



Final Program Performance Evaluation

For

USAID Mercy Corps School Environment and Education Development for Somalia (SEEDS) Program

Evaluation Team:

Fatuma Hussein (Lead consultant)

Ibrahim Dahiye (Assisting consultant)

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EXECUTIVE SUMMARY

School Environment and Education Development for Somalia (SEEDS) was a USAID funded Primary Education Program that was initially designed for three years, from 30th September 2008 to 29th September 2011, but was later modified to include secondary education and extended to 21st June 2012. The program was intended to improve access to basic education, water services and sanitation in school communities in Somalia. It adopted a holistic approach to improve the education environment; encompassing infrastructure development, school supplies, as well as capacity development for school management that targeted Community Education Committees (CECs), teachers and education officials. The focus was to create more learning spaces for children to expand the availability of basic education opportunities. This was achieved through the construction of new and rehabilitation of existing classrooms and water and sanitation infrastructure, in-service training of teachers, improving school management, and provision of technical assistance to the Ministry of Education (MOE) and other government officials. In September 2010, the program expanded in scope to include Maternal and Child Health Care.

Following the end of the program in July 2012, the final evaluation was conducted. The evaluation reviewed the program activities and analyzed the extent to which outputs and outcomes had been met during the program period. The purpose of the final evaluation was to assess the performance and the impact of the program and provide information and recommendations that will inform the ongoing Somali Youth Leaders Initiative (SYLI). Specifically, it was aimed to evaluate whether program objectives were achieved with high quality outputs and accountability to beneficiaries; to conduct an in-depth qualitative evaluation of the effects of the program on selected Mercy Corps school communities in comparison with other communities; and to identify and document best practices and lessons learned for future programming. Additionally, the evaluation also aimed at highlighting the program's relevance, effectiveness, efficiency, sustainability, impact and ownership.

The evaluation process employed a cross-sectional design where both quantitative and qualitative data was collected within a period of two weeks from parents of the school children, head teachers of the sampled schools, school children, Community Education Committee members (CEC) and Mercy Corps staff. All program regions were covered by the evaluation including Maroodhijeex, Togdheer, and Sanaag regions from Somaliland and Nugal, Mudug, and Karkaar from Puntland. Due to security issues, South/Central region was not covered by the evaluation. Schools in all these regions were stratified based on the program uptake level (high, medium or low) and 36% of supported schools selected (as done in the midline). The number of schools selected was proportionate to the number in each region.

As a result of the program interventions, there was improved access to basic education. Based on the evaluation, about 41,000 students enrolled in SEEDS supported schools, surpassing the target by 21,000. A 19% increase in the admission of girls in supported schools was also determined, as compared to the 1% decline in non-supported schools.

Based on the findings of the evaluation, water and sanitation infrastructure was improved in the target communities. About 211,000 people had access to improved drinking water, while 42,000 people had

access to sanitation facilities. In total, 71% of the households accessed water more easily (within 0-30 minutes) from their households.

Improved teaching and learning in target schools was realized as depicted by the high proportion of teachers who showed improved outcomes on skill assessments (88.9%) as compared to the target of 60%. There was also improved school management and improved Somali participation in education, water and sanitation.

Access to maternal and child health care also improved. About 51% of pregnant women accessed antenatal care from registered health establishments. Half of the households around the supported schools had the nearest health facility within 1-5km range indicating easy access. Improvement of the schools' learning environments was the most easily identified and conspicuous effect of the program. This was achieved through the building and rehabilitation of classrooms, as well as the provision of desks and other learning material. The program also succeeded in building the capacity of teachers, CECs and MOE staff. Overall this program improved the learning environment, WASH activities, and maternal and child health care for the target schools and communities.

It was generally concluded that the SEEDS program to a great extent achieved its objectives as depicted by the majority of the targets which were met. Improvement was shown in all the indicators monitored over time with most of them depicting more than 100% achievement rate. Only few indicators were not or close to full achievement as compared to the targets. These were; number of people in target areas with access to improved sanitation facilities as result to SEEDS assistance (83.1%), proportion of schools that designed and implemented activities in the School Improvement Plans (SIPs) (60%), proportion of MoE officials planning, implementing and evaluating their education portfolio (88%), and number of births assisted and/or referred by trained birth attendants (31.2%). The best achieved target was the number of health care providers trained with SEEDS funding (296%). Most numerical targets superseded the 100% achievement rate and this was attributed to the sound planning and implementation of the program. This indicates the effectiveness of the program. Although the evaluation did not provide a detailed cost-benefit analysis, there were anecdotal and qualitative indications that the program was cost effective in its use of resources. Indications for sustainability for the SEEDS program was shown by community participation at all levels of programming and the programmatic efforts to train the community in water resources management and joint monitoring between program staff, MOE staff and CEC members.

This evaluation exercise generated a number of recommendations. It was generally recommended that further funding be provided for the SEEDS program for continuation. The extension or new funding should be programmed to contribute to:

- Filling the needs and gaps in the community including inclusion of extra curriculum activities in schools (e.g. Physical Education (PE) and playing fields which are missing in schools).
- Water in more schools. There is need to build water tanks in more schools to assure longer-time availability of water.

- Building more classrooms to reduce overcrowding in some schools. This may also reduce shift attendance which may inflict strain on teachers.
- Construction/rehabilitation and staffing of more health facilities to further improve access to health services particularly the antenatal care services.
- Enrolling more girls in the program. Although the program has resulted in more girls being admitted in school by 20% between 2010 and 2012, this could not be compared to the 384% for boy's enrolment. There is a need for an in-depth study to investigate why the enrolment of girls is still low.
- Scaling-up by extending the program to other regions identified with similar needs. For instance, the admission of boys in non-supported schools only increased by 19% and for girls it declined by 1% between 2010 and 2012. The non-supported areas need the SEEDS program.
- To use the lessons learned and the best practices from the SEEDS program to influence the development of Somali education policy

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
TABLE OF CONTENTS	iv
LIST OF TABLES AND FIGURES	vi
LIST OF ABBREVIATIONS AND ACRONYMS	vii
DEFINITION OF TERMS	viii
1 INTRODUCTION	1
1.1 Background	1
1.2 Program overview	1
1.2.1 SEEDS program objectives	2
1.2.2 SEEDS program theory of change	2
1.3 SEEDS evaluation objectives	3
1.3.1 SEEDS evaluation purpose	3
1.3.2 SEEDS evaluation objectives	3
1.4 Conflict of interest declaration	3
2 EVALUATION METHODOLOGY	4
2.1 Evaluation design	4
2.2 Evaluation areas	4
2.3 Sample size determination	4
2.4 Sampling design	4
2.4.1 Sampling of schools to be interviewed	4
2.4.2 Sampling for parent’s survey	5
2.4.3 Sampling for other groups considered for the evaluation	5
2.5 Data collection	5
2.6 Training and pre-testing	7
2.7 Data analysis and interpretation	7
3 EVALUATION FINDINGS	8
3.1 Program achievements	8
3.1.1 Access to basic education	8
3.1.2 Access to water and sanitation	9
3.1.3 Access to teaching and learning	11
3.1.4 School management and participation of MoE staff	13
3.1.5 Maternal and child health care	14
3.2 Program performance	18
3.2.1 Relevance	18
3.2.2 Effectiveness	18
3.2.3 Efficiency	18
3.2.4 Sustainability	18
3.2.5 Impact	19
3.3 Comment on theory of change verses the evaluation findings	19
3.4 Implication for future programming	19

3.4.1	Lessons learned	19
3.4.2	Best practices	20
4	CONCLUSIONS AND RECCOMENDATIONS	21
5	APPENDICES	22
	Appendix 1: Evaluation TOR	22
	Appendix 2: Parents questionnaire	25
	Appendix 3: Teachers questionnaire	31
	Appendix 4: Children FGD guides	32
	Appendix 5: Staff KII guide	34
	Appendix 6: CEC FGD guides	37
	Appendix 7: Education officers KII guides	39

LIST OF TABLES AND FIGURES

Table 1: Summary of data collection tools and number of surveyed participants	7
Table 2: Program achievements in access to basic education	8
Table 3: Program achievement in access to water and sanitation	9
Table 4: Indicators of sanitation as reported by parents	11
Table 5: program achievements in access to teaching and learning	12
Table 6: Distribution of attendance as reported by head teachers in schools supported by Mercy Corps	13
Table 7: Performance on school management	14
Table 8: Achievements in MOE participation	14
Table 9: Achievements in maternal and health care	15
Table 10: Maternal and child health seeking behaviors (when sick)	17
Figure 1: Evaluation sampling profile	6
Figure 2: Distribution of constructors of piped and borehole water systems	10
Figure 3: Time taken to reach the nearest source of water as indicated by parents	10
Figure 4: Admission trend of boys and girls compared between 2010 and 2012	12
Figure 5: Comparison of teacher profile in supported and non-supported schools	13
Figure 6: Distance away from the health facility providing maternal and child health services	16
Figure 7: Distribution of places to access antenatal care as reported by parents (%)	16
Figure 8: Change in child and maternal mortality since past 5 years as reported by parents	17
Figure 9: Proportion of parents trained in water source management	19

LIST OF ABBREVIATIONS AND ACRONYMS

AFREC	Africa Rescue Committee
CEC	Community Education Committee
CfBT	Centre for British Teachers Education Trust
DEO	District Education Office
ICU	Islamic Courts Union
IDP	Internally Displaced Person
IMC	International Medical Committee
MOE	Ministry of Education
NGO	Non-governmental Organization
SEEDS	School Environment and Education Development for Somalia
SIP	School Improvement Plan
TFG	Transitional Federal Government
USAID	U.S. Agency for International Development
UIC	Union of International Courts

DEFINITION OF TERMS

Evaluation	Rigorous analysis of completed or ongoing activities that determine or support effectiveness and efficiency of a program.
Performance	The accomplishment of a given task measured against preset known standards of accuracy, completeness, cost, and speed.
Relevance	The extent to which objectives, implementation strategies, activities and methodologies were adapted to the needs of the beneficiaries.
Effectiveness	The extent to which the program has done what it was intended to do for the beneficiaries.
Efficiency	The results achieved in relation to time, efforts and resources expended.
Sustainability	The extent to which results achieved can continue after the end of the program.
Impact	The overall effects the program has had on the beneficiaries and participating communities and on their methods of working in the future.
Ownership	The level of stakeholder and community participation/involvement and their feeling of who controls and makes what decisions.

1. INTRODUCTION

1.1 Background

Since President Siad Barre was overthrown by opposing clans in 1991, Somalia has effectively gone without a central government. Years of fighting have ensued, leading to famine, disease and the deaths of nearly one million people. For over a decade, Somalia has been loosely governed by tribal factions and warlords. However, in 2004 the internationally recognized Transitional Federal Government (TFG) was introduced with pockets of relative stability in the north. At the same time, Somaliland, a former British colony in the northwest of Somalia, declared autonomy from Somalia and set up its own system of governance. Puntland, another seemingly breakaway state in Somalia, also established a separate political system, although it considers itself part of a federated Somalia, and its leader serves within the TFG as its president. Thus, the country's government as a whole remains unsustainable, politically fractured and is recognized as being in flux, with political struggles existing between the TFG and the radical Islamist and Somali nationalist Union of Islamic Courts (UIC). Ongoing feuds between the TFG and UIC/AlShabab are fueled by clan divisions that compound the problem. Underneath the political divisions, clan-to-clan violence over economic infrastructure and access to natural resources increases the instability, especially in the southern and south-central regions.

1.2 Program overview

The School Environment and Education Development for Somalia (SEEDS) program is a USAID funded Education Program that was initially designed for three years (from 30th September 2008 to 29th September 2011). The program was jointly designed by a consortium consisting of Mercy Corps (as the prime), Centre for British Teachers (CfBT) Education Trust, African Rescue Committee (AFREC), International Medical Corps (IMC), and International Aid Services (IAS). IMC and IAS left the consortium leaving Mercy Corps, CfBT and AFREC. The goal of the SEEDS program is to achieve improved access to basic education, water services, and sanitation in school communities in Somalia. It adopted a holistic approach to improving the education environment; encompassing infrastructure development, supplies provision, as well as capacity

A classroom and water tanks constructed by SEEDS Program



development for school management that targets Community Education Committees (CECs), teachers and education officials. The focus has been to create more learning spaces for children to expand the availability of basic education opportunities through the construction of new and rehabilitation of existing classrooms, as well as water and sanitation infrastructure, provision of in-service training of

teachers, and improving school management and provision of technical assistance to Ministry of Education (MOE) and other government officials.

In the course of implementation, two major cost modifications were approved. The first modification made two years (September 2010) after the start of the program expanded the scope of the program to include Maternal and Child Health Care. The second modification made towards the end (July 2011) of the implementation, expanded the scope of the program to include secondary education and livelihood opportunities and the modification extended the life of the program to 21st July 2012.

By the end of the program, the entire program funding of US\$ 15,549,395 from USAID was expended. Mercy Corps received no other funding contributions to the program budget; the entire project was funded by USAID. There were also cases of community contribution in kind through provision of labor for the constructions of various project structures. In some instances, the Public-private Partnerships (PPS) did contribute in kind and in cash to the program.

1.2.1 SEEDS program objectives

The objectives of the SEEDS program was two-fold – education and maternal and child health as shown below:

a) Education

- Improved access to basic education for at least 20,000 students through the construction, rehabilitation or repair of at least 500 classrooms in at least 250 schools.
- Improved access to water and sanitation for at least 50,000 people through improved water and sanitation infrastructure at 250 schools.
- Improved teaching and learning in at least 250 schools through teacher training and support for at least 1,000 teachers.
- Improved school management in 250 communities through support and training for Community Education Committees in targeted schools.
- Improved Somali participation in education, water and sanitation through technical assistance to at least 100 Ministry of Education and other government officials.

b) Maternal and Child Health

- Improve maternal and child healthcare in Somaliland.

1.2.2 SEEDS program theory of change

It was hypothesized that by building education and WASH infrastructure, supporting in-service training of teachers, supporting school management improvement through training, and provision of technical assistance to MOE and other government officials, that there would be increased access to education. WASH improved teaching and learning, and it improved school management and Somali community participation. The theory of change relating to maternal and child health was that the improved

maternal and child health care would result in the good health of children and ultimately improved school attendance.

1.3 SEEDS evaluation objectives

1.3.1 SEEDS evaluation purpose

The purpose of evaluation was to assess the performance and the impact of the program and provide information and recommendations that will inform the ongoing Somali Youth Leaders Initiative (SYLI).

1.3.2 SEEDS evaluation objectives

- i. To evaluate whether program objectives were achieved with high quality outputs and accountability to beneficiaries;
- ii. To conduct an in-depth qualitative evaluation of the effects of the program on selected Mercy Corps school communities in comparison with other communities; and
- iii. To identify and document best practices and lessons learned for future programming (examples of potential best practices include: monitoring of school construction processes by the CEC community-led tendering processes, and CEC-led school improvement plans. Possible lessons learned include working with the local partners in reaching wider and non-secure areas, quality of program outputs achieved through the local partners' implementation, and use of local resource persons in facilitating trainings).

In addition to the above evaluation objectives, the evaluation also covered the following aspects of the program: relevance, effectiveness, efficiency, sustainability, impact and ownership.

1.4 Conflict of interest declaration

The evaluation process did not present in any form a conflict of interest between the donor, Mercy Corps, or the consultant undertaking the evaluation. Additionally, there were no unresolved differences of opinion on the part of funders, implementers, and/or members of the evaluation team.

2. EVALUATION METHODOLOGY

2.1 Evaluation design

The evaluation process employed a cross-sectional design where both quantitative and qualitative data was collected within a period of two weeks (8th- 20th July 2012) from parents of the school children, head teachers of the sampled schools, school children, CEC members and Mercy Corps staff.

2.2 Evaluation areas

Three program areas were to be covered by the evaluation- namely Puntland, Somaliland and South-central regions. The latter was not covered due to the heightened insecurity in the area. For this reason, only regions in the first two areas were considered. They were: Maroodhijeex, Togdeer, Sanaag from Somaliland and Nugal, Mudug, Karkaar from Puntland. All schools, parents, teachers, school-going children and others interviewed were sampled from these regions.

2.3 Sample size determination

After stratifying the evaluation area into regions, 36% of all schools in each region were selected. This selection target of 36% of all schools supported in each cluster was a replication of the midline evaluation. The parent sample size was based on the added program indicator of improving the access to health care. Fischer's et al (1998) equation was used to determine the sample size:

$$n = Z^2 pq / d^2$$

This is recommended for population $N > 10,000$

n = desired sample size

z = the standard normal deviate at the required confidence level of significance set at 1.96

p = proportion of the population that access the health services- 5%

q = 1- p which is $1 - 0.05 = 0.95$

d = the level of statistical significance set as 0.05

Therefore:-

$$n = (1.96)^2 * (0.05 * 0.95) / (0.05)^2$$

=73. A 20% attrition rate yields 88 parents.

88 parents were thus selected per cluster- in the six regions (Assuming almost equal populations among the clusters and homogeneity in characteristics).

2.4 Sampling design

The evaluation sampling design is summarized in the evaluation sampling profile shown in Figure 1.

2.4.1 Sampling of schools to be interviewed

Schools in each region were stratified into low uptake, medium uptake, and high uptake (depending on the number of children registered in the schools). The criteria for the stratification were based on Mercy Corps method of school classification based on program uptake. From each stratum, schools were randomly sampled. The number of schools selected was proportionate to the number of schools in each stratum (program uptake rate). Six unsupported schools were selected randomly from the same

program areas for comparison with the supported schools in those same areas. Supported Head teachers in all schools selected were considered for the teachers' survey while the children, separated as boys and girls, were randomly selected for the children's Focus Group Discussions (FGDs).

2.4.2 Sampling for parent survey

Eighty-eight parents from the six regions were selected (three from Somaliland and three from Puntland). From each region, the 88 were proportionately allocated to the three strata (based on uptake rate as explained above) based on the total population of the selected schools. A further proportionate sampling based on individual school population was used to compute the number of parents to be selected from every school. For each school, the village selection process was randomized by throwing a pen and selecting villages along that path (where the pen-tip pointed). In each village it was determined which parents had children in the study schools. This was confirmed with the children's school details. All qualified parents in the selected directions were interviewed until the sample number was reached. When the boundary covered by the respective school was arrived at before the desired sample number had been reached, then a new direction from the school was randomized and the same process was repeated until the desired number was reached.

2.4.3 Sampling for other groups considered for the evaluation

For children, at least two FGDs (one for boys and one for girls) were conducted in every school selected. All MOE officials and CEC members in the area of the schools selected were interviewed. Relevant Mercy Corps staffs working for the SEEDS program in the selected clusters were all interviewed as well.

2.5 Data collection

A summary of tools used to collect data is shown in Table 1 and have been annexed. Both quantitative and qualitative data was collected. Data from parents and head teachers were quantitatively collected using the structured questionnaires. Other data is qualitative. Focus Group Discussions (FGDs) were done with school children, boys and girls separately. Key Informant's Interviews were done with the MOE officials, CEC members and Mercy Corps staff.

Program documents reviewed included the program proposals (both for schools and health component of the program), program progress reports, baseline report and the midline evaluation report. School admission records and minutes of school committee meetings were also reviewed.

Figure 1: Evaluation sampling profile

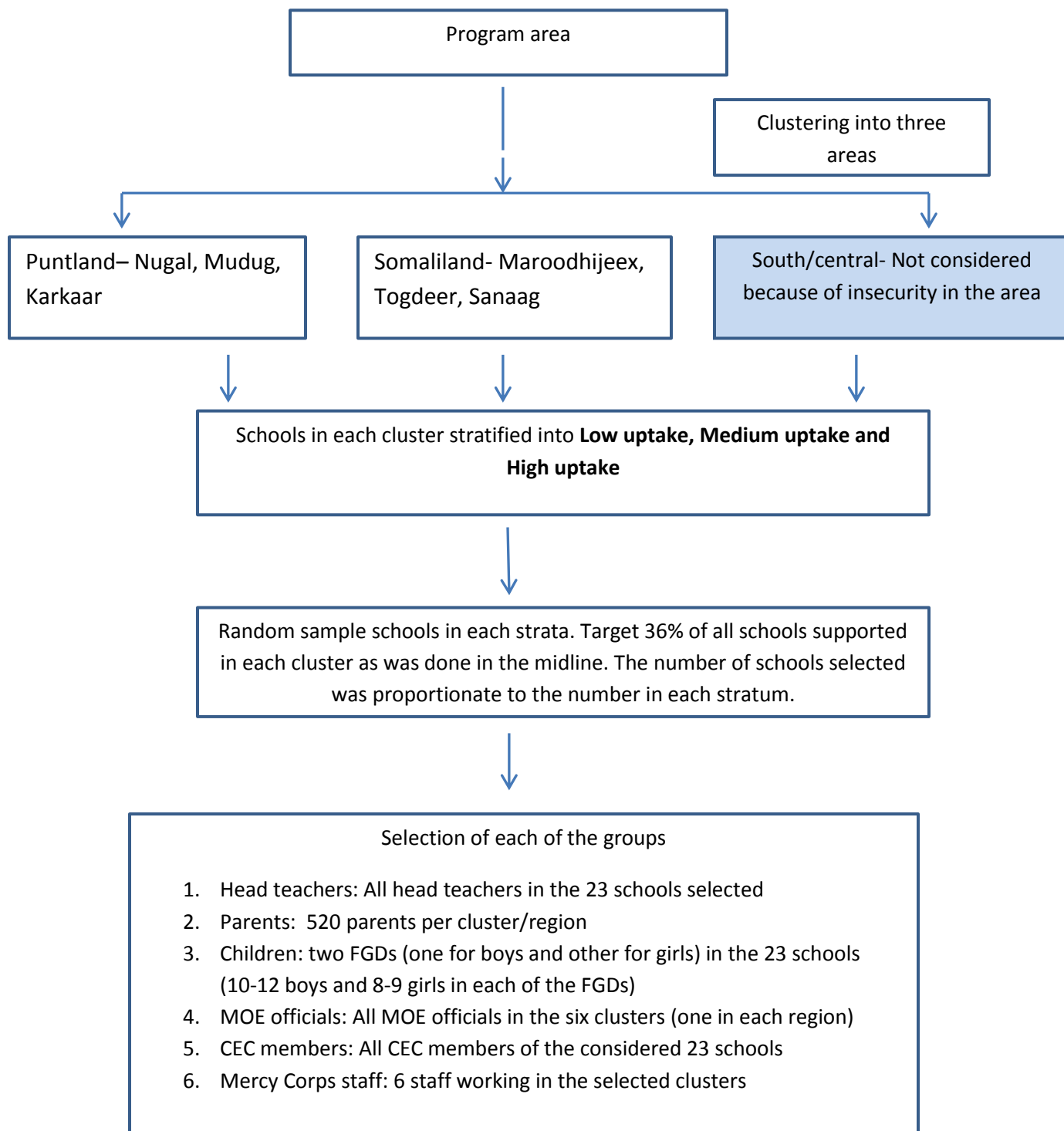


Table 1: Summary of data collection tools and number of surveyed participants

Respondent	Quantitative data	Qualitative data	
	By use of a questionnaire	Focus Group Discussions	Key Informant Interviews
Teachers	√		
Students		√	
Parents	√		
CEC members		√	
Health facility	√		
MoE staff			√
Mercy Corps Staff			√

Note that the MCH questionnaire was only administered to Togdheer and Sanaag

2.6 Training and pre-testing

All tools were developed at desk level in Nairobi. Three day-long trainings on data collection trainings were conducted separately in Somaliland and Puntland for all the 16 enumerators. The quantitative and qualitative tools were then pretested in the field and amendments were made based on pre-testing experiences and observations on the tools' use. All the enumerators were confirmed able to administer the survey before actual data collection.

2.7 Data analysis and interpretation

Quantitative data was inputted into Statistical Package for Social Scientists version 17 (SPSS Vs 17) and analyzed based on the set objectives. The analyses were presented in the form of tables and charts before interpretation and report writing. Qualitative data were analyzed using a categorization method. For each of the guide questions (both for FGDs and KIIs), responses were classified into all possible categories (based on the theme of the question). This is also referred to as coding or categorizing the data without assigning any numerical codes. A look at the categories developed led to the realization that the categories were either overlapping or some were subsets of others. **For this reason, categories were re-looked at and larger categories were developed (super categories) with sub-categories. Similar codes were combined and re-worded where necessary.**

All the guide questions and summarized responses in categories (where applicable) were then organized as per the objective set. This was followed by interpreting all the responses based on the objectives. This subsequently allowed triangulation of information generated within the questions from different sources falling under similar respective objective to respond to the objective. A clear summary per an objective considering all the responses given were then drafted in the fifth column of the database. Triangulation with other sources (quantitative data and program documents reviewed).

3. EVALUATION FINDINGS

3.1 Program achievements

3.1.1 Access to basic education

The set objective of the SEEDS program was to improve access to basic education for at least 20,000 students through the construction, rehabilitation or repair of at least 500 classrooms in at least 250 schools. As shown in Table 2, all these targets were either achieved or surpassed with the most pronounced achievement being a significant increase in the students enrolled in the supported primary schools. This may be because the general condition of the schools encouraged attendance. A good learning environment was created by the building and rehabilitation of the classes. However, this has resulted in fresh challenges. For instance in Nugal, the school was full with two shifts (morning and evening) due to increased attendance.

Table 2: Program achievements in access to basic education¹

#	Indicator	Values (number or % achievement)		
		Target	Achieved	%
2	Number of classrooms constructed	150	248	165.3%
3	Number of classrooms rehabilitated or repaired	350	516	147.4
4	Number of learners enrolled in the SEEDS supported primary schools	20,000	40,862	204.3
5	Proportion of learners enrolled or having completed 3 classes	85%	87%	102.4

A class rehabilitated by the SEEDS Program



"The assistance given addressed the needs of the school because before the construction of classes in this district the pupils used to learn under a tree, but now they lean in a classroom which has improved class attendance and retention" A CEC member Alham Dullilahi school in Kar-kaar Region

¹ Source: SEEDS quarterly report July-September 2011

It was observed that the rehabilitation of schools, classrooms and latrines was viewed as one of the practical achievements of the Mercy Corps program and greatly contributed to the remarkable development in the schools. Of 23 head teachers interviewed, 65.2% of them indicated that the classrooms rehabilitated in their respective schools were likely to remain permanent. In addition, 95.7% of them indicated that the classrooms were of adequate space.

3.1.2 Access to water and sanitation

As shown in Figure 3, the SEEDS program achieved the objective of improving access to water for at least 50,000 people (achievement rate 422.6%), and adequately improved peoples’ access to sanitation (83.1% achievement rate). The high population has led to an increase in misuse of available sanitation facilities making some community members to opt for alternative waste disposal methods including open defecation. The proportion of participants demonstrating knowledge on prevention of water and sanitation-related diseases increased by 27%, an achievement rate of 145%.

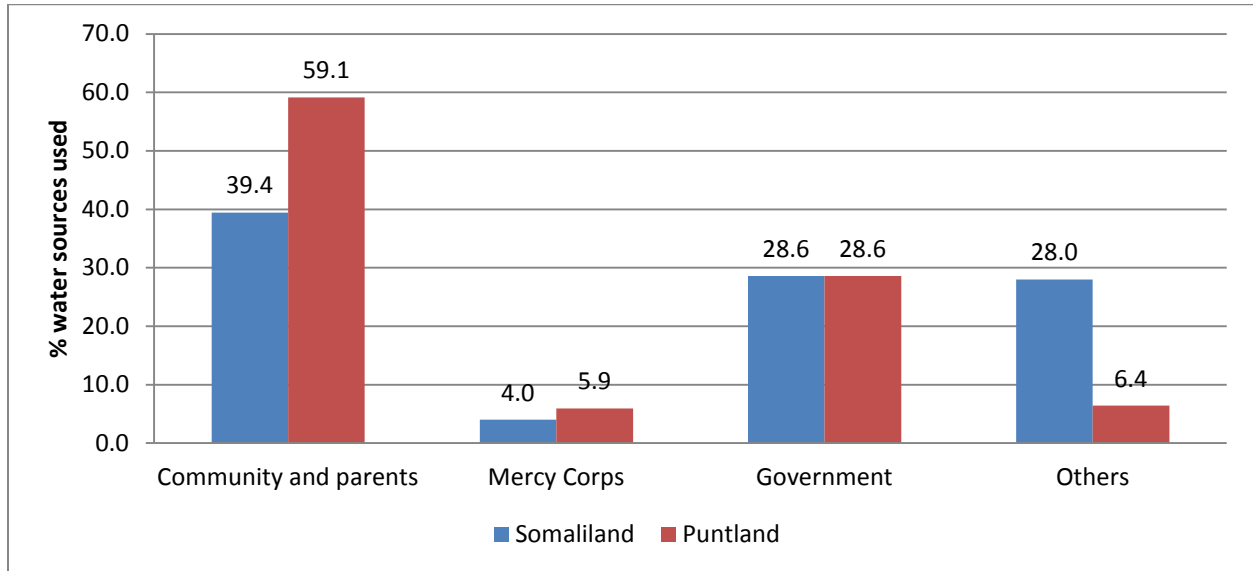
Table 3: Program achievement in access to water and sanitation²

#	Indicator	Values (number or proportion)		% achievement
		Target	Achieved	
1	Number of people in target areas with access to improved drinking water supply as result of SEEDS assistance	50,000	211,277	422.6
2	Number of people in target areas with access to improved sanitation facilities as result of SEEDS assistance	50,000	41,551	83.1
3	Proportion of participants showing increased knowledge on prevention of water and sanitation-related diseases	60%	87%	145.0

² Source: SEEDS quarterly report July-September 2011

Out of all the parents interviewed who use constructed water sources (borehole and piped water), 4.0% in Somaliland and 6.0% in Puntland used those supported by SEEDS as shown in Figure 2. Water sources supported by SEEDS added to the list of important sources of clean and reliable water. However, the majority of constructed water sources have been supported by the community and parents.

Figure 2: Distribution of constructors of piped and borehole water systems



The majority the parents of school children who were interviewed, responded that it took less than half an hour to access water (71%). In part, this is attributed to the building of reliable sources of clean and safe water for the communities around the SEED program supported schools. Only 3% (negligible) of the population around the schools took 3 hours or longer to access water. This is shown in Figure 3.

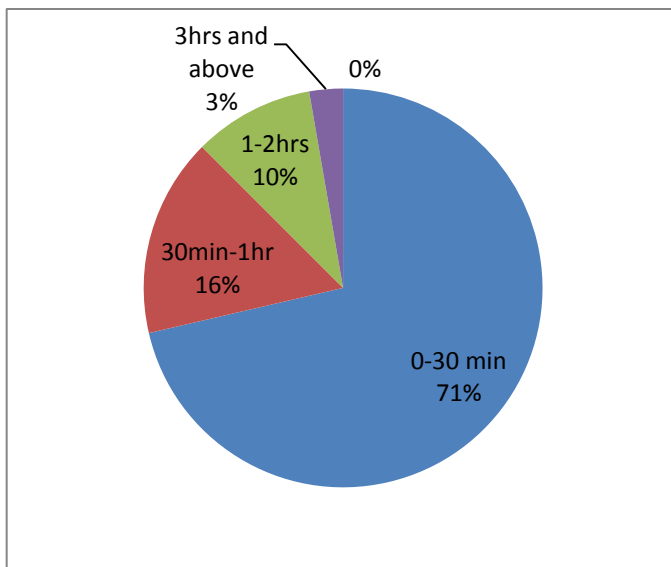


Figure 3: Time taken to reach the nearest source of water as indicated by parents

As depicted in Table 4 below, there were indications that the majority of the program covered populations had access to sound sanitation facilities. For all the areas, 81.5% of the households surveyed had toilets in their compounds. Somaliland is however lagging behind in access to toilets as compared to Puntland. In total (out of those who owned toilets), 86.3%

had at least a pit latrine in their compounds. Most of the households wash their latrine at least every day and only 8.7% do not dispose of their waste appropriately.

Table 4: Indicators of sanitation as reported by parents

Sanitation Indicators	Proportion (%) of households		
	All (n=520)	Somaliland (n=252)	Puntland (n=268)
Those with toilets	81.5	70.2	94.4
Type of toilets			
Ordinary Pit latrine	78.6	76.8	80.4
VIP latrine	7.7	8.2	7.2
Flush toilet	10.3	9.8	10.8
Frequency of cleaning toilet			
Everyday	71.5	81.0	62.5
2-3 times a week	10.4	7.6	13.0
Once a week	5.9	1.6	9.9
When necessary	10.4	7.1	13.5
Never cleaned	0.8	0.5	1.0
Others	1.1	2.1	0.0
Disposal of garbage			
Disposal pit	28.4	17.0	43.2
Paid collection company	27.9	22.7	34.7
Burning	30.7	40.1	18.4
None	8.7	12.6	3.7
Others	4.3	7.7	0.0

Challenges mentioned by children in accessing water and sanitation in schools were water shortages, improper water management, and some toilets not designated for students and teachers separately (and boys and girls separately). Another challenge mentioned was related to the cleanliness of the toilets. In the FGDs conducted, some children mentioned that the toilets were sometimes not cleaned.

3.1.3 Access to teaching and learning

The objective of improving teaching and learning in at least 250 schools through teacher training and support for at least 1,000 teachers was almost achieved (91.5 % achievement rate). Teachers' outcomes on skill assessments, and increase in teacher classroom attendance were over achieved (>100%- percent of percentage) as shown in Table 5.

Table 5: Program achievements in access to teaching and learning³

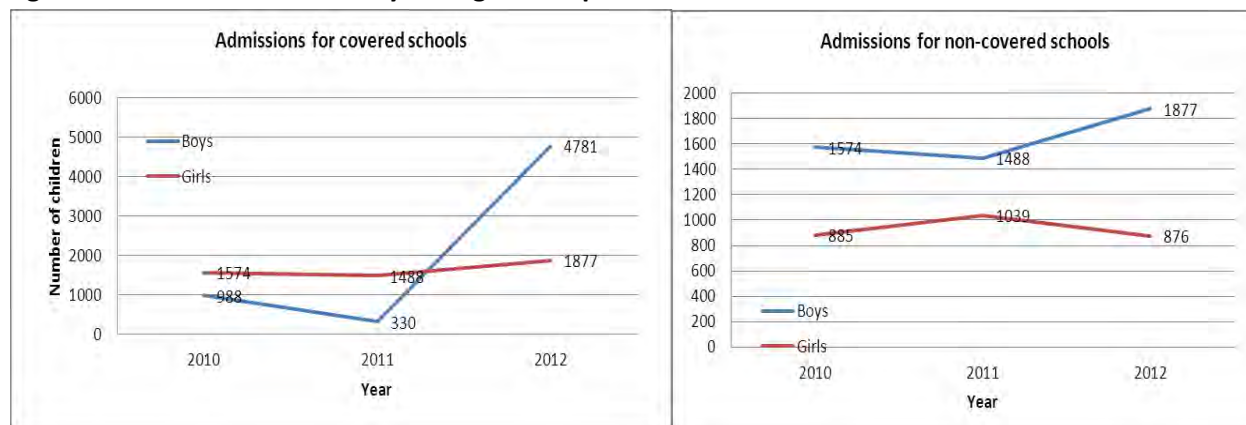
³ Source: SEEDS quarterly report July-September 2011

#	Indicator	Values (number or proportion)		% achievement
		Target	Achieved	
1	Number of educators trained with USG support	1000	915	91.5
3	Proportion of teachers who show improved outcomes on skill assessments ⁵	60%	88.9%	148.2
	% increase in teacher's classroom attendance ⁵	60%	80%	133.3
	% increase in student's classroom attendance ⁵	80%	97.9%	122.4

⁵% achievement based on % of %

Enrolment data was collected from the 23 supported and three non-supported schools with consistent data. Using 2010 data as the baseline, among the supported schools both the number of enrolment for boys and girls generally went up between the years 2010 and 2012. While enrolment for girls in the non-supported⁴ schools generally declined (increased then declined). It could not be determined if there was a shift from non-supported to supported schools. Boys generally increased for the non-supported as shown in Figure 4.

Figure 4: Admission trend of boys and girls compared between 2010 and 2012⁵

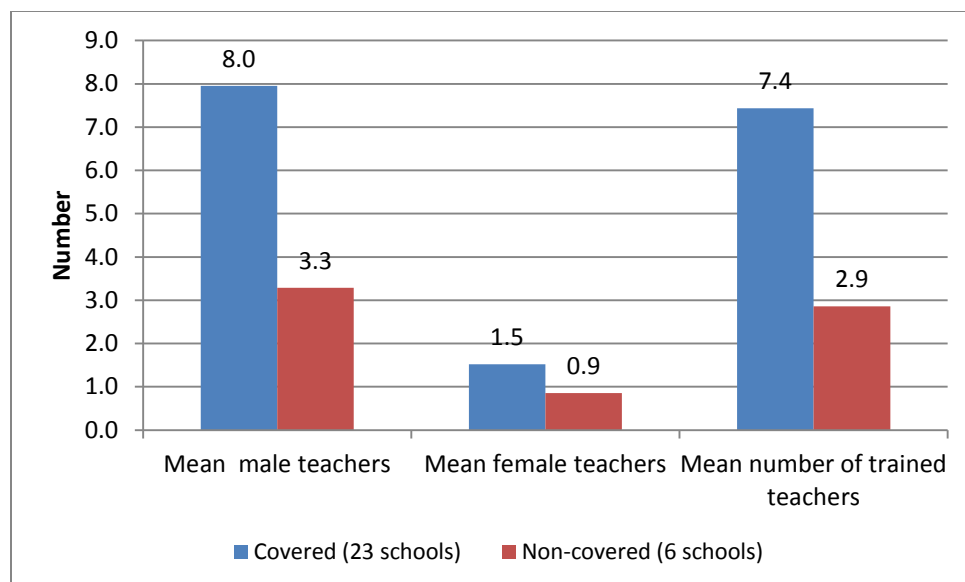


When the percent increases between 2010 and 2012 are compared, there was a marked increase among the girls (19.3%- not shown in Figure 4) in the supported schools, while in the non-supported schools, there was a decline (-1.0% increase). This shows that the SEEDS program interventions did result in an increase enrolment for girls. However, the number of boys admitted is still very high and not comparable to the number of girls admitted.

Figure 5: Comparison of teacher profile in supported and non-supported schools

⁴ Supported schools were the schools that were provided with assistance from Mercy Corps. Unsupported did not receive assistance from Mercy Corps during the program period.

⁵ Source: School records from the schools considered for the evaluation



As depicted in Figure 5, the mean number of both male and female teachers per supported school was higher than for non-supported schools. It is also possible that that supported schools were more attractive to teachers and the trained CECs or head teachers were able to hire more teacher and retain them. In addition, the number of teachers trained for supported schools were significantly higher than those of non-supported, depicting a high SEEDS program achievement in capacity building of teachers. As shown in Table 6, the head teachers in the supported schools reporting full attendance had a higher proportion as compared to the non-supported schools. This shows that the SEED program did have some positive effect in school management. The students’ attendance in both supported and unsupported is however comparable as reported by the head teachers.

Table 6: Distribution of attendance as reported by head teachers in schools supported by Mercy Corps

Attendance category	Proportion of full-day attendance			
	Supported schools (n=23)		Non-supported schools (n=6)	
	Teachers	Students	Teachers	Students
All	87.7	69.6	85.7	71.4
Half the number	12.3	22.7	14.3	14.3
A quarter	0	0	0	14.3

3.1.4 School management and participation of MoE staff

The program improved school management in 104 communities through support and training for Community Education Committees (CECs) in targeted schools. All schools supported currently have functional CECs, attributable to the SEEDS program. CEC members were trained and are actively involved in linkages between parents, children and teachers. The members are also involved in conflict resolution and collectung of fees from parents to support teachers and school maintenances. Mercy Corps involved CECs in participating in the tendering processes of program work and they helped in selection of bidders and supervision of work implementation.

The program also exceeded its target of providing support to the Parent Teacher Associations (PTAs) – a 104% achievement rate was recorded against a target of 100 PTAs as shown in Table 7. Although all schools were reached with School Improvement Plan (SIP) activities, only two-thirds of the schools implemented the SIP activities. Schools were slow to take up the SIP due to some competing activities in the schools – demanding for the same teachers’ and head teachers’ time.

Table 7: Performance on school management⁶

#	Indicator	Values (number or proportion)		% achievement
		Target	Achieved	
1	Number of PTAs supported by SEEDS	100	104	104.0
2	Proportion of schools with functional CECs	100%	100%	100.0
3	Proportion of schools that designed and implemented activities in SIPs	100%	60%	60.0

The SEEDS program improved Somali participation in education, water, and sanitation activities through training and technical assistance to the targeted 100 Ministry of Education and other government officials. The proportion of MoE officials planning, implementing, and evaluating their education portfolio was also improved, but the target was missed by 12%. Just like for teachers and head teachers, it was mentioned that competing activities for the limited MoE staff time explained the non-achievement of this target. The target of reaching 100 schools that received timely supervisory visits was exceeded.

Table 8: Achievements in MOE participation⁷

#	Indicator	Values (number or proportion)		% achievement
		Target	Achieved	
1	Number of MoE administrators and officials trained	100	129	129.0
2	Number of schools that received timely supervisory visits	100	124	124.0
3	Proportion of MoE officials planning, implementing and evaluating their education portfolio	100%	88%	88.0

3.1.5 Maternal and child health care

As shown in Table 9, all the targets set related to the improvement of maternal and child healthcare in Somaliland were achieved save for the number of births assisted and/or referred by trained birth attendants. Only a third of reported births were assisted and/or referred by trained birth attendants. This could have been due to poor reporting of births to the program. Due to the frequency of births occurring in the region and inaccessibility of some areas due to insecurity, it was difficult to collect

⁶ Source: SEEDS quarterly report July-September 2011

⁷ Source: SEEDS quarterly report July-September 2011

accurate birth information. The highest achievement was in the training of health care providers in which 296 were trained against the target of 100, an achievement rate of 296%.

Table 9: Achievements in maternal and health care⁸

#	Indicator	Values (number or proportion)		
		Target (FY11)	Achieved	% achievement
1	Number of ANC visits by skilled providers from SEEDS assisted facilities	15,000	18,263	121.8
2	Number of health care providers trained with SEEDS funding	100	296	296.0
3	Number of births assisted and/or referred by trained birth attendants	25000	7796	31.2
4	Proportion of functioning health committees	3	8	266.7
5	Proportion of rural populations aware of at least two health risks of mothers and children ⁸	50%	60%	120.0

⁸The % achievement is based on % of % computation

Access to health care services

An important aspect of health care services is where they are provided. The majority of communities around the schools supported accessed the facilities providing child and maternal health services within 1-5 kilometers access range as shown in Figure 6. The distances to child and maternal services were comparable because they are provided at the same locations, within the Maternal and Child Clinics.

⁸ Source: SEEDS quarterly report July-September 2011

Figure 6: Distance away from the health facility providing maternal and child health services

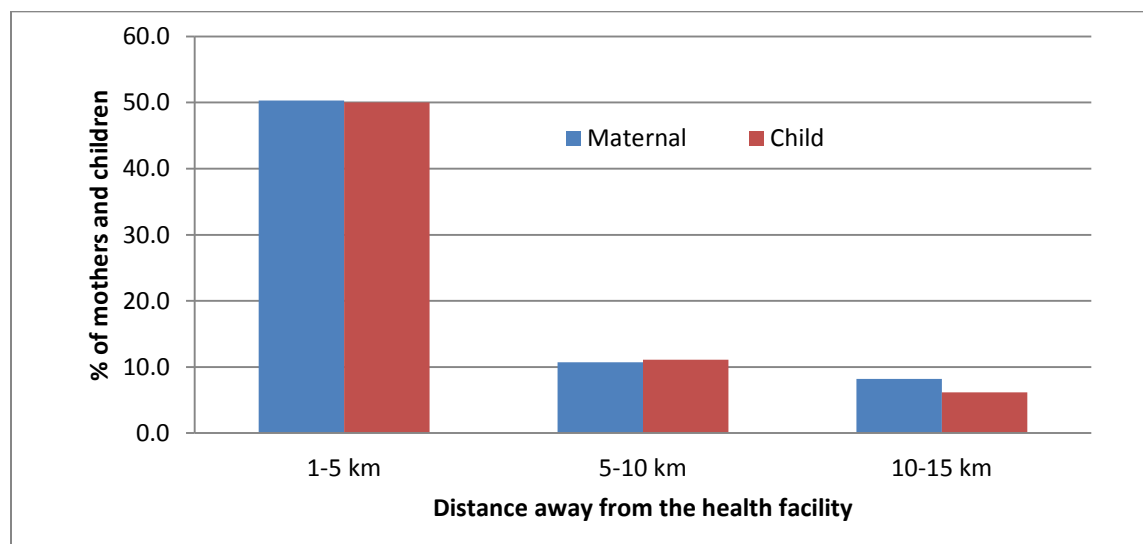
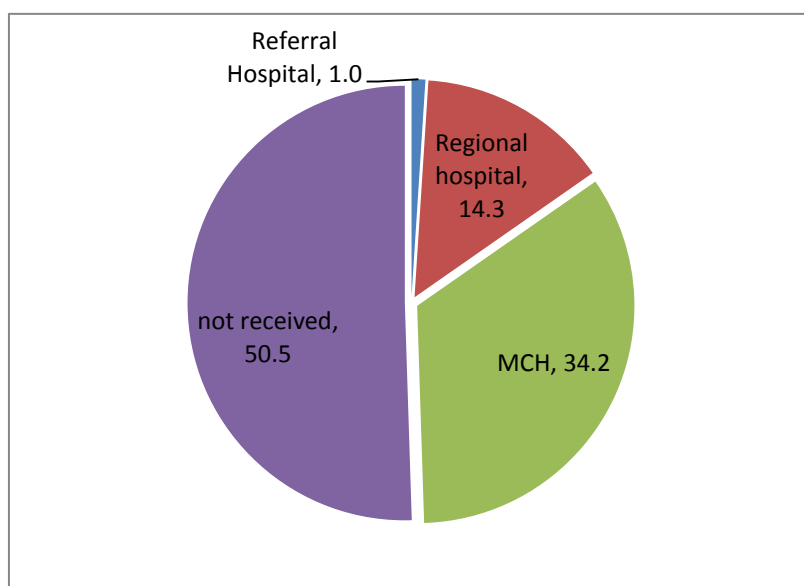


Figure 7: Distribution of places to access antenatal care as reported by parents (%)



It was observed that there is still a significant gap in the provision of antenatal care. Half of mothers interviewed who live in their parents' houses did not access antenatal care. Slightly above a quarter accessed antenatal care services in the MCH, which emerged to be the most accessed source of antenatal services. This is followed by the regional hospitals. The antenatal care services are least obtained from the referral hospitals- only 1.0% of the interviewed obtained the antenatal care services from the referral hospitals. This is shown in Figure 7.

Health seeking behaviors

Although the majority of the population in Somaliland take mothers and children to the hospital for medical treatment by qualified practitioners, an appreciable proportion prefer to use self-medication and visit traditional healers. This accounts for about 15.2% for mothers and 20.0% for children.

Table 10: Maternal and child health seeking behaviors (when sick)

Health seeking behaviors	Proportion (%) of mothers and children (n=252)	
	Maternal	Child
Do not do anything	6.7	6.1
Taken to hospital	80.6	76.4
Buy drugs in the shop/Pharmacy	6.1	11.5
Visit a traditional healer	2.4	2.4
Others	4.2	3.6

Perceived mortality as reported by parents

There were indications that maternal and child mortality was on the decline. About a third of the parents interviewed indicated that compared to five years ago, maternal and child health had improved i.e., When asked if the number of deaths of mothers or children had decreased in the last five years, the majority responded ‘yes’ as shown in Figure 8. In addition, in the most recent one year span, only 1.6% of parents interviewed had experienced a death of a child less than five years old. Although these encouraging findings cannot be fully attributed to the SEEDS program, it definitely had a significant role to play.

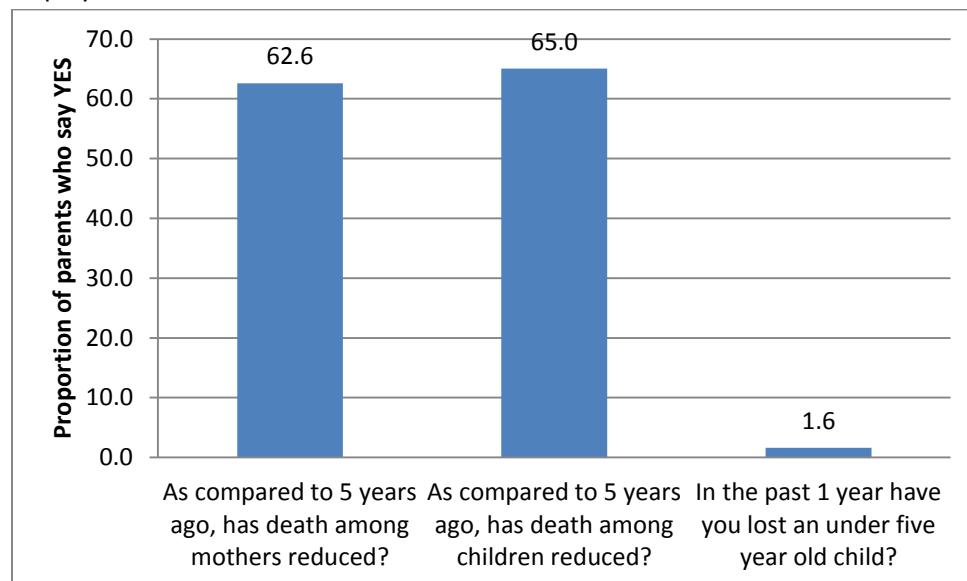


Figure 8: Change in child and maternal mortality since past 5 years as reported by parents

3.2 Program performance

3.2.1 Relevance

Relevance is the extent to which objectives, implementation strategies, activities and methodologies were adapted to the needs of the beneficiaries. The program has met most of its objectives and thus met the needs that were identified at baseline. For example, school attendance was initially low. The building and rehabilitation of classrooms and provision of furniture improved the learning environment and encouraged school enrolment and attendance. Based on the FGDs, the SEEDS program has been explained by community members and head teachers as meeting the needs of the community and schools. These needs were also identified by the local authorities (e.g. MoE) as important. These needs, as stated by various respondents, included improved learning environments, access to WASH, access to health care by mother and children, among others. The communities around the supported schools indicated that as the program began, these needs were being met more and more with time.

“The program developed after discussion on the needs with CECs and the SEEDS program was very important for the school and the community” CEC member, Hajji Adam school

3.2.2 Effectiveness

SEEDS achieved its intended goals for its ultimate beneficiaries –the children. These achievements are illustrated by the percent of achievements as shown in section 3.1. Save for few set indicators, most targets were surpassed.

“What has given this program an edge above the rest is the holistic approach of touching most felt need of the people, and that’s how it has gained trust and support of the people” Director General, MoE, Somaliland

The positive perception of the community in general towards the program is justified by the presence of the physical structures that the program has put up including classrooms, bore holes, toilets, among others. As reported by program staff interviewed, the program activity plan, procedures, and checks and balances were very good in the implementation of the program. In addition, there was a strong adherence to the set accounting system.

3.2.3 Efficiency

The evaluation exercise was not designed to reveal if the results achieved were in relation to time, efforts, and resources expended. This needs a detailed cost-benefit analysis to indicate if the achievements were commensurate to the resources spent on the program. However, a few qualitative indications show that in most cases modest resources were used to implement activities, and there were intended efforts to minimize expenditures while maximizing outputs.

“Most of the program activities, about 95%, were completed on schedule and with minimal expenditure. We can confidently say that we are successful” Francis B., CoP, SEEDS

3.2.4 Sustainability

There is a strong indication that the communities and schools were involved at all levels of the program cycle- from the problem identification, through implementation, and to monitoring and evaluation. Due to the infrastructure components of the program, such as building classrooms and boreholes, the results achieved can continue past the period of the program. There

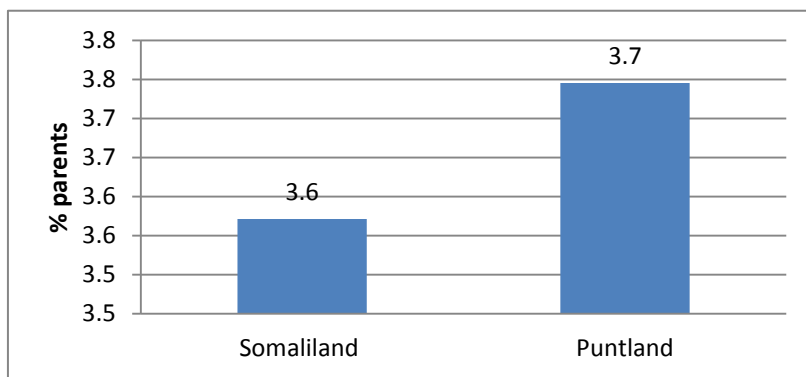


Figure 9: Proportion of parents trained in water source management

have been capacity building initiatives to ensure that these structures are maintained, even after the end of the program. Already about 4% of all parents in the schools in Somaliland and Puntland respectively were trained in water source management (Figure 9). This is an indication that Mercy Corps has been putting effort in the sustainability of management of water sources. In addition, there has been joint planning and monitoring between the program staff, MOE, and CECs and it is envisaged that the MOE and the CEC will continue with the monitoring even after the program exit.

3.2.5 Impact

It was discovered through various groups interviewed, the SEEDS program has impacted its beneficiaries. Although the evaluation was not designed to measure impact, a number of indications of SEEDS' impact were noted. The school children indicated (in the FGDs) that they learned about hygienic and comfortable environments and were encouraged to attend school. The community is now more interested in participating in school development initiatives as indicated by the Mercy Corps staff, head teachers and the CECs. A good indication of the impact that WASH activities has made, is the increase in the number of people with an improved drinking water supply.. A total of 211,277 people had access to improved drinking water. In respect to maternal and child health, the fact that most parents of the supported schools indicated that compared to five years ago, the deaths have reduced in the community. This is an indication that the program impacted the health status of the community members. About 63% of parents indicated that deaths had reduced among mothers and 65% indicated deaths had declined in a span of 5 years.

3.3 Comment on theory of change verses the evaluation findings

The theory of change hypothesis was confirmed true by the results discussed in this report. The building educational and WASH infrastructure, support for in-service training of teachers, support for school management improvement through training and provision of technical assistance to MOE and other government officials increased access to education as shown by increased overall enrollment and admission of girls in supported schools. As a result also, access to water and sanitation, improved teaching and learning, improved school management and Somali participation was improved.

There is no causal relationship studied between maternal and child health and school attendance, but there is strong evidence that the program's work to improve maternal and child health improved overall child health, ultimately improving school attendance.

3.4 Implication for future programming

3.4.1 Lessons learned

Gender considerations are vital for the success of a program. In the schools for instance, latrines were made separately for boys and girls, and also separately for male teachers and female teachers in some areas. This had two benefits as it encouraged the use of the latrines as well as the enrolment and retention of girls.

Long term interventions are vital for institutional development and ownership. Contrary to other programs which are normally short-term, the SEEDS program was lasted long enough to show effects in the community and encourage ownership.

A holistic/multi-sectoral approach increased the communities' interest. The nature of the SEEDS program of having school, WASH and health components as a packaged intervention enabled the communities to clearly see that SEEDS' view of development was not confined only to specific areas, but was wider in approach. This is in opposition to other projects in the area.

3.4.2 Best practices

The following best key practices were observed. These best practices should be encouraged in a new program or in scaling-up efforts of the SEEDS program.

- Program implementation without discriminating the communities. No communities were discriminated on the basis of clan and the selection of beneficiaries was done based on need.
- Government participation in the supervision of programs. This is a contributing factor and one of the probable explanations for the achievement and surpassing of the targets set by the program. Supervision was done jointly, e.g. between the SEEDS program staff, MoE staff and CECs.
- Regular community awareness of the SEEDS program. This ensured that the communities had a favorable attitude and perception of the program.
- Reduced overcrowding of classrooms through double shifts. This was an innovative way of reducing vulnerability to health risk and encouraged quality learning.
- Girls friendly spaces; in some schools, one room was allocated to girls so as to freely rest during lunch break and this attracted girls to enroll and improved attendance.

4. CONCLUSIONS AND RECCOMENDATIONS

It was generally concluded that the SEEDS program achieved its objectives because the majority of the targets were met. Improvement was shown in all the indicators monitored over time with most of them depicting more than 100% achievement rate. Only few indicators were not or close to full achievement as compared to the targets. These were: number of people in target areas with access to improved sanitation facilities as result to SEEDS assistance (83.1%), proportion of schools that designed and implemented activities in SIPs (60%), proportion of MOE officials planning, implementing and evaluating their education portfolio (88%), and number of births assisted and/or referred by trained birth attendants (31.2%). The best achieved target was the number of health care providers trained with SEEDS funding (296%). Most numerical targets superseded the 100% achievement rate and this was attributed to the sound planning and implementation of the program. Although the evaluation did not provide a detailed cost-benefit analysis, there were anecdotal and qualitative indications that the program was cost effective in its use of resources. Indications for sustainability for the SEEDS program was shown by community participation at all levels of programming and the programmatic efforts to train the community in water resources management and joint monitoring between program staff, MOE staff and CEC members. This evaluation exercise generated a number of recommendations. It is recommended that further funding be provided for the SEEDS program for continuation. The extension or a new program should emphasize:

- Filling the needs and gaps in the community such as: the inclusion of extra curriculum activities in schools e.g. Physical Education (PE) and playing fields which are missing in schools.
- Addressing the water shortages in more schools. There is need for water tanks in more schools to assure the long-term availability of water.
- Building more classrooms to reduce overcrowding in some schools. This may also reduce shift attendance which may inflict strain on teachers.
- Construction/rehabilitation and staffing of more health facilities to improve access to health services particularly the ante-natal care services.
- Improving the enrolment of girls. Although the program resulted in more girls being admitted in school by 20% between 2010 and 2012, this could not be compared to the 384% for boy's enrolment. There is a need for an in-depth study to investigate why the enrolment of girls is still low.
- Scaling-up to other regions identified with similar needs to extend the program benefits to other regions for the benefit of more Somalis. For instance, the admission of boys in non-supported schools only increased by 19% and for girls declined by 1% between the years 2010 and 2012. The non-supported areas need the SEEDS program.
- Considering the lessons learned and the best practices from the SEEDS program evaluation.
- Influencing the development of Somali education policy using the lessons learned from the SEEDS program.

APPENDICES

Appendix 1: Evaluation TOR

MERCY CORPS SOMALIA

TERMS OF REFERENCE

SCHOOL ENVIRONMENT AND EDUCATION DEVELOPMENT FOR SOMALIA (SEEDS) PROGRAM

Job Title: Consultant as Final Program Evaluator

Length of Consultancy: 30 Days (Exact dates to be determined during the signing of the contract)

BACKGROUND AND CONTEXT

School Environment and Education Development for Somalia (SEEDS) is a USAID funded Education Program that was initially designed for three years (from 30th September 2008 to 29th September 2011). The program was jointly designed by a consortium consisting of Mercy Corps (as the prime), Centre for British Teachers (CfBT) Education Trust, African Rescue Committee (AFREC), International Medical Corps (IMC) and International Aid Services (IAS). IMC and IAS dropped off the consortium leaving Mercy Corps, CfBT and AFREC in the consortium.

The goal of the SEEDS program is to achieve improved access to basic education and water services in Somalia. The program was intended to achieve improved access to basic education, water services and sanitation in school communities in Somalia. It adopted a holistic approach to improving education environment; encompassing infrastructure development, supplies provision, as well as capacity development for school management that targets CECs, teachers and education officials. The focus has been to create more learning spaces for children to expand the availability of basic education opportunities through construction of new and rehabilitation of existing classrooms, and water and sanitation infrastructure, in-service training of teachers, and improving school management and provision of technical assistance to MOE and other government officials.

In the course of implementation, two major cost modifications were approved. The first modification, two years (September 2010) after the start of the program, expanded the scope of the program to include Maternal and Child Health Care. The second modification, towards the end (July 2011) of the implementation, expanded the scope of the program to include secondary education and livelihood opportunities and the modification extended the life of the program to 21st July 2012.

Program Objectives:

Primary Education

Objective 1: Pupils have improved access to basic (Primary) education

Objective 2: People in school communities have access to safe water and basic sanitation

Objective 3: Improve teaching and learning in about 100 schools by the end of the program

Objective 4: Improve management in about 100 school communities at the end of the program

Objective 5: Improve institutional capacity of MoE

Maternal and Child Health

Objective 6: Improve maternal and child healthcare in Somaliland

Secondary Education

Objective 1: Improve access to and equity of secondary education

Objective 2: Improve delivery of secondary education services

Objective 3: Improving capacity of MoE to manage education system

Objective 4: Support creation of education and economic opportunities for in-school youth

Since the Secondary Education has only been implemented for a very short time, this component will not be included in this final program evaluation. At the end of SEEDS, all the secondary interventions will be transferred to the new Somali Youth Leaders Initiative (SYLI), another Mercy Corps program. The outcomes and impact of the Secondary Education activities will therefore be captured during the evaluation of SYLI.

PURPOSE OF THE FINAL EVALUATION

The purpose of evaluation is to assess the performance and the impact of the program and provide information and recommendations that will inform the ongoing Somali Youth Leaders Initiative (SYLI)

Evaluation objectives

In terms of specific objectives the evaluation will focus:

- To evaluate whether program objectives were achieved with high quality outputs and accountability to beneficiaries;
- To conduct an in-depth qualitative evaluation of the effects/impacts of the program on selected Mercy Corps school communities in comparison with other communities; and
- To identify and document best practices, lessons learned for future programming (examples of potential best practices include: monitoring of school construction processes by the CEC community led tendering processes, and CEC led school improvement plans. Lessons learned to be explored include working with the local partners in reaching wider and non-secure areas, quality of program outputs achieved through the local partners' implementation, and use of local resource persons in facilitating trainings).

In addition to the above evaluation objectives, the evaluation will also cover the following aspects of the program.

- **Relevance:** the extent to which objectives, implementation strategies, activities and methodologies were adapted to the needs of the beneficiaries.

- **Effectiveness:** the extent to which SEEDS has done what it was intended to do for the beneficiaries.
- **Efficiency:** the results achieved in relation to time, efforts and resources expended.
- **Sustainability:** the extent to which results achieved can continue after the end of the program.
- **Impact:** the overall effects SEEDS has had on the beneficiaries and participating communities and on their methods of working in the future.
- **Ownership:** the level of stakeholder and community participation/involvement and their feeling of who controls and makes what decisions.

4) GENERAL EVALUATION QUESTIONS

Primary Education:

1. Have the program implementation objectives been attained? (To focus on the program output indicators as described in the PMP). What challenges were encountered and or what factors facilitated the implementation?
2. Have the program outcome objectives been attained? (Need to assess the achievement of the program outcome indicators as described in the PMP) Do beneficiary outcomes vary as a function of program features? That is, which aspects of the program are most predictive of expected outcomes? Do beneficiary outcomes vary as a function of characteristics of the beneficiaries or staff?
3. Were the underlying program theories of change (hypotheses), principles and assumptions accurate? Are the program hypotheses still valid and relevant for the SYLI Program? Need to test the following; improvement of school's sanitation facilities against increased enrolment and retention of girls, improved maternal and child health care against regular school attendance, improved school physical environment and increase and retention of both girls and boys, number of female teachers against enrolment of girls,
4. How is the quality of program outcomes and products (training materials for CEC, teachers, and general school community on PHAST and CHAST, distributed items like desks and learning materials, repaired and constructed structures etc.)? Were these Products appropriate for the Somalia context?
5. In what ways have human and institutional capacities increased as a result of the SEEDS program? Need to look at the capacity and performance of teachers, Ministry of Education staff and Community Education Committees

Maternal and Child Health Care:

1. To what extent has access to maternal and child health care services improved within the SEEDS target areas?

2. In what ways have human and institutional (Primary health care facilities) capacities increased as a result of the SEEDS program? Need to look at PHC staff CHWs, TBAs etc
3. What impact has the maternal and child healthcare program had on the school attendance
4. How has the management of maternal and child health care system improved within the SEEDS target areas?

5) EVALUATION METHODS

The process will be participatory and the evaluation will employ a combination of different quantitative and qualitative methods.

The evaluation should systematically assess program outputs and their contribution to achieving the outcome objectives in a reasonable sample size of school and health communities.

The specific evaluation methods are outlined below:

- Desk review including an analysis of documents, policy papers, national surveys and reports that have been produced in connection with the program thematic area.
- Review internal Mercy Corps documents related to the SEEDS program including data already gathered.
- Structured individual/household survey interviews with sampled community members.
- Semi structured key informant interviews with respective Government Ministries, CSOs, NGOs, in the selected SEEDS program area.
- Focus group discussions with various community groups; CECs and health facility management committees.

Appendix 2: Parents Questionnaire

EVALUATION OF THE SEED PROGRAM

MCH Questionnaire

Region. _____ Questionnaire No. _____ Enumerator _____
Supervisor _____

(Mother to respond to the questions and can be assisted by the spouse or any other household member)

Introduction: You are requested to answer the questions below to the best of your knowledge.

All answers to questions below will be treated with a lot of confidentiality and at no time will the researcher quote your answers verbatim.

Identification

Religion _____

Age in year's _____ Sex 1) Male 2) Female

Section 1: Background

1. What is your highest education level?

- 1) Primary 2) Secondary 3) College/university 4) none 5) Others Specify _____

2. What is your main occupation?

- 1) Student 2) Formal employment 3) Casual labor
4) Business 5) Subsistence farming 6) Commercial farming
7) Artisan 8) Others specify _____

3. Marital status?

- 1) Single 2) Married 3) Divorced
4) Separated 5) Widow/ Widower

4. Livelihood system used by the household

- 1) Pastoral 2) Agro-pastoral 3) Urban _____
4) Others (specify) _____

Section 2: Household environment and sanitation

1. What are the main sources of water for the household?

- 1) River 2) lake 2) piped 3) borehole
4) Spring 5) rain 6) others specify _____

2. If water source is piped or borehole, who constructed or provided the water source

- 1) Community and parents 2) Mercy Corps 3) Government d) Others specify

3. Are there community committee managing the water sources?

- 1) Yes 2) No

4. From your experience, do the water management committee for piped water and borehole have maintenance plan?

- 1) Yes 2) No

5. What is the average time you take to reach the source of water?

- 1) 0-30min 2) 30-1hr 3) 1-2 hrs. 4) 3 and above

6. Do you treat drinking water in your household?

- 1) Yes 2) No

7. What methods do you use to treat drinking water?

- 1) Boiling 2) Chemical 3) none 4) Others specify.

8. Are there diseases that members of your household have suffered as a result of use of untreated water?

- 1) Yes 2) No

9. If so what are the diseases?

- 1) Cholera 2) bilharzias 3) others specify _____

10. Do you have toilets in your compound?

- 1) Yes 2) No

11. What type of toilets do you have?

1) Ordinary Pit latrine 2) VIP latrines 3) flush toilets 4) none 5) Others Specify _____

12. How frequently do you clean the toilets?

1) Every day 2) 2 to 3 times a week 3) once a week 4) when necessary 5) never cleaned 6) others specify.

13. How do you dispose of your household garbage?

1) Disposal Pit 2) Paid collection company 3) Burning 4) None 5) Others Specify _____
5) Never cleaned

16. Have you been trained/ taught on transmission and prevention of common ailments transmitted through water?

1) Yes 2) No

17. If yes, who trained you _____

17. Mention three ways in which diseases transmitted through water can be prevented.

a) _____

b) _____

c) _____

Section 3

A. Capacity building for parents

1. Have you been trained on water source maintenance?

1) Yes 2) No

2. If yes, what topics were covered during the training?

3. If trained, which organization trained you and how long was the training?

4. Have you been trained in hygiene practices?

1) Yes 2) No

5. If yes, what topics were covered during the training?

6. If trained, which organization trained you and how long was the training in days?

7. What are some of the challenges you face in terms of water use and water source Management (name 2 key challenges)

Section 4: Maternal and child health (Mother to respond to the questions)

Important: This section to be answered with those only from Togdheer and Sanaag

A. Support to maternal health

1. How long do mothers walk to find medical assistance?

- 1) 1-5 Km 2) 5-10Km 3) 10-15km 4) others specify _____

2. What are the common types of sickness that affect mothers in your community?

- 1) Malaria 2) Diarrhea
3) Respiratory tract infections [cold and cough, asthma, running nose, pneumonia]
4) Skin diseases [scabies, ringworm] e) 5) others specify _____

3. What actions are taken by the family members when the mother is sick?

- 1) Nothing 2) Taken to the hospital 3) Buy drugs in the shop
4) Visit a traditional healer 5) Send for parents 6) Others
(specify) _____

4. Do you keep any health records about the mothers?

- 1) Yes 2) No

5. If yes, which mother health records do you keep?

- 1) Growth monitoring records 2) Hospital visitation Records 3) Other- specify _____

6. In the past 3 month, have you received health education about mother health from any health providers?

- 1) Yes 2) No

7. Compared to 5 years ago, has the deaths among mothers reduced?

- 1) Yes 2) No

8. Who did you see for antenatal care for the last/current pregnancy?

- 1 = Doctor 2 = Nurse/Midwife 3 = Auxiliary Nurse
4 = TBA 5 = Relative/Friend 6 = other (specify) _____
7 = None

9. Where did you receive antenatal care for last/current pregnancy?

- 1 = Referral Hospital 2 = Regional Hospital 3 = MCH
4 = Health Post 5 = Clinic 6 = Other (specify) _____

10. How many months pregnant were you when you first received antenatal care for this pregnancy?

_____ Months

11. How many times did you receive antenatal care during this pregnancy?

_____ Months

12 How many months pregnant were you the last time you received antenatal care?

_____ Months

13 Where did you give birth to (NAME)?

- 1 = Referral Hospital 2 = Regional Hospital 3 = MCH
4 = Health Post 5 = Clinic 6 = other (specify) _____

14. Who assisted with the delivery?

- 1 = Doctor 2 = Nurse/Midwife 3 = Auxiliary Nurse
4 = TBA 5 = Relative/Friend 6 = Other (specify) _____
7 = None

B. Support to health of the child

1. How long do you walk to get Medical services for the children?

- 1) 1-5 Km 2) 5-10Km 3) 10-15km 4) others specify _____

2. What are the common types of sickness that affect children in your household?

- 1) Malaria 2) Diarrhea
3) Respiratory tract infections [cold and cough, asthma, running nose, pneumonia]
4) skin diseases [scabies, ringworm] 5) others specify _____

3. What actions are taken when a child is sick?

- 1) Does not do anything 2) Taken to the hospital 3) Buy drugs in the shop
4) Visit a traditional healer 5) Send for parents 6) Others
(specify) _____

4. Do you keep any health records about the children?

- 1) Yes 2) No

5. If yes, which child health records do you keep?

- 1) Growth monitoring records 2) Hospital visitation records 3) Other- specify _____

6. In the past 3 month, have you received health education about children health from any health providers?

- 1) Yes 2) No

7. Compared to 5 years ago, has the deaths among children reduced?

- 1) Yes 2) No

8. Has any child below 5 years of age had diarrhea in the last 2 weeks?

- 1) Yes 2) No

9. If yes, what was he/she given to drink?

9.1 A fluid made from a special packet called ORS 1) Yes 2) No 3) Don't know

9.2 Any other fluid different from ORS? 1) Yes 2) No 3) Don't know

10. Did you seek advice or treatment for diarrhea?

- 1) Yes 2) No

If yes, where did you seek advice or treatment?

- 1 = Referral Hospital 2 = Regional Hospital 3 = MCH
4 = Health Post 5 = Hospital 6 = Clinic
7 = Other (specify) _____

B. Child mortality

1. Has any of your children died in the last 1 year?

- 1) Yes 2) No
2. If yes, how old was the child _____ year
3. What was the sex of the child?
- 1) Male 2) Female
4. How many months ago did the child die? _____ Months?
5. What was the cause of death?
- 1) Malaria 2) Diarrhea
- 3) Respiratory tract infections [cold and cough, asthma, running nose, pneumonia]
- 4) Skin diseases [scabies, ringworm] e) 5) others specify _____

Appendix 3: Teachers questionnaire

EVALUATION OF THE SEED PROGRAM

Head Teacher's Questionnaire

Region _____ School _____ Head Teacher _____

Questionnaire Number _____ Enumerator _____ Supervisor _____

Introduction: You are requested to answer the questions below to the best of your knowledge. All answers to questions below will be treated with a lot of confidentiality and at no time will the researcher quote your answers verbatim.

A. Infrastructure development

1 How many classrooms does the school have?

- 1) 1 2) 2 3) 3 4) 4 and above

2. How many new classrooms have been constructed by Mercy Corps in the school for the last three and a half a years? (from October 2008 to date)

- 1) 1 2) 2 3) 3 4) 4 5) others specify

4. What type of classrooms was constructed by Mercy corps?

- 1) Permanent 2) Semi-permanent 3) Under trees 4) others specify

5. Are the classrooms constructed by Mercy Corps adequate in size and space?

- 1) Yes 2) No

6. Are the classes constructed by Mercy corps having adequate ventilation?

- 1) Yes 2) No

7. Are the classes constructed by Mercy corps having adequate lighting?

- 1) Yes 2) No

Special instructions: For the questions 8-10 below, observe and record the observations accordingly

8. What are the general conditions of the classrooms?

- 1) Under construction 2) Need repairs 3) Beyond repair 4) It is good

9. What is the type of the roofs of classrooms constructed by Mercy Corps?

- 1) Iron roofed 2) Grass thatched roof 3) other specify

10. What is the types and condition of the floor of the classrooms constructed by mercy corps?

- 1) Cement smooth floor 2) Cemented rough floor 3) Earth smooth floor
4) Earth rough floor 5) other specify _____

Appendix 4: Children FGD guides

**EVALUATION OF THE SEEDS PROGRAM
FGD GUIDE- CHILDREN**

School-----

Zone-----

Instructions for Enumerators: Please do let the children know that they should answer all questions. Similarly pass to them the message that this is not an examination paper, so all answers provided are right. Let them be as free as possible and if any of the questions is not clear then please re-phrase it.

1. Do you like your teachers? Please mention the things you like in your teachers and the ones you do not like?

2. In your opinion do parents have a role in your school? If so what have they done? If not, why

3. What activities do you usual undertake in school, a part from learning?

4. What changes have you seen in your school over the last one and a half years?

5. Which organizations have supported your school to create the changes?

6. Can you give us examples of changes you have liked most and the ones you hated (Probe the children to find out why)

7. Between boys and girls, who in your opinion, is denied opportunity to go to school? Who is denying them opportunity to go to school and why?

8. What are some of the problems that you face in the school?

9. What recommendations do you have for Mercy Corps in terms of improving your schools?

10. Have you ever seen education officers in the school? In your opinion, what are their roles? When they visit the school?

Appendix 5: Staff KII guide

EVALUATION OF THE SEEDS PROGRAM

Staff Key Informant Interview Schedule

Name: ----- Position: -----

INSTRUCTION: Kindly answer all the questions as precise as you can. Your responses/feedback will be treated in strict confidence.

(i) Available resources and targets:

Do you think you have adequate resources to implement the program?

Do you think that you will reach the target population within the program time frame? Give reasons for your answer

Are the targets reasonable in view of the program span of time?

(ii) Progress with implementation & strategies:

In your opinion, what do you think are the most successful activities of the program and why?

Based on current program performance do you think the program activities will solve the problems they were intended to solve? If yes, how? If no, give the main reasons?

What program implementation strategies have you used during the last one and a half years? Which ones have worked? Explain

What is your general assessment of performance and achievement of program targets/outputs against planned program activities?

(iii) Challenges and SWOT analysis:

What challenges have you encountered during the implementation in the last two years?

What are your fears about successful completion of the program?

What are some of your strengths which SEEDS program can tap to improve effectiveness?

Are there opportunities that SEEDS program can take an advantage of?

What threats do you see ahead which can affect smooth implementation of the program activities in the remaining year?

(iv) Management support and skills:

What management support have you received as you implement the program?

Are there new skills and competencies you require to improve your capacity and effectiveness towards SEEDS program implementation? If yes list and briefly describe them here.

(v) Monitoring and evaluation

Does the program have a monitoring system? If yes, how effective is the system?

How does information flow from the program management team to the field and back? Do you as staff have any feedback on difficulties /successes you encounter?

How does the recommendations from M&E feedback into the implementation process? Are there recommendations from M&E that have been implemented? Please give examples

In your opinion, how can communication channel between the community and the program management be improved?

(vi)Efficiency in resource use

Were the resources allocated for each planned activity adequate and availed on time? If not, why?

Were each of the planned activities implemented as per the schedule? If not, why?

Comment on the efficiency of the team responsible for the management of the program i.e. planning, budgeting, implementation, monitoring and evaluation?

Is the laid down accountability structures effective in ensuring prudent use of resources as well as transparent & effective reporting.

How are decisions arrived at in the program? Who are the main decision makers and why?

(viii) Program ownership & sustainability

In your opinion, will the initiatives started by the program survive beyond the end of the program? Explain your answer.

What structures should be put in place to ensure program sustainability?

What are some of the things that you would want to see done differently during the remaining period of time? And finally, comment on the extent of community involvement and ownership of program activities.

Appendix 6: CEC FGD guides

EVALUATION OF THE SEEDS PROGRAM

School-----

Region-----

Assess relevance of the program to the beneficiaries (objectives and targets)

1. Are you aware of the SEEDS program? Mention some of the activities undertaken by the program in this school and community?

2. What are the school's main needs with regard to improving quality education?

3. Do you think the SEED program is addressing the identified needs of the school/community? Why?

4. What do you think should be done to ensure the program fully addresses the needs of the community?

5. What are the strengths and weaknesses of the SEED program strategies?

Assess the performance and achievements against the program activities

1. In your opinion what do you think are the most successful activities of the program and why?

2. What are the main challenges facing the SEED program in its efforts to achieve its objectives?

3. How do you think the identified challenges can be addressed to ensure the smooth implementation of program activities?

Assess community participation and program sustainability

1 Was the community or school consulted in deciding which SEED program was to be implemented in the school/community? If so, how were they consulted?

2. What has been the role of parents/community in the implementation of SEED program?

3. What do you think should be done by SEED to improve community participation in program activities

4. In your opinion, do you think that the program initiated activities will continue after the end of the program? If not, why?

6. What structures should be put in place to ensure program sustainability?

Appendix 7: Education officers KII guides

EVALUATION OF THE SEEDS PROGRAM

Education Officers Structured Questions

Region-----

Name of Officer-----

INSTRUCTION: You are requested to answer the questions below to the best of your knowledge. All answers to questions below will be treated with a lot of confidentiality and at no time will the researcher quote your answers verbatim.

Are you aware of the SEEDS program in the region? Mention some of the activities undertaken by the program in this region?

How many Education officers do you have in the Region? By gender? By Category?

How many schools have benefited from SEEDs programme in the region? So far what changes have you seen in the school?

What is the regional Primary school enrolment? Boys and Girls

How many primary teachers in the Region are trained?

How many primary teachers are untrained in the Region?

What are the strengths and weakness of the SEEDS program?

Do you effectively provide support for all teachers in the district and what are some of the challenges you face?

