



## CLTS Final Report

June 2014 - December 2015



## Title of the project

Increase a sustainable and community-wide access and the use of improved sanitation and hygiene practices in two districts of Amran

Implemented by [NDFHR](#). Technical support and fund by UNICEF

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**Acronyms:**

CLTS	Community led total sanitation.
NFDHR	National Foundation for Development and Humanitarian Response.
NGOs	Non-governmental Organization.
ODF	Open Defecation Free.
UNICEF	United Nations Children's Fund.
WASH	Water and Sanitation and Hygiene
COB	Community based organizations.
SFD	Social fund for Development.
MEAL	Monitoring, Evaluation, Accountability and Learning.

**Introduction:****About Yemen:**

Talking prior the current conflict as, this intervention started before to the current war, Yemen was categorized as a fragile state with weak government roles in providing basic services such as health care and Public WASH infrastructures. For instance, only 34% (prior to the conflict) of Yemeni HHs have access to adequate WASH facilities. This number is associated with high malnutrition rate among children and spread of diseases among most vulnerable groups including women, men, boys and children according to WHO and Yemen Ministry of Health and Population (MoPHP).

**About NFDHR:**

The National Foundation for Development and Humanitarian Response (**NFDHR**) is a local non for profit and non-governmental organization that was established in June 2012 to enhance the community participation in service provision, advocate and monitor policies, encourage women and youth participation at local and national levels, and build resilience of societies who have been affected by natural crises and armed conflicts.

**NFDHR** is a program oriented organization. It derives its programs from the Yemen most priorities need identified by governmental concerned authorities and in coordination with non-governmental-development and humanitarian actors. Currently, **NFDHR** has six main programs including; Food Security and Livelihood, Water Sanitation and Hygiene (WASH), Health & Nutrition, Protection & Gender, Governance & Peace Building, and Education.



**About this project:**

This project was implemented in one of the highest districts in Amran governorate with diseases resulting from lack of WASH facilities and difficulties to access sustainable water sources that pardon women and children the most. Men, women, girls, and boys are vulnerable to lack of water in these areas as many of them (especially women and children) are responsible of providing water from long distance to their families in a daily basis, which unfortunately leading to increasing the level of schools' dropouts among children. Especially girls who end up either leaving or not being allowed to go to schools because they have to wake up every morning and walk for a long distance to provide water to their families. The health office statistics for 2013 in both targeted districts show that 1,224 out of 1,919 people suffered from both diarrhea and Mal-Nutrition most of whom are Under 5 children, which reflects that children are the most vulnerable by diseases, resulted from lack of WASH facilities giving in mind that only the very severe cases are administered to health services. In addition, as illustrated in the below table, It was also noted that girls at Under five years are the most effected of all ages. WASH facilities in health and schools in the two targeted districts were found for need of rehabilitation.

**Project Expected Key Results:**

As it can be realized and based on the needs and the vulnerability levels of children, women and men, this project was designed to deliver the following expected key results:

1. Triggering CLTS in 131 villages.
2. 80 villages are to be declared ODF zone to benefit 25,299 individuals of children, women and men.
3. Achieving 50% increase in hand washing with soap before meals and after defecation.
4. Achieving 15% reduction in overall diarrhea rates especially under 5 children in 80 villages.
5. 80 villages to be covered with rainwater harvesting project for each family.
6. Rehabilitation of WASH facilities in 27 schools and 24 health units.

That was the beginning of the project. However, due to special consideration for the donor the project was reprogrammed to financially covered the activities that achieve the following key results. Also, triggered villages were reduced from 169 villages to 131 as per found by the baseline survey that there were CLTS triggering that had been conducted by SFD in 38 villages out of the 169. So triggering was conducted in 131 villages avoiding duplication of work between NFDHR and SFD.

**Project Reprogrammed Expected Key Results:**

1. Triggering CLTS in 131 villages.
2. 80 villages are to be declared ODF zone to benefit 25,299 individuals of children, women and men.
3. Building 702 rainwater harvesting tanks: 429 covered with zinc and 273 not covered with zinc in the two targeted districts.
4. Rehabilitation of WASH facilities in 27 schools and 24 health unites.

**Reached Key Results:**

CLTS Delivered Key Results	Beneficiaries				
	Men	Women	boys	girls	Total
1. Triggering CLTS in 131 villages.	12311.086	12085.914	10889.814	10849.186	46136
- As Swad District	3218.908	3350.292	4828.362	5025.438	16423
- As Sudah District	9092.178	8735.622	6061.452	5823.748	29713
2. 81 villages are to be declared ODF zone					
- As Swad District	1544.088	1607.112	2316.132	2410.668	7878
- As Sudah District	3446.856	3587.544	5170.284	5381.316	17586
3. Building 702 rainwater harvesting tanks: and 273 not covered with zinc in the two targeted districts.					
- covered with zinc As Swad District	622	664	933	971	3189
- covered with zinc As Sudah District	589	613	884	920	3006
- Not covered with zinc in As Swad district	394	421	591	616	2023
- Not covered with zinc in As Sudah district	376	392	564	587	1919
4. Rehabilitation of WASH facilities in 27 schools for both As Sawd and As Sudah	Men	Women	boys	girls	Total
- As Swad District	164	110	3595	2337	6206
- As Sudah District	67.2	44.8	1937	838	2887
4. Rehabilitation of WASH facilities in 24 health unites.	Men	Women	boys	girls	Total
- As Swad District	844.76	879.24	1267.14	1318.86	4310
- As Sudah District	6546.4	6813.6	9819.6	10220.4	33400

## Milestone of NFDHR CLTS intervention

### *Confirmed results:*

During the reprogramming instructed by UNICEF, the expected key results were reached to be:

1. Triggering CLTS in 131 villages.
2. 80 villages are declared ODF zone to benefit 25299 individuals of children, women and men.
3. Building 702 rainwater harvesting tanks: 429 covered with zinc and 273 not covered with zinc in the two targeted districts in 54 villages.
4. Rehabilitation of WASH facilities in 27 schools and 24 health unites.

Therefore, a total of 27 schools were rehabilitated in the two-targeted districts - 19 in As Swad and 8 schools in As Sudah. In the other hand, a total of 24-health unit were rehabilitated in WASH facilities in the two district - 10 at As Swad and 14-health unit at As Sudah.

### *Results to be confirmed:*

Results of points 3 & 4 are expected to be achieved due to the total activities delivered by the project management as per the agreement with the donor. However, for assurance the expected key results to be confirmed via a suggested end line survey. These activities weren't conducted due to budgetary limitation resulted from reprogramming by UNICEF.

### **Milestone of NFDHR CLTS intervention:**

Over the period of implementing this project NFDHR carried out all the proposed interventions across the target villages in targeted district of As Swad and As Sudah ,Amran governorate. The two districts were selected for this intervention due to their law access to WASH services including water and latrine and lack of awareness of the important of hygiene that is associated with high level of Non-ODF zones in targeted areas. Mobilizing the local communities to lead the improvement process of community sanitation was the main focus of the project and the biggest

challenge during implementation which was associated with war surrounding environment. However, NFDHR in collaboration with UNICEF, local authorities and local targeted communities have been able to successfully raise the sanitation coverage in 81 triggered villages from 21% to 100% at the end of third follow-up visits. Through self-community resources and during follow-up-visits, 3087 houses were upgraded with safe sanitation facilities.

Up to the end of the project, the ODF status has been certified in 80 villages benefiting 25,299 people of children, women and men form 3112 families. To strengthen and sustain ODF status within declared villages, awareness raising activities were implemented to improve the other key practices including hand washing with soap at critical times and household water treatment and safe storage. Up to the end of the project in 82 % the percentage of households which toilets and number of villages declared ODF is 100% of the 80 targeted villages for the intervention. And the percentage of households which storing household-water safely has been raised from.

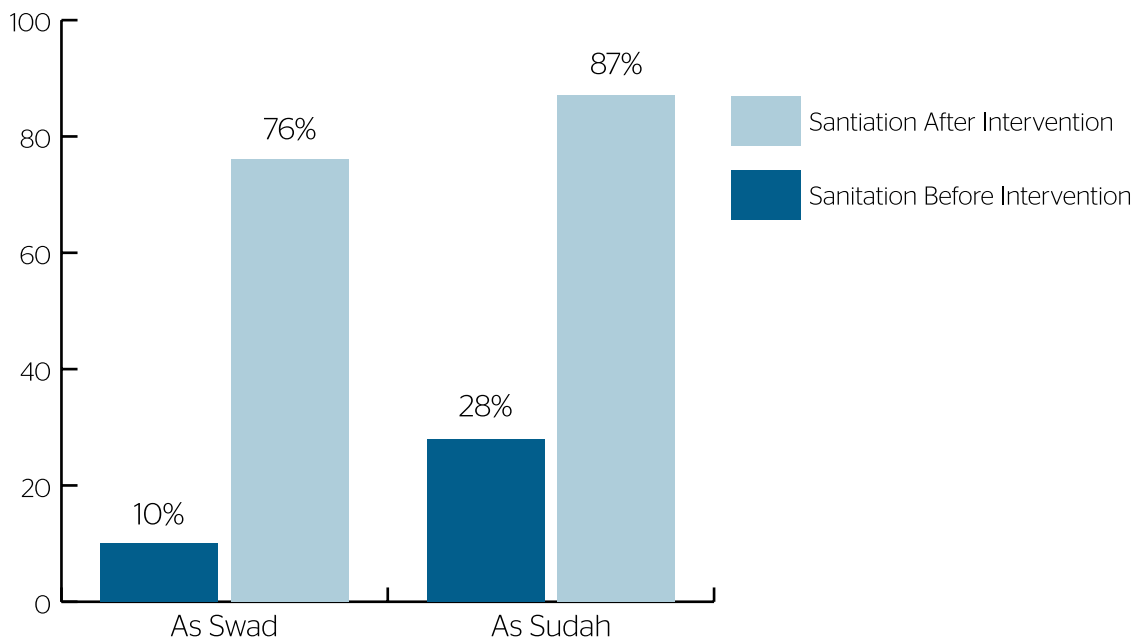
In parallel, the NFDHR technical teams with local communities identified minor interventions to upgrade water sources of ODF villages. Out of 130 ODF villages, 54 villages benefited the water scheme intervention through building 702 rainwater harvesting tanks out of that 429 covered with zinc in the targeted districts. Rehabilitation of WASH facilities were achieved as planed in 27 schools and 24 health centers.

The project has been paying special attention to the issue of sustainability of project outputs by building the capacities of the local communities' members of males as females. Therefore, a gender sensitive approach has been used throughout all the phases and components of the project.



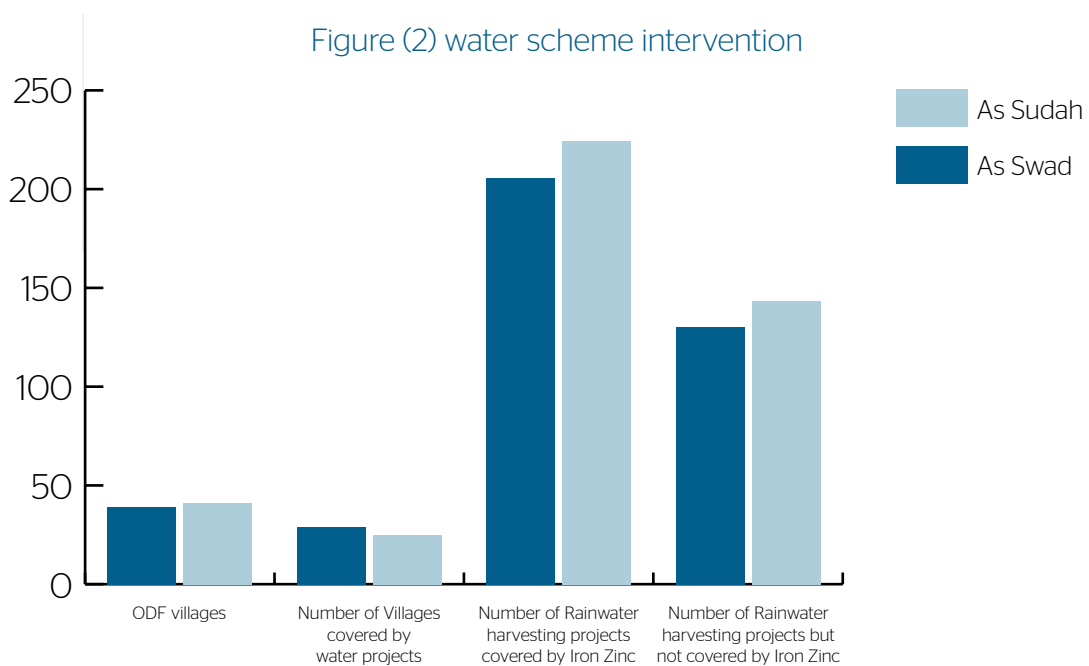
Milestone of NFDHR CLTS intervention

Figure (1) Sanitation before/after project implementation in 135 triggered villages



As illustrated in the chart above, It is clear that the radical changes in these two districts is very noticeable which shows how effective this project was. The Sanitation before intervention in As Swad was merely 10% in As Swad and 28% in As Sudah while the sanitation after intervention reached into 76% in As Swad and 87% in As Sudah as total for all the 135 triggered villages but reach 100% for the targeted 80 villages to be ODF.

Figure (2) water scheme intervention

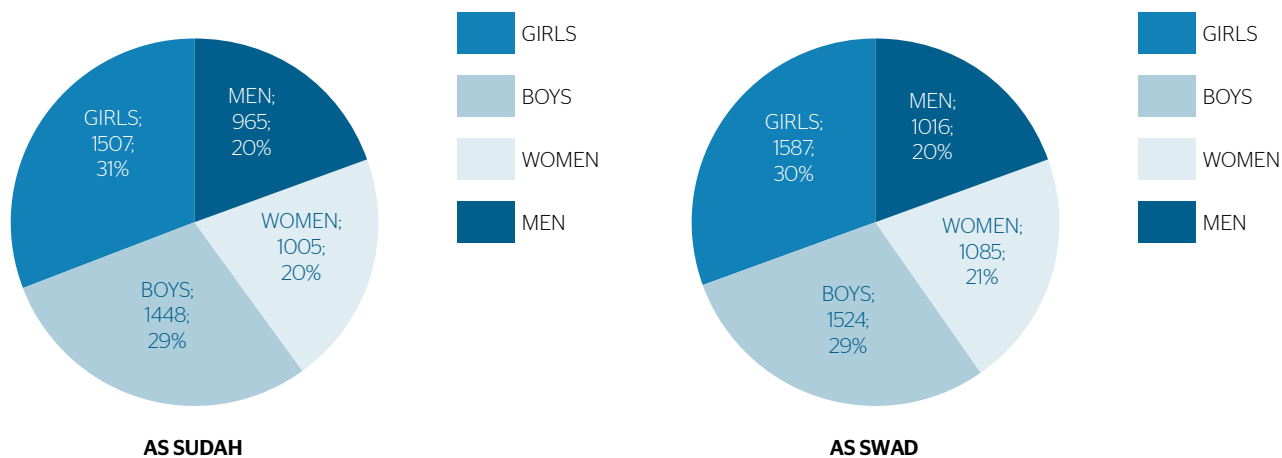


Pictures of water Scheme project



Beneficiaries of water scheme intervention are 10115 person of women, men and children in both targeted districts as illustrated in figure 3 below:

Figure (3) Beneficiaries of Rainwater harvesting projects in Swad and As Sudah districts - Amran governorate



**Resources:**

UNICEF contributed with 94% of the project cost while NFDHR endorsed the project with its capacity and experience as well as participated with 6% in regards to financial aspect. In terms of monetary values, UNICEF contribution in the project's budget was set at \$1,026,385 USD & NFDHR at \$60,528 USD. Re-programming was conducted twice to reduce the allocated amounts of the project from \$1,089,372 USD to 860215 USD resulting

in omitting some of the project activities that result into re-assigning expected key results required to be shown by this intervention as mentioned above us.

The received amounts were totally utilized. Actual expenditures against budget components are depicted in financial part of this project.

## Summary of Key Results, Project Added Value

## Summary of Key Results

NFDHR team is capacitated by UNICEF for CLTS Intervention



### Capacity Building

NFDHR build the capacity of 62 local facilitators (21 F; 41 M) and natural leaders (122 F; 253 M) in targeted communities

25414 individuals (children, women and men) in rural areas have sustainable access to sanitation facilities in their homes.



### Community Sanitation

ODF status has been certified in 80 villages. WASH facilities are built in 27 schools and 24 health unites.



### Water Supply

Sustainable water sources were built for 10115 persons (men, women, boys and girls) with mobilizing the targeted community to financially self allocate about 70% the total costs for this component.

Key messages especially hand washing with soap at critical times and household water treatment and safe storage reached to 46,000 households in rural areas.



### Hygiene Promotion

## Project Added Value:

At the lowest possible cost the project was delivered with high efficiency and very good economic allocation and mobilization for sources despite the challenges that the project under resulting from war situation in the country. The project was designed to take a holistic approach to include:

*Multi-level:* individuals, community and government (inclusion and coordination).

*Across level:* building the infrastructure of the WASH facilities in the society: at homes, health sector and education sector.

*Long run:* the society is capacitated in term of human and infrastructure capacity with access sustainable WASH facilities as a result from such intervention.



## CLTS Intervention in Action:

### Main Bases of implementation:

The project implementation activities started as the next date of signing the agreement between NFDHR and UNICEF. The activities followed the CLTS manual development by UNICEF and the Social Fund for Development (SFD) in Yemen. Hence, the project in action took three phases as follow:

- Preparation phase of the project.
- During implementation phase of the project.
- Post implementation phase of the project.

### The pre-implementation:

The pre-implementation phase took the following main actions:

- Hiring staff, coordination with local authorities & coordination with counterparts NGOs.
- Gathering data of targeted areas and selecting areas of intervention based on selection criteria.

### Hiring staff, coordination with local authorities & coordination with counterparts NGOs:

The project started with hiring adequate number of professional and experienced staff. Meetings with local authorities in Amran governorate was conducted with NFDHR team on governorate and targeted district levels. The project was introduced to local authorities including CLTS selection manual criteria, so activities targeted villages without any discrimination between beneficiaries. The expected outcomes of the project were also introduced to the local authorities. That coordination resulted into the engagement of the local concerned authorities in the project implementation, monitoring and evaluation. Those initial meetings with local authorities took place before the control of Huthiy group over Amran Governorate. A month after that, the local authorities in local government turned into *de facto* authorities. NFDHR dealt with that change and coordinated with the new authorities to facilitate the implementation of the project. NFDHR is famous of being a neutral development actor on a governorate and country level and that helped face the new challenges of the new authorities so as to avoid the risk of suspending the project like what happened with some other working NGOs in Amran governorate.

The coordination with local authorities also sensed the potential existence of other development and NGOs actors with the same or similar intervention introduced by this project. That resulted into finding that SFD has conducted CLTS intervention in the two targeted districts but only covered 31 villages out of 202 villages according to local authorities' statement corresponded verbally to NFDHR team. Realizing the fact that verbal correspondence are not reliable at the absence of solid data from local authorities, NFDHR coordinated with SFD to get more insight about their intervention including the name and number of villages of their intervention in the targeted districts. According to that coordination, we realized that SFD has intervened in 72 villages. Therefore, only 130 villages are left for NFDHR intervention. Based on that, project team started the next step of the first phase (the preparation phase). Coordination with district level and with local leaders initiated the next step.

### Gathering Data and Selecting Areas of Intervention Based on CLTS Guidelines:

A Specialized CLTS consultant was hired to conduct a comprehensive baseline survey in the 131 remaining villages of the targeted districts that has no prior CLTS intervention by any actors either by NGOs, government or locals'...etc. NFDHR coordinated with the consultant to train survey participants of males and females. Some of them have previously worked with CLTS intervention with other NGOs while some of the participants were from local targeted areas. Even though the local participants have not CLTS experience, NFDHR capacitated them of CLTS approach and ways and roles of conducting the survey.

Selection of participants was done based on selection criteria. At the beginning, local participants in the survey were selected from the same local districts but then replaced by participants from outside the targeted districts but still from the targeted governorate.

Survey	Activity		Total
	villages where the survey was conducted		
	AS Swad	AS Sudah	
	85	46	131

Table (1) villages surveyed

Field survey participants were trained and the survey was commissioned. 131 villages in the targeted areas were identified that all the 131 villages to be prioritized for CLTS activities based on CLTS manual.





## CLTS Intervention in Action

### *The gathering data process took the form of comparison:*

The survey design targeted the initial data collection as to be able to know the status of the villages and to identify villages that can be intervened in accordance with the program standards and its requirements. To achieve this, a group of facilitators from the two districts besides the project staff carried out an initial survey and a configuration as follows:

- 131 villages were survived but 130 villages were selected for triggering. The selection of villages was based on targeting selection criteria identified by CLTS approach guidelines, and the project consultants were accordingly adopted by the survey activities.

### *CLTS triggered villages selection criteria:*

The selection criteria of the targeted villages included the following as per the CLTS guidelines:

- Number of houses does not exceed 100.
- The presence of active community leaders and organizations in the society.
- Being away from urban areas and roads.
- The Social and cultural homogeneity.
- The practice of open defecation and the presence of open waste/drainage.
- Water availability in the area.
- The Community is not busy with implementing other self-help based projects with partners.
- No subsidy based sanitation projects are under execution in the village or nearby villages.

Accordingly, UNICEF was informed about the selected 131 targeted villages. That was also communicated to targeted villages and local authorities on the governorate and district levels.





## CLTS Approach after Gathering Data:

### A) Preparation and setup:

#### *With Targeted Community:*

Coordinating with targeted villages, facilitators, community leaders, volunteers, the project team started the triggering.

While selecting groups/villages for the initiation of CLTS included collecting pre-information about the targeted villages, coordinating with the community leaders for the implementation of the triggering stage was also going line by line.

#### *With NFDHR team:*

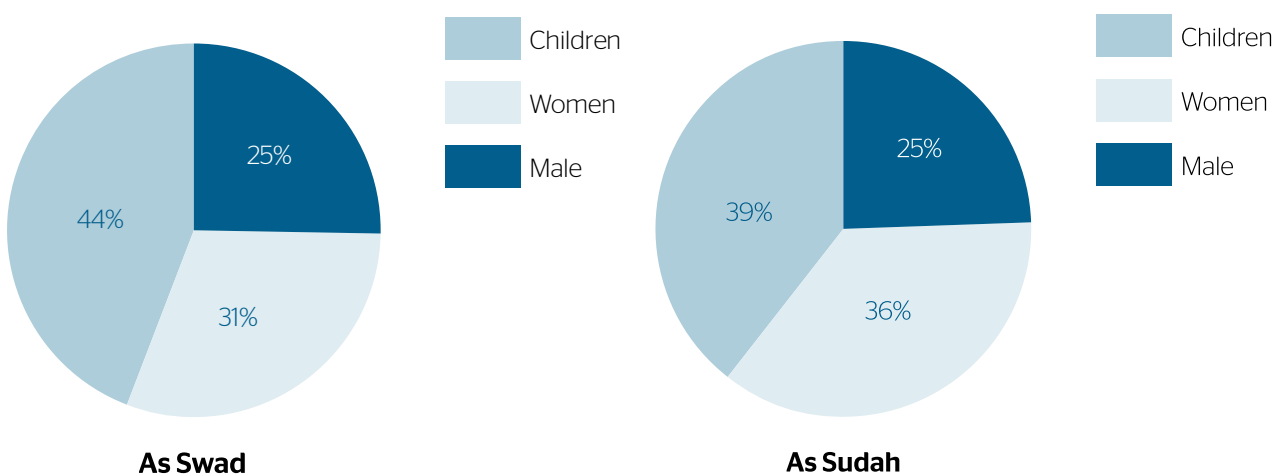
NFDHR staff and also updated the CLTS guideline which facilitates the implementation of NFDHR. These updates were rich and added a great value to the technical guidelines notes. In addition, UNICEF conducted regular field visits to the project site and monitor project activities. Comments/reports resulting for such activities were adopted by NFDHR and

helped NFDHR team to project the intervention and accordingly filling gaps and improving performance.

### B) Triggering of the assessed villages:

After preparation, triggering activities were conducted in the targeted villages. Facilitators and NFDHR project team participated in operating the triggering activities in the two targeted districts. The triggering activities included communicating with the community, roaming, holding interviews and drawing maps of the villages to illustrate homes, the status quo of the sanitation, and open defecation places. That was followed by stirring up the three instincts at this stage, which are (Disgust, shame and fear). By that the beneficiaries of women, men and children in the targeted communities get the idea of changing wrong behavior, then using the remaining tools like hair, water, candy and feces and the definition of flies dangers and paths cross-contamination from feces to humans and the most important diseases caused by it. Attendees of triggering sessions were women, children and men as shown in the below table.

Figure (4) Community Members attendance for the triggering



As calculated from the above schedule 74% of participants in the triggering activities were children (39 % in As Sudah, 43% As Swad) and women (36% in As Sudah & 30% in As Swad).

Pictures from triggering activities in the two targeted districts



### c) Post-triggering; follow-up:

The post triggering phase for the intervention starts many visits to project the intervention areas. The project team has conducted 470 visits; 80 examination visits and 390 follow up visits.

- difference between follow up and examination visits:
  1. Examination visits are visits of the communities' committees to examine villages' level of ODF achievement. The committee is formed of community representatives (targeted community-social leaders, local authority representative and an NFDHR representative). The committee examines the village to certify whether or not the examined villages are 100% ODF. Should a village achieve 100% ODF level, it will be listed to be celebrated as an ODF village.
  2. Follow up visits are the regular follow up visits conducted by NFDHR management that include MEAL visits for the progress of the project. Some follow up visits also were organized to include communities and local concerned authorities on governorates and district level.

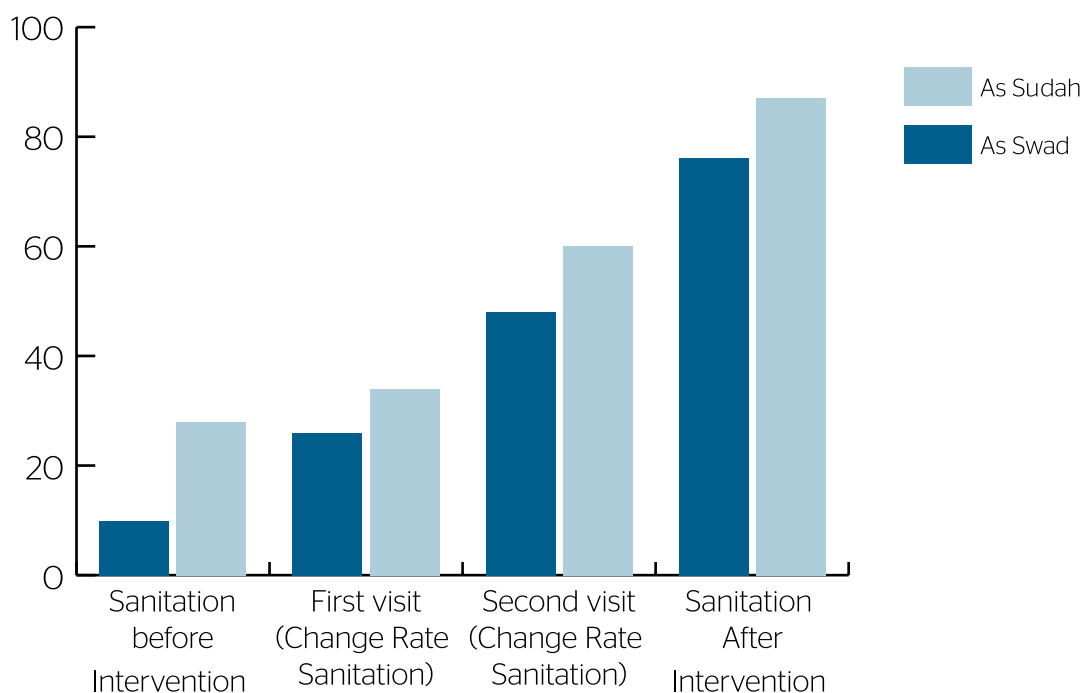
## CLTS Approach after Gathering Data

Such visits recorded the change in sanitation statues in the targeted districts. The below table highlights the change in sanitation visits at the point of each visits. Visits where organized by NFDHR in an efficient manner where each a visit covers more than one village. Three examination visits were conducted for each village. Recommendation and notes of examination visits were shared with the targeted society and with local concerned authorities.

District	Just before triggering	The first visit	The second visit	The third visit
AS Swad	10%	26%	48%	76%
AS Sudah	28%	34%	60%	87%
The percentage total	21%	31%	55%	82%

Table (2) sanitation change after the follow up visits

Figure (5) shows the changes in Sanitation percentage in each visit



One figure above show the sanitation progress in the two districts of As Swad and As Sudah during each visit. As illustrated, there was remarkable progress in the districts as in the first visits the sanitation rate (latrine) was only 10% in A Swad and 28% in As Sudah. However, by the last visit, the sanitation level raised up 76% in As Swad and 87% in Sudah.



## CLTS Approach after Gathering Data

Formation of examination visits increased the level of transparency, accountability and ownership toward the targeted beneficiaries in the targeted districts. This is due to the fact that the examination committees who examined the level of ODF achievement in the targeted villages included representatives of the targeted society (of men and women) and representatives of local authority. So its combination gives the intervention and the committee decision more legitimacy among targeted population.

### Pictures from examination visits



### D) Verification and Certifying ODF status:

NFDHR has declared the villages 100% ODF according to examination committee. NFDHR verify that and list these villages to be celebrated of for such achievement. Community are informed about that and informed also about sending any potential complaints if found. A celebration event was conducted to celebrate 81 villages as ODF achieving the targeted of this intervention aspect at 100% level. Therefore, celebration events were held to declare 80 villages as ODF as shown below. Community members of men, women, boys and girls were informed of the celebration. Local authorities, community leader, trained facilitators and natural leaders attended the celebration. The below table show the number of beneficiaries - children, women and men who attended the celebration.



Pictures from celebration villages ODF declaration event



## Management & Implementation Mechanism

### A) Administrative:

The project activities have been conducted by WASH program team with the participation of health and education sector with NFDHR structures. Activities of the intervention were implemented in line with CLTS approach assigned to be followed by UNICEF. Coordination with targeted communities, UNICEF and local concerned authorities were also carried out by the project team. Financial matters were performed in line with followed law and regulations such as the tender law where applicable, as an example. That includes the best practices of finance and audits.

### B) Capacity Building:

#### *Training Facilitators:*

On targeted villages' level, and after identifying the villages for intervention, community facilitator of the project of males and females were trained in the two targeted districts. They were informed about their roles as actors for behavior changes in targeted communities and also of their entire role in the projects. Their work and expected result of their involvement and NFDHR as well in the project were also highlighted in the training to increase the level of

accountability toward targeted communities and also mutual accountability between NFDHR and the facilitators toward achieving the project expected outcomes and then capacities with the required skills and knowledge for implementing the project.

Required knowledge and skills have been disbursed to project facilitators (males and females) via conducting five days training workshop on CLTS approach, hygiene, water safety, and other behavior change communication for CLTS Facilitators.

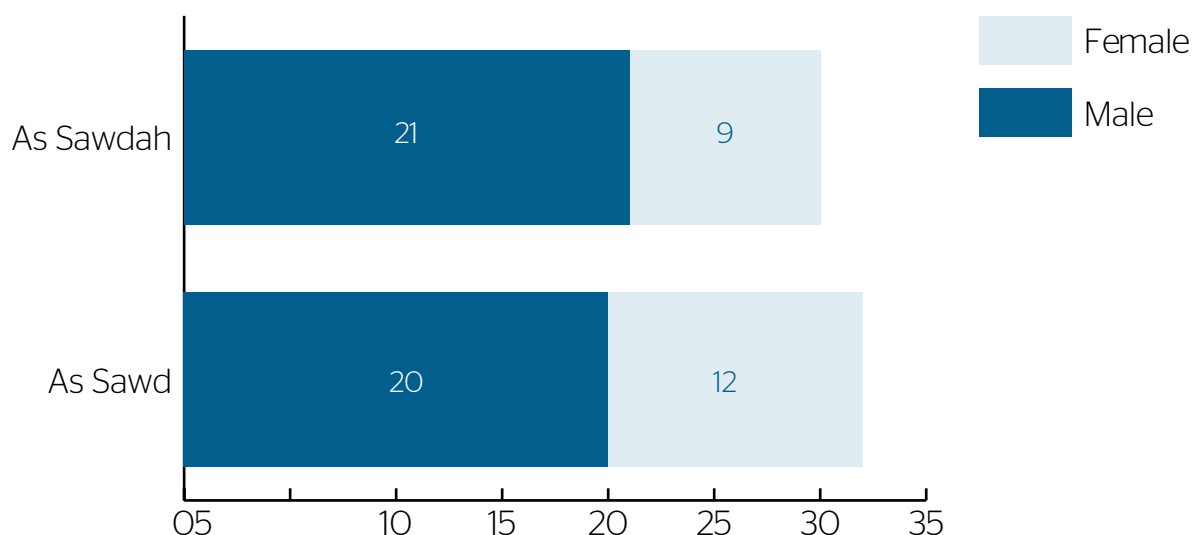
Activity	The number of facilitators that have been trained			AS Sudah			AS Swad			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Facilitators training	41	21	62	20	12	32	21	9	30	62

Table (3) Facilitators trained in the two districts

The result of the training resulted is that the facilitators become capacitated to deliver their tasks facilitating the implementation of the CLTS activities including awareness raising's and selecting natural leaders. After the training, facilitators were also prepared beforehand with all the preparations including materials required for mapping, calculation of faeces quantities, item required for application of 'Hair and Water', food and faeces exercises, for the mapping of monitoring the sanitation situation in villages and means of transportation. As an example of the training outcomes, the trained facilitators become knowledgeable enough to their role

of facilitation aiming to promote behavior change via, e.g. via communication not using good word when describing the stool or defecation. .

Figure (6) Facilitators trained in the two districts



*Training Natural Leaders:*

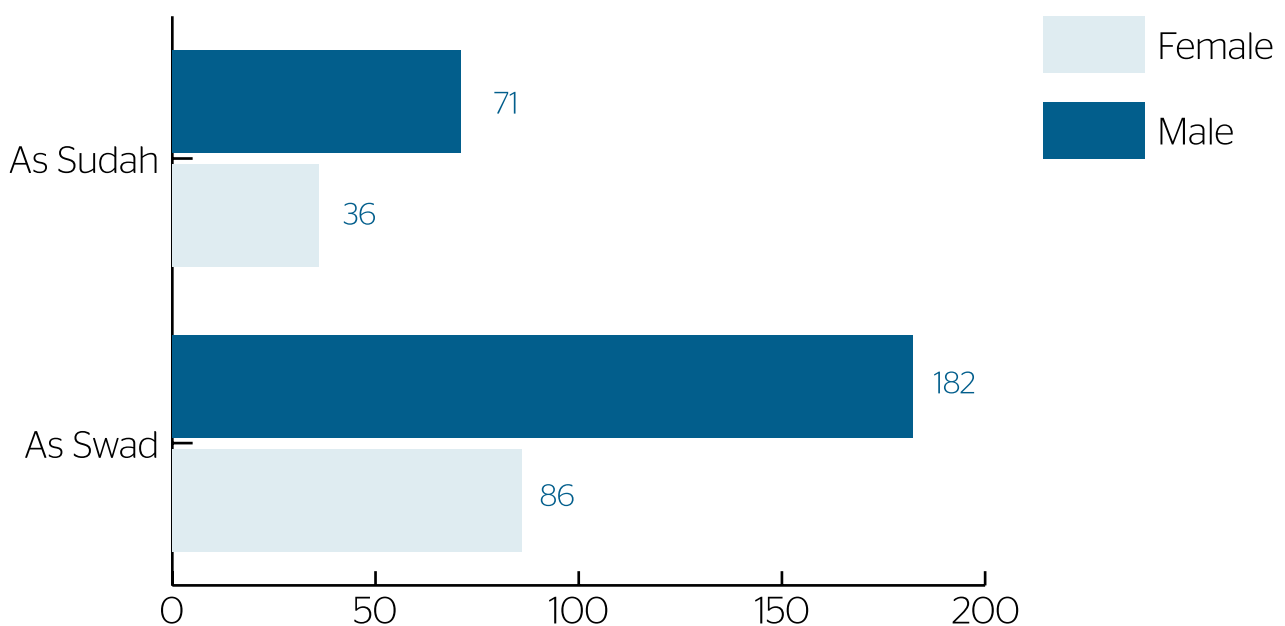
Three days training workshop about CLTS approaches, hygiene and water safety promotions for Natural leaders in targeted villages were conducted.

After the triggered operation finished the project consultants started to train the natural leaders in the targeted villages. The facilitators participated in choosing the natural leaders during the triggered time to be contact and trained them on the program to have a complete picture about the open defecation danger and the different disease it forms. The consultants trained natural leaders in the targeted villages.

Activity	AS Sudah district			AS Swad district			Total		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Facilitators training	36	71	107	86	182	268	122	253	375

Table (4) Number of Trained Natural Leaders in targeted districts

Figure (7) Number of Trained Natural Leaders in targeted districts





## Management & Implementation Mechanism

Natural leaders included 275 leaders from the community, 50 from schools and 40 from health facilities in targeted districts.

Pictures of training natural leaders



### Visibility of natural leaders and facilitators:

Materials for project visibility were distributed for natural leaders and facilitators. This material includes jackets, T-shirt and caps. Name of the project, UNICEF, NFDHR were printed on the Materials.

Activity	Total incentives distributed					Total
	Natural leaders		Facilitators		Technical engineers	
	AS Swad	AS Sudah	AS Swad	AS Sudah		
Incentive distribution	225	220	32	32	5	514

Table (5) total incentives and the distribution in the two districts



## Coordination and Community Engagement

The distribution has been delivered to (514) persons from the cooperative and active natural leaders in CLTS project in the targeted villages in the two districts, (445) for leaders, (62) for facilitators and (5) for the technical engineers in WASH project.

Pictures distributing visibility materials to facilitators and natural leaders



### Coordination and Community Engagement:

A sufficient number of activities were performed by NFDHR team to coordinate between NFDHR, local authorities and counterpart agencies who worked before in the targeted areas. Communication with local authorities and SFD who has worked in the same areas resulted in the facilitation the implementation of the project and avoiding duplication as SFD has worked in some villages in the targeted areas. Community of male and females were included in the project design starting from pre-implementation phase to the final phase including monitoring and evaluation. Project staff of male and female was hired from the same targeted areas as applicable as possible.

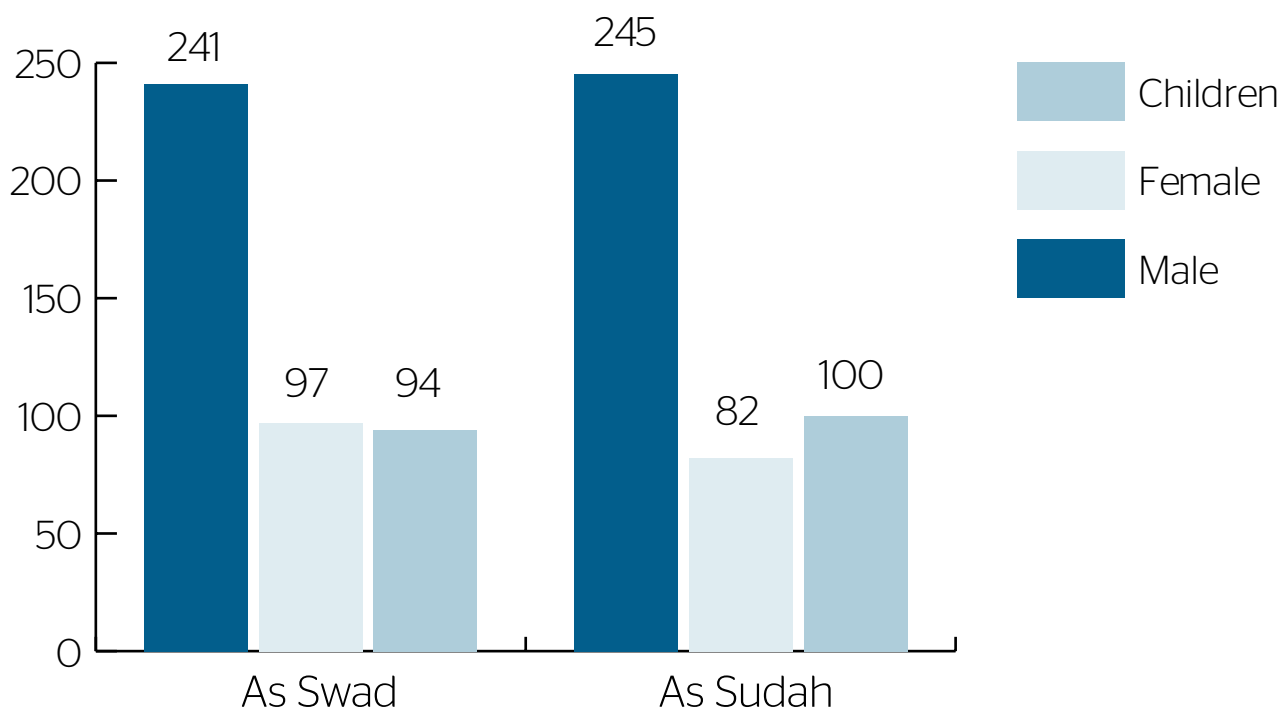
**Advocacy & Community Mobilization:**

One-day advocacy and mobilization workshops for all schools and admin & health facilities and focal points of health & education offices at district level and community leaders of sub-targeted districts were conducted. Attendees of the avocation and mobilization sessions included women, women and children as follow:

District	Number of Sessions	Number of attendees			Total
		Male	Female	Children	
AS Swad	10	241	97	94	432
AS Sudah	10	245	82	100	427
Total	20	486	179	194	859

Table (6) shows the advocacy and awareness sessions in the two districts

Figure (8) number of attendees in the sessions



## Gender Considerations

Total number of workshops sessions were 20; 10 in each district with attendees of women, men and children as shown in the table above and the below pictures.

### Pictures from the one-day advocacy and mobilization workshops



### Gender Considerations:

CLTS is an inherently gender sensitive approach due to its focus on total community mobilization, awareness, creation and education. In this project, conscious efforts were made to increase the involvement and participation of women in all CLTS cycle (Triggering, Follow-up and scaling up). These efforts resulted through selection percentage of women as following:

- 74% of participants in the triggering activities were children (39 % in As Sudah, 43% As Swad) and women (36% in As Sudah & 30% in As Swad).
- 43.4% of women and children are the participants who attended 20 workshops of advocacy and mobilization.
- 34 of trained facilitators were women.
- 32 of trained natural leaders were women.
- Lowest participation for women was recorded in the ODF celebration recording 8% of participation in celebration with 4% in As Swad and 12 % in As Sudah district. Recommendation part of this report cover this point with a recommendation



### Monitoring & Reporting:

Filed visits and regular reporting were conducted by both sides, UNICEF and NFDHR. Also, regular joint meetings between NFDHR and UNICEF (WASH sector) were conducted on regular bases to discuss the progress as per the joint work plan, challenges and the way forward.

As for NFDHR, Quality Control Department at NFDHR, which is in charge of this project followed NFDHR Monitoring, Evaluation, Accountability and Learning approach. The approach uses number of tools to track project against (I) time line of implementation and (II) type of implementation that should correspond to agreed-upon project indicators and agreement. In line with that Quality Control Department developed and the necessary tools to be used for the project monitoring and evaluation. Staff in charge of project management on district level created daily report, and weekly submitted them based on Quality Control Department. Quality Control Department on its return organized require visit for site checking and create its own report that include comparing progress of project intervention against log-frame. Each time an evaluation report is created, its result is shared among project management members and recommendations of Quality Control Department reports are considered after discussion.

Monitoring visits to the project's sites were conducted on daily, weekly, monthly and quarterly bases depending on the type of activities implemented. E.g. for construction activities, daily bases monitoring was done by senior engineer and on correspondence with its result with Quality Control Department. Also, monitoring and evaluation visits were conducted in coordination with local concerned authorities. UNICEF on its return did its part on the project monitoring and evaluation activities.

As a matter of number, NFDHR conducted 390 follow up visits and 81 examination visits for activities of the project.

### Achievement Against Log-Frame:

Overall achievement against logical frame work of the project recorded result is beyond expectations. Highest result achieved for the number of people provided with improved water points in the targeted districts have overall result of 10115 ( men , women , boys and girls) of the total achieved out of that is 5187 in As Swad and 4928 in As Sudah. Second highest overall result for the project activity achieved is 82% for the percentage of the upgraded sanitation facilities achieved for (children, women and men) at their home with covered cesspits. Lowest level of achievement recorded is 129 for the number of LNGOs/CBOs staff/volunteers and member of community structure that were trained on CLTS in the targeted districts with lowest record in As Sudah by 27 but as high as 102 in As Swad district. Moreover, the number of villages that were declared open defecation free (ODF) have reached to a total of 80 villages out of that is 39 in As Swad and 41 in As Sudah. The result of other planned activities was beyond 100% comparing to planned result. More details are shown on the below table: log-frame against achievement



### Difficulties and Challenges:

Project team faced number of difficulties during implantation. The two major challenges were the security situation and the change to the *de facto* authorities in the targeted areas that could have led to suspension of the project. NFDHRH reputation as a neutral actor helped in overcoming this point. In addition, the UNICEF budget cut which resulted to a reprogramming and seized down some activities had to some extent affected NFDHRH commitment toward targeted beneficiaries. However, that was overcome via being frank with beneficiaries from the beginning as implementation depends on many factors including availability of funding for project activities by the donor. Other challenges include:

- Lack of fuel, which created some problems in transportation
- Villages are away from each other and being distributed on high lands, in the rugged of mountainous and valleys.
- Access to internet in targeted areas increased the efforts for communication and reporting. E.g. an employee would travel to an area where he/she could find internet connection in order to submit a report.
- The complex and difficult security situation, which the foundation began to work at.
- Re-programming the project activities and downsize the available fund initiated by UNICEF for the project resulted in cutting out some activities and downsizing some (such as the water scheme).

### Recommendation:

- Participation of women in ODF celebration was recorded as low as 4 percent in As Swad district and as high as 12 percent of participants in Al Sudah. So it is recommended to budget women celebration event in a similar intervention alone. The main barrier for women not

attending is the existence of men and the role of men in the targeted society as to be the leaders in receiving incentive as they considered to be the public figureheads of the society. However, the irony is that men participation in other public event was such as mobilization advocacy session was as low as 24 -25% in both targeted districts.

- Conducted end line survey to be assured of the result of point 3 & 4 stated in the expected key result part of this report.

### Lesson learned & Challenges:

- *Key lessons from the program:*
  1. The project started as development project and continued as well but under sudden emergency situation resulted from the war between the Yemeni government and the Arab Collation leaded by KSA from one side and the Huthies fighters and their allies in the Yemeni military. One of the main issues that affected the project due to this situation is the inflation in prices of transportation, building materials such as cements, still & sewage pipelines. All cements factories were exposed to airstrikes that stopped cement supplies to the market. Accordingly prices of cements increased by 100%, transportation of materials increased by 100% due to the high level of risk and shortage of fuel generated by the situation's consequences. In addition to this there was a budget cut, form UNICEF side, for the project finance due the situation and new priorities
  2. Change of people priorities due to the conflict. CBOs potential partners in targeted communities were found very small, inefficient and tribally and politically polarized.

## Key issues and challenges relating to expenditure, Economy

- *Key actions:*

1. To face increase in inputs prices the **NFDHR** in coordination with UNICEF took the following step: Reduce number of villages targeted by the intervention for the water scheme from 81 villages to 52 villages. This result into reducing the total number of water tanks to be built in the 52 villages. And because that the reduction in number of targeted villages, that was not enough. E.g. only 30% of targeted water tanks was to be built according to the available budget along with the reduction in the number of targeted villages. What **NFDHR** in coordination with UNICEF did is conducting community's resources assessment to and mobilizers of community collaborated with targeted communities.
2. Tar enhanced the community participation in the targeted 52 villages. This result into achieving 185% of building water tanks instead of 30% without community participation enhancement. Instead of hiring building workers and buying stones to build the tanks, communities were encouraged in complete manner to bring or do that for free against a reward from the project the form of cements materials and metal roofing to cover the tanks confirming to sphere standards. So, project management succeeded in achieving beyond expectation reaching as mentioned 185% of building water tanks by \$500 instead of the standards price for each tank applied by the SFD, which is \$1300.
3. **NFDHR** then found an alternative. 400 community leaders & 60 community mobilizers from the same targeted areas were trained by **NFDHR**. This step assured the encouragement of the community to continue the implementation of the project. In addition to reaching the targeted implementation after coordination with UNICEF, this step also assured not only the implementation of the CLTS activities in targeted district

but also the sustainability that relays that there are communities' leaders and mobilizers from the same targeted areas which guarantee sustainability.

- (I) **NFDHR** followed model of materials based assistant instead of cash assistant (II) to alleviate the negative effect of the efficiency .etc. of CBOs, **NFDHR** trained 400 local communities leaders and 60 CLTS mobilizers equality considering gender, ethnicity, religious and tribal sensitivities.

### **Key issues and challenges relating to expenditure:**

#### *Key cost drivers and performance*

Community Led Total Sanitation triggered in 873 villages and incentive of USD 6,500 per villages achieving ODF status are the key cost drivers in the project.

Assessment of whether the program continues to represent value for money

### **Economy:**

inputs of the project were acquired at lowest possible prices & maximum outputs has being obtained for the inputs going into the project:

Despite the tremendous increase in inflation rate **NFDHR** worked to get the materials in the lowest possible price. This was issuing tender announcement competition between the supplies. Because having a good record in dealing with **NFDHR**, from trade society, is a plus, prices of materials were less than the increase in inflation rate by 18%. E.g. though the prices in the market of each 50KG of cement was 3000 YR **NFDHR** got the same amount for 2600 YR including transportation. to maximize the outputs of the project within the same available of budget **NFDHR** conducted an assessment for community resources and come to the conclusion that stone could be brought naturally form the same rocky areas in the targeted district. **NFDHR** engineer

## Economy

checked the quality of stones and found appropriate enough by all aspect to be in place of water tanks made of cement bricks. Stones were brought for free and cost of that used to make up to cover other aspect to face increase in inflation level.

The project achieves intended purpose in term of public goods and service delivery. Now there are 81 villages that have the sufficient infrastructure of sanitation and water gathering equipment's. This beside the trained local community leaders who are acting as sustainable trainees and awareness raisers in community. Also the other villages (including the previous 81) have known safe water storage and sanitation awareness in their villages.

### Efficiency:

- Leadership: the NFDHR project team demonstrated the NFDHR commitment to accountability to affected populations by ensuring feedback and accountability mechanisms were integrated into the projects strategies, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. e.g. The team project hired qualified employees considering hiring from same targeted areas as applicable as possible.
- Transparency: NFDHR provided accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between NFDHR and its affected populations over information provision.
- Feedback and complaints: Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms have been streamlined, appropriate and robust enough to deal with (communicate,

receive, process, respond to and learn from) complaints

- Participation: Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized and affected are represented and have influence.
- Design, monitoring and evaluation: Design, monitor and evaluate the goals and objectives of WASH programs with the involvement of affected populations, feeding learning back into the organization on an ongoing basis and reporting on the results of the process.

### Effectiveness:

NFDHR has completed environmental sanitation 100% of the number of 81 village of the target villages out of 130 villages in which the implementation of the methodology.

Most of villages in strong mountains such as rocky, but the community participated and collectively in improved health status and community initiated solution only involved the community and initiated action groves as well as women actively participated through participant the men in digging shafts and to provide the men with water during the bath building.

### Equity:

All inputs, outputs, outcome has been equally distributed across beneficiaries with respect to gender, region, ethnicity, age and vulnerability. Number one criteria was to design the program for districts with lowest Health, Nutrition and WASH indicators. Second was to ensure all schools, health facilities falling in villages for CLTS receive services from this program. Another criteria is to identify Mahamachines (minority community-labourers) and prioritize them for community campaigns and service delivery. The program is being implemented on agreed lines.

## Issues in program monitoring:

### *Evidence and evaluation:*

NFDHR had designed its programs to ensure more people have access to basic services such as water and sanitation and to empower the most vulnerable groups such as women and youth to get involved in the decision-making process at local and national levels as main promoters for peace and stability in the country. It is very important to have an approach that ensures NFDHR is accountable to its donors and partners as well as to its beneficiaries. At the same time, there is a need to document all lessons learned and success stories as part of its learning objectives. In order to do that NFDHR has adopted the MEAL approach which is a method that is combined of the four different aspects of the quality of programs including the monitoring, evaluation, accountability and learning. This approach has been used by many reliable and well experienced international NGOs and it proved to be very effective once implemented its four components simultaneously. The implementation of the MEAL Approach: NFDHR has to recruit a full-time staff for Monitoring, Evaluation, Accountability, and Learning (MEAL). The staff participated from the very beginning of the project design and implementation. The Programs Quality Coordinator and MEAL staff participated in development of MEAL Plans for each project during the proposal development depending on the project main log-frame, action plan, outputs, and outcome indicators and continuously provide the necessary support to the project. The monitoring, evaluation, accountability and learning was set as the following:

#### *1. Monitoring: The project has been monitored via:*

- Conducting daily monitoring through daily communication with field staff besides conducting regular field visits by the MEAL Officer as well as the leadership of NFDHR, so the report concluded with compiled with focus on findings

and the comparing the progress against the project objectives and indicators (see table one above).

- Collecting weekly and monthly gender dis-aggregated statistics of the number of people benefited from the services provided in each location.
- In M & R - NFDHR provided funding partner (UNICEF) a full list of names and contacts details of beneficiaries, stakeholders including NFDHR staff, volunteers working on this project, community committee, and beneficiary's key informants....etc for the purpose of YHPF RCM.
- Documented Success/Learning stories of beneficiaries answering according to Yemen CHF communications and visibility guidance note. That include considering answering the six questions in documenting stories (who, what, where, when, why, and how) as well as taking appropriate pictures and the coordination and including of the engagement of OCHA high officials in public events for visibility.
- Coordination with and ensured the participation of the IDPs (if existed) and host communities in the targeted districts in monitoring visits.
- Together with the project managers and officers, prepared monthly reports, mid-term and final reports and shared them with the concerned authorities' sub-Offices in the targeted district as well as the donor.

#### *2. Evaluation:*

- Reviewed regularly the logical framework and ensure data had been collected is reflecting the project indicators.
- Conducted internal evaluation to the project by the end of the project.
- Conducted a workshop for presentation of the results of the project evaluation and share the lessons learned with NFDHR staff and other stakeholders including cluster partners.



**Success stories:****Safe Sanitation in Galled Village, Amran:**

Among the 130 targeted villages, Galled village consists of 112 families located in a rocky mountain in Bani Talk, As Swad district, Amran governorate. In December 2014, CLTS project team were not sure if it were possible to implement the CLTS approach in this village as it is difficult to achieve the objective of the project which is to make it an open defecation free village. The CLTS team assumed that people would find it difficult to initiate digging of pits and build latrines with no financial support especially that the village is located on top of a mountainous and rocky place. However, the people in the village asked the team to conduct triggering in their village, which is an intensive behavior change activity where all village members, including women and children, are exposed to awareness messages on the importance of sanitation and how to ensure it is safe for all people, and the risks of not having latrines and covered pits and not using them. During the first follow up visit to the village, the team, surprisingly, found that all people in the village are working on their innovative sanitation system, where they planned and designed one sanitation system for all families within the village. This innovative, modern and safe sanitation system was implemented with no financial support, although it is more than 1,500 meters long through the Rocky Mountains covered through well prepared rocky tunnel with a plastic pipe inside and covered with longitudinal rocks to protect it from any breakage. The pipe and tunnel end in a shared covered pit outside the village.

**Annexes**

[Annex one logical framework table.](#)

[Annex two Financial Report About UNICEF Contribution.](#)

## Annex (1) Achievement against log-frame

PROJECT NAME	Community Led Total Sanitation in As Swad and As Sudah districts in Amran Governorate - Yemen									
OUTPUT	Output Indicator	Baseline /District		Total Baseline	Total Planned Targets /District		Project Planned Total Targets	Total Achieved /District		Total Achieved
		As Swad	As Sudah		As Swad	As Sudah		As Swad	As Sudah	
By December 2015, (25299 ) of people in (80) villages in the two districts have sustainable access to basic sanitation at their home	Number of villages triggered for CLTS	21	11	32	88	47	135	75	55	130
	Number of villages declared Open Defecation Free (ODF) at least 60% of the triggered villages	8	4	12	53	28	81	39	41	80
	Percentage of people build or upgrade sanitation facilities at their homes(latrines and covered cesspits)	35.1%	35.20%	35.2%	65.00%	65.00%	65%	76%	87%	82%
By December 2015, (44136 ) people in (130) villages of the target districts are reached in hand-washing promotion campaign with increased accessibility to soap.	Number of people reached with messages on hand-washing with soap at critical times i.e. before eating and after defecation.	0	0	0	12,595	24,614	37209	16,423	29,713	46136
	Percentage of households with designated place to wash hands, in or near the sanitation facility, with a hand cleansing agent and water available at the time of inspection.	35.1%	35.20%	35.2%	65%	65.00%	65.0%	65.00%	65.00%	65%
By December 2015, (10115) people in (54) villages in the the target districts have sustainable access to improved water within the distance of 30 minutes.	Number of people provided with improved water points in the districts			0	2,279	3,192	5471	5187	4,928	10115
	Number of WASH Committees functional in O&M of water points			0	26	14	40	26	14	40
	Percent of households in the districts properly handling and safe storage of water before drinking and cooking	7.2%	15.10%	0	12%	22%	17%	12%	22%	17%
By December 2015, (51) Health Units and schools in the two districts have access to functional WASH facilities.	Number of Health Centers provided with user friendly WASH facilities	-	-	0	25	25	50	29	22	51
	Number of WASH Committees functional in O&M of WASH facilities in Health Centers and schools									
Capacity of Government, CSOs (local NGOs, CBOs) developed in CLTS.	Number of GARWAP/Local Council staff trained on CLTS in the districts	0	0	0	25	25	50	31	30	61
	Number of LNGOs/CBOs staff/volunteers and members of community structures trained on CLTS in the districts.	0	0	0	75	75	150	102	27	129
	Number of Natural leaders and teachers trained on CLTS in the district	0	0	0	150	225	375	273	107	380

Annex (2) Financial Report About UNICEF Contribution

Allocated amount as UNICEF contribution in the project budget									
No.	Items	"Final Approved Budget"	Liquidation No1	Liquidation No2	Liquidation No3	Liquidation No4	Total Actual Expenditure for the life of the project	Balance	Variance %
1	Program Costs	760,474.00	81,862.00	140,364.46	266,833.00	266,247.46	755,306.92	5,167.08	1%
1.1	Implementing Personnel Cost	105,720.00	31,480.00	39,350.00	17,290.00	17,600.00	105,720.00	-	0%
1.2	Training and Related Costs	28,849.00	-	24,153.00	696.00	4,000.00	28,849.00	-	0%
1.3	Strengthen Local NGOs capacity	-					-	-	0%
1.4	CLTS and water scheme Activities	573,385.00	34,362.00	55,538.54	243,887.00	233,507.46	567,295.00	6,090.00	1%
1.5	Travel	52,520.00	16,020.00	21,322.92	4,960.00	11,140.00	53,442.92	922.92-	-2%
2	Direct Program Support Costs	48,635	18,519	18,556	6,170	5,387	48,632	3	
2.1	Technical Assistance Cost	17,860	4,940.00	6,175.00	2,470.00	4,266.10	17,851.10	9	0%
2.2	Operational Support	26,776	12,729.00	10,432.20	3,093.00	521.80	26,776.00	-	0%
2.3	Communication Directly linked to Project	3,999	850.00	1,948.34	607.00	599.24	4,004.58	6-	0%
	Total	809,109	100,381	158,920	273,003	271,635	803,939	5,170	
3	Indirect Program Support Cost	0						0	
3.1	Overhead cost 7%	51,106	16,787.00	-	20,548.00	18,941.00	56,276.00	5,170-	-10%
TOTAL BUDGET		860,215	117,168	158,920	293,551	290,576	860,215	0	0%
Total expenditure including Indirect Program Support Cost at 7%							860,214.60		
No.	Total funds received						Total		
1	1st installment		276,088.00				276,088.00		
2	2nd installment			293,551.00			293,551.00		
3	3rd installment					290,576.00	290,576.00		
	Total Received		276,088.00	293,551.00	-	290,576.00	860,215.00		
Amount to be requested with this report									



