N,A	80%	71% declare they have increased capacities to provide timely, gender-mainstreamed WASH assistance to target communities  100% of participants to training demonstrated improved knowledge between pre and post training tests		Survey with staff and volunteers  Pre and post training test results
OUTPUTS						

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
<b>100 WASH – WATER</b>						
110. WASH assessments (KAP surveys, rapid needs assessment and technical assessments) conducted with a gender lens in order to identify priority safe water supply and sanitation needs of vulnerable IDPs and host communities, according to national standards.	1. # of KAP surveys undertaken	1	3	3 KAP survey conducted <ul style="list-style-type: none"> <li>• Baseline (Jan 2017)</li> <li>• Midterm (Nov 2018)</li> <li>• Endline (Nov 2019)</li> </ul>		
	2. # of rapid needs assessments undertaken	0	1	1 Rapid need assessment conducted in Mosul		
	3. # of technical assessments/ surveys conducted of water and sanitation infrastructure	0	3	At least 3 technical assessment conducted. Latest in Sept 2019		
120. Water supply and distribution systems repaired, maintained and, or upgraded in IDP camps and host communities.	1. % of water supply systems in IDP camps fully functioning	N,A	90%	95% of water supply systems in IDP camps are fully functioning		KII Camp Managers and DoW Focus Group Discussion  <i>Note:</i> The water supply systems depend on electricity to function and may experience short interruption when national power goes off. In Chamishko and Sheikhan, generators are working to prevent interruption of services.
	2. % of water quality tests meet national parameters (WASH Cluster) standards	N,A	90%	FRC between 0.2-0.5mg,L <ul style="list-style-type: none"> <li>• 85% Chamishko (Sept 2019)</li> <li>• 83% Essyan (Oct 2019)</li> <li>• 83% Mamrashan (Oct 2019)</li> <li>• 80% Sheikhan (Sept 2019)</li> </ul> Satisfaction with water quality for drinking purposes: <ul style="list-style-type: none"> <li>• 86.01% Chamishko (F: 87.22%, M: 84.62%)</li> <li>• 92.67% Essyan (F: 92.27%, M: 93.20%)</li> <li>• 93% Mamrashan (F: 89.78%, 96.03%)</li> <li>• 2.89% Sheikhan (F: 1.04%, M: 4.11%)</li> </ul>		Directorate of Environment monthly water quality reports. <ul style="list-style-type: none"> <li>• Chamishko : FRC below 0.2mg,L at delivery point (Boreholes 1, 4 &amp; 5)</li> <li>• Essyan : FRC above 0.5 mg/L at delivery point (Borehole 3)</li> <li>• Mamrashan : FRC below 0.2 mg/L at delivery point (Borehole 2)</li> <li>• Sheikhan: FRC above 0.5mg,L at delivery point (Well no1)</li> </ul> Household survey Nov 2019. In Sheikhan, respondent complaint about the turbidity (76%), the taste (71%) and/ or the smell (26%) of the water

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
	3. # of water supply systems in IDP camps repaired, maintained to national standards	4	4	4 water supply systems in IDP camps <ul style="list-style-type: none"> <li>• Chamishko</li> <li>• Essyan</li> <li>• Mamrashan</li> <li>• Sheikhan</li> </ul>	✓	Project monitoring documents  KII with Camp Managers and Directorate of Water
	4. # of water supply systems in host communities upgraded to national standards	4	4	6 water supply systems in host communities <ul style="list-style-type: none"> <li>• Ardawan-Sinor Borehole</li> <li>• Ba'adre Water network</li> <li>• Ayaz Water network</li> <li>• Ardawan Water network</li> <li>• Kalakchi Water pump</li> <li>• Mahate Water pump</li> </ul>	✓	Project monitoring documents
130. Necessary water supply infrastructure constructed in host communities and IDP camps	1. # boreholes constructed/rehabilitated in host communities or IDP camps	0	2	2 boreholes constructed <ul style="list-style-type: none"> <li>• Ardawan-Sinor Borehole</li> <li>• Mamrashan Borehole</li> </ul>	✓	Project monitoring documents
140. Local authorities provided with advanced potable water testing equipment to test additional water quality parameters.	1. # Water quality testing reports provided by local water authorities annually	0	12	13 quality testing reports provided	✓	Project monitoring documents
150. Rapid WASH assessments undertaken in all targeted neighbourhoods in Mosul	7. Rapid WASH assessment completed in targeted neighbourhood in Mosul	N,A	1	1 WASH assessment completed in Mosul	✓	Project monitoring documents
<b>200 WASH – SANITATION</b>						
210. A comprehensive multi-actor solid waste management plan is developed for IDP camps, underserved sites with newly displaced and host communities	1. # of waste management plans developed for targeted IDP camps and host communities within the first year	0	1	1 solid waste management assessment was completed and recommendations shared with the Directorate of the Municipality and the WASH cluster	✓	Project monitoring documents
220. Sanitation infrastructure in IDP camps is maintained and/or repaired.	1. % of sanitation facilities in IDP camps repaired, maintained to national (WASH Cluster) standards	N,A	90%	95%	✓	KII with camp managers and staff
230. Host community members are supported in upgrading sanitation facilities to national standards.	1. % of sanitation facilities fully functioning and in acceptable condition in IDP camps	75%	90%	92% are satisfied with quality, privacy, safety and conditions of latrine/shower facilities in camps <ul style="list-style-type: none"> <li>• Women: 92.39%</li> <li>• Girls: 95.24%</li> <li>• Men: 91.48%</li> <li>• Boys: 95.04%</li> </ul>	✓	Household survey Nov 2019.

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
240. Environmental sanitation supplies and training are provided to targeted communities.	1. # of steel containers provided to 4 IDP camps	0	400	710 bins provided <ul style="list-style-type: none"> <li>• 274 in Chamishko</li> <li>• 201 in Essyan</li> <li>• 105 in Mamrashan</li> <li>• 130 in Sheikhan</li> </ul> 97.7m3 collected per day <ul style="list-style-type: none"> <li>• 42.8m3 per day in Chamishko at 6 days per week (Dec 2018)</li> <li>• 29.6m3 per day in Essyan at 6 days per week (Oct 2019)</li> <li>• 14.3m3 per day in Mamrashan at 5-6 days a week (Oct 2019)</li> <li>• 11m3 per day in Sheikhan at 1-2 days per week(Dec 2018)</li> </ul>	✓	Project monitoring documents (PITT)  <i>Note:</i> Change in the type of bins distributed from steel to plastic to ensure children and women can safely use them (lid lighter) and to facilitate collection by garbage collectors.
	2. # of sanitation training sessions provided per year	0	9	66 sessions conducted since the beginning of the project	✓	Project monitoring documents (PITT)
250. Local authorities are supported to improve community solid waste management facilities and knowledge.	1. # local actors actively involved in solid waste management in target communities	2 4 2	2 4 2	3 government actors (BRHA, Directorate of Water and the Directorate of the Municipality)  2 local partners (REACH and Harikar)	✓	Project monitoring documents
260. Garbage collection undertaken in targeted neighbourhoods of Mosul,	1. Volume of garbage removed daily from targeted neighbourhoods	0 m3	40 m3	56m3 of garbage was removed daily and transported to the disposal site	✓	Final evaluation for Mosul emergency project
	2. # of key identified sites and monitored for visible solid waste	0	3	3 sites identified	✓	
	3. # of people reached with garbage removal	0	12,000	38,586 individuals (18,340f, 20,246m) benefitted from garbage collection	✓	
	4. # of households garbage bins distributed	0	1,700	2,250 households bins distributed	✓	
	5. of communal garbage bins distributed to targeted neighbourhoods		48	48 communal garbage bins were distributed to targeted neighborhoods	✓	
300 WASH – HYGIENE						

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
310. A voucher distribution system is established	1. A voucher distribution system is established	0	1	1 voucher system established		Project monitoring documents  <i>Note: The system was adapted in-between the distribution to include shops inside the camps</i>
320. Vouchers for gender-sensitive hygiene items are distributed to IDPs	1. # of vouchers distributed	0	18,854	30077 hygiene vouchers distributed <ul style="list-style-type: none"> <li>• 15087 in Chamishko</li> <li>• 8054 in Essyan</li> <li>• 4373 in Mamrashan</li> <li>• 2563 in Sheikhan</li> </ul>		Project monitoring documents
	2. # of people benefiting from vouchers	0	48,191 (24,577 M, 23,614 F)	55,218 beneficiaries provided with hygiene voucher		Project monitoring documents
	3. % of distributed vouchers utilized by the target population	N,A	95%	100%		Project monitoring data
	4. % of surveyed women and men satisfied with voucher system	N,A	90%	93% are satisfied with the voucher system <ul style="list-style-type: none"> <li>• 91% in Chamishko (F: 87%, M: 95%)</li> <li>• 98% in Essyan (F: 71%, M: 27%)</li> <li>• 91% in Sheikhan (F: 87%, M: 94%)</li> </ul>		Post Distribution Monitoring Reports
330. Gender-balanced WASH committees are established or reinforced in IDP camps.	1. # of gender-balanced, socially inclusive WASH Committees established, reactivated and functional (each 50% women)	0	4	4 committees were established but at least 2 are not functional		KII with Camp Managers & Focus Group Discussion
	2. # of women and men on WASH committees	0	60	80 WASH Committees members 52 men and 28 women		Project monitoring documents
	3. # of meetings held by WASH committees in a 12-month period	0	6	41 meetings conducted since the beginning of the project <ul style="list-style-type: none"> <li>• 8 in Chamishko</li> <li>• 10 in Essyan</li> <li>• 15 in Mamrashan</li> <li>• 8 in Sheikhan</li> </ul>		Project monitoring documents (PITT)
340. Hygiene promotion volunteers are selected in IDP camps and provided with	1. # of Hygiene Promoters provided with appropriate materials to carry out their activities	0	30	40 hygiene promoters 12 in Chamishko (F:5, M:7) 12 in Essyan (F: 6, M:6)		Training list

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
materials and resources				8 in Mamrashan (F:4, M:4) 6 in Sheikhan (F:3, M:3)		
	2. % of trained HPs that remain active in the community	N/A	75%*	85% of respondents to the staff and volunteers survey confirmed they remain active in their role for the duration of the project	✓	Staff and volunteers survey Nov 2019  Note: Only 15.94% responded they will continue after the end of the project, even if I don't get financial support / salary or material support for this activity
350. Hygiene promotion undertaken in targeted neighbourhoods of Mosul	1. # of people benefiting from hygiene promotion, awareness sessions	0	12,000	15 300 individuals reached with hygiene promotion in Mosul	✓	Final evaluation for Mosul emergency project
	2. of Hygiene Promoters provided with appropriate materials to carry out their activities	0	5	25 individuals recruited and trained as hygiene promoters in Mosul (11-Female, 14-Male)	✓	
	3. % of surveyed women and men satisfied with hygiene awareness messages	0	90%	100% of surveyed women and men are satisfied with hygiene messages in Mosul (Female: 53%, Male: 47%)	✓	
<b>400 WASH – CAPACITY BUILDING</b>						
410. WASH committee members in IDP camps are trained to undertake water supply and sanitation operation & maintenance, hygiene promotion and environmental awareness.	# training sessions conducted with target groups	0	24	26 training sessions conducted with WASH committees members	✓	Project monitoring documents (PITT)
	2. % of trained volunteers that remain active in their roles	N/A	100%*	85% of respondents to the staff and volunteers survey confirmed they remain active in their role for the duration of the project	○	Staff and volunteers survey Nov 2019  Note: Only 15.94% responded they will continue after the end of the project, even if I don't get financial support / salary or material support for this activity
420. Technical WASH training is identified and provided for partner WASH and maintenance staff, CARE staff and relevant authorities	1. % of trained staff (CARE, partners, authorities) that remain active in their roles	N/A	90% *	85% of respondents to the staff and volunteers survey confirmed they remain active in their role for the duration of the project	○	Staff and volunteers survey Nov 2019  Note: Only 15.94% responded they will continue after the end of the project, even if I don't get financial support / salary or material support for this

## Final Evaluation – GAC Project

EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
						activity
430. Local Water Authorities responsible for maintenance of WASH facilities are supported.	1. % local water authorities actively involved in maintenance of WASH facilities	N,A	80%	85% of respondents to the staff and volunteers survey confirmed they remain active in their role for the duration of the project	✓	Staff and volunteers survey Nov 2019  Note: Only 15.94% responded they will continue after the end of the project, even if I don't get financial support / salary or material support for this activity
	2. # meetings held with local water authorities around WASH facility maintenance	0	Monthly meetings	25 meetings for Harikar since August 2017 21 meeting for REACH since July 2017	✓	Project monitoring documents (PITT)
440. CARE's partners have their organisational capacity strengthened in key areas (i.e. gender, finance, M&E, and project management).	1. # of people trained	16	30 (F/M 50/50)	71 (26 female & 45 male)	✓	Project monitoring documents (PITT)
	1. # of partners involved in training or capacity building activities in key target areas	1	3	2 local partners (REACH and Harikar) 3 government actors (BRHA, Directorate of Water and the Directorate of the Municipality)	✓	Project monitoring documents (PITT)
<b>500 – GENDER</b>						
510. Rapid Gender Analysis undertaken in all targeted communities	1. # targeted communities in which a RGA is undertaken within the first six months of the project	0	8	8 communities targeted for RGA <ul style="list-style-type: none"> <li>• The 4 camps</li> <li>• Ayaz and Ardawan</li> <li>• Ba'adre</li> <li>• Kalakchi</li> <li>• Mahate</li> </ul>	✓	RGA reports
	2. # targeted communities in which the RGA is updated every six months	0	8	8 communities targeted for RGA every 6 months <ul style="list-style-type: none"> <li>•</li> </ul>	✓	RGA reports
520. Training (or refresher training) sessions are conducted for volunteers on hygiene promotion, early marriage, referral systems for SGBV and other protection issues	1. # training sessions conducted with target groups	0	24	237 training sessions conducted	✓	Project monitoring documents (PITT)
	2. % of trained participants that remain active in their roles	N/A	75%*	85% of respondents to the staff and volunteers survey confirmed they remain active in their role for the duration of the project	✓	Staff and volunteers survey Nov 2019  Note: Only 15.94% responded they will continue after the end of the project, even if I don't get financial support / salary or material support for this activity

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EXPECTED RESULTS	TARGETED INDICATORS	BASE LINE	TARGETS	ENDLINE (November 2019)		DATA SOURCES , COMMENTS
530. Supervised group sessions and community visits are conducted by volunteers on hygiene promotion and protection issues	1. % of participants that can recall the key messages of the group sessions after 3 months	N/A	80%*	76% could recall at least one of the risks associated with child marriage <ul style="list-style-type: none"> <li>• 76% recalled Health Risks (Female: 82%, Male: 70%)</li> <li>• 69% recalled Economic Risks (Female: 66%, Male: 72%)</li> <li>• 29% recalled Social Risks (Female: 35%, Male: 23%)</li> </ul>		Household Survey Nov 2019
	2. # of people reached with group sessions and/or community visits	0	1,800 (200IDP/camp/Y)	55 748 individuals were reached with group sessions and/or community visits during the project implementation (all camps population)		Project monitoring documents (PITT)