

UNDP Somalia/
CARE Somalia

Evaluation of the Partners in Development Programme in Somalia

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Table of Contents

TABLE OF CONTENTS	2
LIST OF ACRONYMS	4
LIST OF DEFINITIONS.....	6
EXECUTIVE SUMMARY.....	7
PROGRAMME APPROACH	7
PROGRAMME ACHIEVEMENTS	8
PROGRAMME CONSTRAINTS	9
LESSONS LEARNED	9
KEY RECOMMENDATIONS.....	10
TRAINING.....	10
NETWORKS	10
IMPLEMENTATION.....	11
INTRODUCTION	12
BACKGROUND	12
PROJECT EVALUATION.....	12
PROJECT DESCRIPTION.....	13
EVALUATION METHODOLOGY	16
MAIN FINDINGS.....	17

PROCESS OF IMPLEMENTATION AT THE CARE LEVEL	17
<i>UNDP Guidelines</i>	17
<i>PDP Project Document Guidelines</i>	18
PROCESS OF IMPLEMENTATION AT THE NGO/CSO LEVEL	20
<i>Achievements in relation to stated goals/objectives:</i>	2"
CAPACITY TRAINING INTERVENTIONS	24
<i>Training provision</i>	26
<i>Strengths</i>	27
<i>Weakness of institutional capacity building component</i>	28
<i>Understanding and absorption of key facts and techniques by trainees</i>	28
APPROPRIATENESS OF THE PROJECT DESIGN AND INTERVENTIONS.....	29
<i>General overview</i>	29
<i>Programme achievements towards goals and objectives</i>	32
APPROPRIATENESS OF THE NGO/CSO PROJECT INTERVENTIONS.....	37
STATUS OF NETWORKING	40
<i>Government and NGOs/CSOs</i>	40
<i>NGOs and CSOs</i>	41
<i>Donors and NGOs/CSOs</i>	42
ACHIEVEMENTS AND CONSTRAINTS.....	43
<i>Achievements</i>	43
<i>Constraints</i>	43
LESSONS LEARNED.....	45
RECOMMENDATIONS	46
2	
UNOP SOMALIA /CARE SOMALIA	POP FINAL EVALUATION
	JUNE,2000
TINI NG.....	46
NETWORKS	46
IMPLEMENTATION.....	46
ANNEXES	48
ANNEX 1: TERMS OF REFERENCE.....	48
ANNEX 2: EVALUATION AGENDA.....	50
ANNEX 3 : INTERVIEW LIST	52
ANNEX 4: INTERVIEW QUESTIONS	54
ANNEX 5: DOCUMENTS REVIEWED.....	57
ANNEX 6: EVALUATOR'S C. V.S	58
ANNEX 7: CAPACITY ASSESSMENT Tools.....	60

List of Acronyms

CARE	Co-operation Assistance for Relief Everywhere
CAT	Capacity Assessment Tool
Co-CAT	Community Capacity Assessment Tool
CSO	Civil Society Organization
LAS	Local Administrative Structures
LNGO	Local Non-governmental Organization
NGO	Non-governmental Organization
NSPP	Northeast Somalia Partnership Program
ODA	Organizational Development Assessment

PDP	Partners in Development Programme in Somalia
SPP	Somalia Partnership Program
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Education Fund
USAID	United States Agency for International Development
CARE PDP NGO/CSO Partners	
CAS	Child Aid Somalia
EPA	Ecological Preservation Association
KAALO	KAALO Relief and Development Organization
OTP	Oceanic Training and Promotion
SFCO	Shafici Educational and Cultural Organization
Shilcon	Shilaale Rehabilitation and Ecological Concern

SORERDO	Somali Resources Rehabilitation and Development Organization
SORSO	Somali Relief Society
&SPDS	Somali Peace and Development Society
SSWCA	Somalia Salvation for Women and Children Association
SWRU	Somali Women Reunification Unit
WCC	Women and Child Care

List of Definitions

Capacity building	An explicit outside intervention to improve an organization's performance in relation to its missions, context and resources, including support in personnel development. Financial systems, strategic planning, management, etc. are all aspects of an organization that benefit from organizational strengthening.
Non-governmental organization	Organizations that are generally formally recognized by their host government and that serve others in relief and/or development activities. They may be local (LNGO) or international (INGO).

Partnership	Partnership is a mutually beneficial alliance between two or more corporate bodies (organizations, agencies, companies, governments, and communities), where roles, responsibilities and accountability are clearly defined. Partnerships are based on a shared vision regarding the goals as objectives of the work undertaken together. Joint combinations of resources, shared risks and shared control of program and financial information and planning characterize partnership.
Sub-grant	CARE provides funds, goods and/or support services to local organizations so that they may design, implement, evaluate and manage a project.

Executive **Summary**

Programme Approach

The Partners in Development Programme (PDP) for Somalia was approved in December 1998, as the first UNDP/Somalia funded programme to be under NGO execution modality. The programme initially had a 12-month implementation period but was given a three-month no-cost extension and officially ended March 31st 2000.

The overall objective of the PDP is to support the process of reconciliation, reconstruction, and peace in Somalia through activities which, seek to empower and promote Somali civil society. A major problem in Somalia in relation to civil society is the limited management skills and implementation capacity of Non-Governmental

Organizations (NGOs) and Civil Society Organizations (CSOs) to promote developmental initiatives at the community level. In addition, the local NGOs/CSOs lack a positive and constructive relationship with Local Government Structures. The programme addresses these inadequacies by: (i) promoting dialogue, networking and exchange among NGOs, CSOs, local authorities and donors; (ii) strengthening the institutional capacities Of selected NGOs and CSOs; and (iii) supporting self-help initiatives that focus on basic services at the community level.

The networking intervention was ground breaking in its attempts to facilitate the establishment of linkages on three levels: between the government and NGOs/CSOs, between NGOs/CSOs end each other, and between NGOs/CSOs and donors. When PDP was initiated, the facilitation of networking and exchange between NGOs/CSOs and the Puntland Government was an entirely new concept for CARE. The strategy was initiated at an opportune moment with the recent establishment of the Puntland Government. Linkages have been established up to the level of the Governor of Bars Region who considered the networks to have had a positive effect on Puntland. It was a considerable achievement that PDP was able to overcome the constraints of a nascent Government and apprehensive NGOs/CSO community to achieve the formation of these linkages.

PDP uses the unique program approach of strengthening the institutional capacities of NGOs/CSOs. PDP worked with a "core" group of 8 CSOs/NGOs and 18 additional NGOs/CSOs received capacity building training only. Other programmes in Somalia typically do not seek to build the capacity of a NGO/CSO, but rather choose to use communities and NGOs as conduits for physical project implementation. PDP partners undergo an institutional capacity building training module in order to raise skills and knowledge such that they can be true partners. Partners receive training in such areas as conflict management and resolution, Development Education and Leadership Teams in Actions (DELTA), Participatory Rural Appraisal (PRA), report writing, organizational and financial management. The training module addresses issues of governance, management practices, finance, technical/service delivery and sustainability within the organization. NGOs/CSOs receive training in workshop and on the job.

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POP FINAL EVALUATION

JUNE,2000

7

PDP's support to self-help initiatives is an effective strategy, which further strengthens the capacity of NGOs/CSOs while providing needed basic services to communities. NGOs/CSOs are able to apply the training that they've received and team to work with a community. Communities learn to share resources and solve problems in a participatory method toward a common goal. Self-help initiatives change the role of communities from recipients of externally donated goods and services to pro-active agents of change who learn to address the broader issues of civil society; including defining contributions, rights and responsibilities. Self-help initiatives are a necessary strategy to develop the roles and responsibilities of a civil society while alleviating poverty by providing needed basic services.

Programme Achievements

The networking intervention has facilitated the establishment of linkages between NGOs/CSOs and the Governor of Ban Region, Vice-Governor of Bad Region, District Commissioners of Gardo, Bossaso, and Iskushban, and other local authorities. These linkages have increased cooperation and trust between NGOs/CSOs and the Puntland Government. A productive linkage was established with the Government Regional Health Coordinator who is working with UNICEF to provide additional training and supplies to the three health posts established by the project. NGOs and CSOs want to formalize the networks that were established during PDP and have initiated the

founding of the first LNGO/CSO consortium in Puntland.

CARE is well known and respected for building skill and knowledge capacity in local NGOs and communities. During PDP, more than 25 capacity building training sessions were held in relevant areas of development and management. Some training sessions attracted more than 50 people including invited local government authorities. The capacity building training increased the institutional strength of NGO/CSO partners demonstrated by an increase in capacity assessment scores, and use of organizational management techniques and monitoring tools. PDP took the initiative to translate training sessions for NGOs/CSOs who were not confident in English. Training was sometimes simultaneously translated, in other cases a separate training manual and training in Somali was produced.

PDP partnered with 8 "core " NGOs/CSOs and gave capacity training to an additional 18 NGOs/CSOs. In the core group of 8 NGOs/CSOs, 5 NGOs/CSOs implemented self-help initiatives. According to programme documents, PDP has benefited over 3, 000 people through support to basic needs. Programme activities include the construction of 3 health posts, provision of medical equipment, radios, basic supply of drugs, and expansion of 2 primary schools. The schools and health posts are sustainable in the short-term through the collection of school fees, sale of drugs and consultation fees. Due to the very recent physical completion of projects, it is too early to measure the impact of the self-help initiatives or predict their long-term sustainability. However, the health posts and schools were developed to meet a basic need identified by the community. The self-help initiative has contributed to the broad development objective of empowering and promoting civil society. Communities are teaming to be pro-active members of civil society when through a participatory process they identify community needs, rights, and responsibilities to achieve the implementation of community projects such of schools and health posts.

The Program Review Committee (PRC) was mandated to assess progress in the field. Due to a low level of activity in the field and busy schedules of its members, the PRC

did not meet until the third quarter of programme implementation. The PRC however, once it began to meet was able to expand its original mandate and contribute to the achievements of the programme by mediating conflicts, visiting project sites, and participating in the mid-term evaluation.

Programme Constraints

The working environment in Puntland State is complex and changing. When PDP was written the Puntland Government did not exist. The networking strategy changed from establishing linkages with local authorities to working with a nascent Government with unknown policies and procedures. NGOs/CSOs were apprehensive of forming linkages with the Puntland Government. A determined and committed PDP staff overcame these obstacles to achieve a crucial programme objective. PDP attempted to establish linkages with many actors in a relatively short period of time. PDP fostered to a limited extent linkages with donors.

Another constraint is the low level of organizational and management skills in

NGOs and especially CSOs. To meet this challenge, PDP has developed an effective institutional capacity building training program to impart practical skills in project design, implementation, management, and sustainability to NGOs and CSOs. In addition, the capacity assessment tool for CSOs (Co-CAT) needs further refinement. CSOs do not have a formal structure, which makes it difficult to measure their organizational capacity. Though PDP staff have modified the tool, it requires further perfecting to accurately measure CSO capacity.

It is a challenge to use a participatory approach to working with communities. All participants are allowed to voice their views leading to differences of opinions. Conflicts in the communities of Waie, Gardo and Galgala delayed implementation of the self-help initiatives. PDP staff, the PRC, and the established linkages with local government authorities were able to resolve the differences leading to the successful completion of activities.

Lessons Learned

The networking intervention though novel proved to be very effective in establishing relations with the Puntland Government. During PDP, an opportunity was missed when the non-core NGO/CSO partners were not encouraged to initiate linkages. In the future, all partners should be facilitated in the formation of linkages with Government officials and donors. When NGOs and CSOs formed linkages, they were able to benefit greatly from each other's knowledge and experiences. The exchange of information could be greatly expanded by more cross-visits within Puntland and to other parts of Somalia.

The self-help initiatives showed that basic interventions such as schools and health posts require small (relatively) amounts of money and impact the lives of many people in a community. Though project sustainability was addressed in the project proposals, a more in depth cost-benefit analysis should be done during sub-grant proposal planning to help NGOs/CSOs plan for long term sustainability.

The planned activities of a programme must be sensitive to Somali culture and religion. Despite encouragement from PDP, women's participation levels at the community level remain low. It will take more time to improve the status of women in Somali culture. Though, PDP encourages communities to establish and use criteria for membership on committees. The criteria will sometimes be abandoned for traditional tribal rules, where people are elected to committees based on their clan affiliations rather than on their qualifications.

Key Recommendations

The evaluation team commends the Partners in Development Programme for the excellent work it has achieved and advocates for its continued funding. If PDP is continued, the following key recommendations could improve its overall achievements.

Training

Networks

- All NGOs/CSOs should receive training on the relevance of forming linkages with the government and other NGOs/CSOs. During PDP implementation, an opportunity to promote the concept of network formation with non-core PDP partners was missed. In the future, all partner NGOs/CSOs should be encouraged to establish linkages with each other, government authorities, and donors.
- All NGOs/CSO should receive gender awareness training. During the communal training sessions the many women NGOs/CSOs raised the awareness to the role women can play in civil society. Gender training should be given to all programme partners to continue to sensitize people on the role of women in society.
- Capacity assessment tools should be refined so they are better able to assess change in capacity of the NGOs/CSOs. It is very difficult to assess the organizational capacity of a civil society organization, which has no formal structure. CARE has been improving their assessment tools but further refinement is needed for the Somali context. The CARE staff also needs to have systematic training on the use of these assessment tools.
- Technical cross-visits to Somaliland for NGOs/CSOs should be funded. A NGO/CSO could gain first hand experience about managing a school or health post by a visit to a comparable institution.
- The PDP NGO/CSOs are on the threshold of founding a consortium. Funding a resource center where there could be a center of contact would help them to establish themselves. The resource center could contain a library, a computer, and photocopy machine. Fees could be charged for the use of the equipment to help sustain the center. The resource center could be the base for a consultant team made up from members of the consortium. The consultant team could give

10

training to other NGOs/CSOs. The consortium could also advocate to the government for community development and other issues.

- Though, activities were planned in the programme document to acquaint NGOs/CSOs with donors they were not achieved. In a second phase of PDP, these activities should be more strongly encouraged. UNDP and CARE should consider advocating for its Somali NGO/CSO partners in the SACB.

Implementation

- As funding becomes available, allow more NGOs/CSOs to implement projects. When implementing a project NGOs/CSOs are able to apply their training and they learn to work with the community. Communities also benefit from receiving needed basic services.
- Future implementing partners receive more cost recovery and on the job financial training than is currently given.

- A cost/benefit analysis should accompany all sub-grant intervention proposals to determine feasibility of a project.

Introduction

Background

Following the civil war in Somalia and the subsequent collapse of the central government and its institutions, the lack of a strong civil society has severely constrained local efforts at rehabilitation and reconstruction. The emergence of NGOs represents a promising development towards the possible reorganization of civil society and restoration of civil governance by providing an entry point for the participation of Somali communities and organizations in representing themselves and their interests in the process of national reconciliation and reconstruction.

For external assistance to become more effective, aid agencies need to begin to link with local organizations. Focus must change from delivery of externally donated goods and services to encouraging the local groups to independently address the broader issues of civil society; including defining contributions, rights and responsibilities. The prospects for long-term recovery and progress in Somalia are closely linked to the development of a vibrant and participatory civil society.

Civil society and its organizations (CSOs) should be seen as encompassing the realm beyond, but including, NGOs in which organized social life interfaces with the state and market. This is the sphere in which the problems of society are debated and revealed, where an enabling environment can be provided for peoples' aspirations to be heard and understood. In this context, the participation of civil society, its organizations, and the development of social capital based on consensus and a shared vision, are fundamental to the process of national reconciliation and reconstruction in Somalia.

Both the UN Joint Appeal for Somalia and the UNDP Program Strategy for Somalia recognize the integral role that local NGOs and Civil Society Organizations (CSOs) can play in articulation and facilitating development and rehabilitation activities. The aim of PDP is to build the capacity of NGOs/CSOs, and build linkages between local authorities and the CSOs/NGOs to foster peace and good governance within the overall framework of poverty alleviation. NGOs and CSOs can provide an environment where the aspirations of the community can be discussed and realized, if the necessary financial, administrative and capacity building support is made available.

Project Evaluation

An external evaluation of the project is mandatory at the end of its implementation period. This requirement is indicated in the PDP project document under the Reviews, Reports, and Evaluation section. The purpose of the evaluation is to ascertain whether the project has accomplished its two immediate objectives as well as to assess if the project has produced its targeted outputs, the impact of those outputs and recommend a future course for the project. To fulfill this requirement and to

ensure that all the components of the project are fully evaluated, UNDP Somalia and CARE Somalia commissioned two consultants, to carry out the evaluation. The overall objectives of the evaluation as stated in the terms of reference will focus on the following:

- Process of implementation at the CARE level
- Process of implementation at the NGO/CSO level
- Capacity building training interventions for the core 8 PDP partners, and the additional 18 CARE partners
- Appropriateness of the project design and interventions
- Appropriateness of the community development projects implemented by the four CSOs and one NGO
- Achievements and constraints at both CARE and the NGO/CSO level
- The status of networking among internal development actors (donors, NGOs/CSOs and local authorities)

Project Description

The Partners in Development Programme for Somalia (PDP) was approved in December 1998 as the first UNDP Somalia funded programme under NGO execution modality. The programme was given a three-month no-cost extension and officially ended March 31st 2000. The programme was co-financed by UNDP through TRAC 1/2, UNDP Global PDP Programme and in kind contribution from CARE Somalia. Funds from UNDP Somalia are being used primarily for institutional capacity building training and program support cost, while the funds from the Global PDP go towards implementation activities.

The overall objective of the Partners in Development Programme is to support the process of reconciliation, reconstruction and peace in Somalia through activities, which seek to empower and promote Somali civil society. The programme will also seek to enhance civil society's capacity to contribute to a Somali-led process of local development and restoration of governance. The programme aims to address the objective by:

- (1) promoting dialogue, networking, and exchange among NGOs, CSOs, local authorities and donors, with a view to strengthening understanding of the roles and responsibilities of civil society in Somalia;
- (2) strengthening the institutional capacities of selected NGOs and CSOs; and
- (3) supporting self-help initiatives, particularly those focusing on basic social services at the community level.

The program began with the use of established criteria to appraise and select four NGO and four CSO partners. The four NGO partners are; Shafici Educational and Cultural Organization (SFCO), KAALO Relief and Development Organization, Somali Resource and Development Organization (SORERDO) and Child Aid Somalia (CAS); and the four CSO partners are; Galgala, Gardo Women's Group, Dharjaale and Waie in Puntland, Northeast Somalia. The organizational capacity of the NGOs was assessed using the Capacity Assessment Tool (CAT) and Organizational Development Tool (ODA). The Community Capacity Assessment Tool (Co-CAT) was used to assess the CSOs. A training plan was then developed to address the individual areas of weakness of the CSOs/NGOs found in the assessment.

The training seeks to strengthen the organizational capacity of NGOs/CSOs by (i) reinforcing their internal organizational structure, (ii) improving their accountability mechanisms, (iii) furthering their internal decision-making and self-maintenance, and (iv) developing their capacity to design, implement and evaluate projects. The training topics include; organizational management, participatory rural appraisal (PRA), finance and administration, report writing, and conflict resolution.

Mid way through the program, CARE and UNDID jointly decided to expand the impact of the capacity building intervention by including an additional 18 NGOs/CSOs who had been active in capacity building training and project activities in other CARE funded partnership programs in Puntland. The additional NGO partners are: Ecological Preservation Agency (EPA), Ocean Training and Promotion (OTP), Shilcon, Dandor, Somali Relief Society (SORSO), Somali Peace and Development Society (SPDS), Al-bashid, Al-Tadamun, Dhalmado, Women and Child Care (WCC), Somali Women Reunification Unit (SWRU), and Somalia Salvation for Women and Children (SSWCA). The new CSO partners are Meladen, Ufayn, Kobdhehad, Tisjic, Ballidoog and Kalabayr.¹ These 18 partners would receive training only and not be eligible for implementation activities.

The change in PDP implementation strategy resulted in their being less funds available for implementation activities. Of the original core eight partners, one NGO and 4 CSOs received sub-grants to implement activities. The development projects are detailed below:

NGO/CSO	Sector	Project	Sub-grant Amount
Shafici NGO	Education	Expansion of Imam Shafici Primary School	US\$19,580
Galgala CSO	Health	Construction of Galgals Health Post	US\$17,515
Gardo Women CSO	Health	Construction of Shimbiraale Health Post	US\$17,515

¹ The NGOs and CSOs participated in the USAID funded Somalia Partnership Program (SPP) and the Dutch funded Northeast Somalia Partnership Program (NSPP). The SPP partners are EPA, OTP, Shilcon, Dandor, SORSO, SPDS, and Al-Bashid. The NSPP partners are Al-Tadamun, Dhalmado, WCC, SWRU, SSWCA, Meladen, Ufayn, Kobdhehad, Tisiic, Ballidoog, and Kalabayr.

Dharjaale CSO	Health	Construction Of Dharjaale Health Post	US\$17,515
Wale CSO	Education	Expansion of Waie Primary School	US\$17,795

An important strategy to promote civil society is the development of linkages, and networks, between the NGOs/CSOs and the government authorities and other donors. The programme aimed to pursue consultation and cooperation with related groups and structures, both formal and informal. Also, to give attention to promoting exchanges and contacts between NGOs/CSOs and district/local authorities where they exist and with councils of elders, religious and other leaders. The partnership programme would aid in the establishment of mechanisms for regular exchange of information and experiences among NGOs/CSOs in each region and in other regions. The programme document envisioned that within the 12-month programme period, the Puntland Government and NGOs/CSOs would begin to work in collaboration, and that networks between NGOs/CSOs and local authorities, donors would be achieved through a series of planning seminars and workshops.

A final unique feature of the PDP is the local program review committee (PRC). The purpose of the PRC is to assess progress that is being implemented in the field. The PRC consists of representatives from the local authorities, NGOs, and CSOs, community representatives and CARE and UNDP staff.

Evaluation Methodology

The evaluation began with a discussion with the UNDP/Somalia Program Officer, CARE/Somalia Program Officer, and Care DM&E Officer on the scope and focus of the evaluation. Other initial activities included a review of programme documents, planning and preparation of survey tools for the evaluation in Nairobi and in the field. The programme documents reviewed included the project document, quarterly reports, training reports and UNDP documents (Documents reviewed in Annex 5

The majority of the review was spent in Somalia (Agenda for PDP Evaluation in Annex 2). A discussion of review methodology and selection of site visits was conducted with CARE sub-office staff in Bossaso. The discussion included the Northern Somalia Field Coordinator, Design, Monitoring & Evaluation Officer, Acting Team Leader/Finance and Administration Manager, PDP Senior Programme Manager, Training Unit Officer, and Assistant Monitoring & Evaluation Officer. Further document review in Bossaso included programme training and workshop materials, detailed programme documents and monitoring systems in place.

Site visits were made to four of the five sub-grant intervention sites. In addition, interviews were held with PDP partners in Bossaso and Gardo. Both implementing and non-implementing project partners were interviewed. The evaluators met with government authorities in Gardo and Bossaso. A complete list of people and institutions consulted is detailed in Annex 3.

Open-ended exploratory interviews using topic guides (refer to Annex 4) were conducted with a range of informants: UNDP staff, CARE Program Staff, NGO representatives, CSO representatives, local authority representatives, members from Elders Committees, Community Development Committees, Health Management Committees, Community Education Committees, Teacher Committees, TBAs and CHWs. The community organization responsible for implementing the project (typically the CDC) was also asked to produce any records during the site visit. The purpose was to examine which program monitoring forms were kept, the frequency and completion of recording and to discuss the relevance of the record-keeping, if any, to the community. Finally, assessment scores were discussed with the representative of the CSO or NGO. The purpose was to verify understanding of the community or NGO organizational assessments, explore reasons for scored areas of weakness and strength, and discuss progress towards rectifying the problem areas.

The main themes guiding the evaluation included the level and frequency of networking that was established; the quality and application of capacity building training; conflict resolution, community participation, and issues of sustainability in the self-help initiatives. A more detailed Terms of Reference is found in Annex I.

Main Findings

Process of implementation at the CARE level UNDP Guidelines

The Partners in Development Programme was executed by CARE within the framework of three guidelines:

1. UNDP Procedures for Execution by a Non-Governmental Organization
2. National Execution Guidelines for advance and reporting on use of funds
3. Partners in Development Programme Financial and Administrative Guidelines

UNDP Procedures for Execution by a Non-Governmental Organization require that an assessment of the appropriateness of the proposed executing NGO be assessed before the NGO is designated an executing agent. UNDP/Somalia

caned out the assessment per the procedures and selected CARE as the executing agency of the PDP for the following reasons:

- CARE has over 17 years of experience working in Somalia
- CARE has over five years of direct experience in implementing capacity building programmes with local organizations in Somalia
- CARE has extensive experience in sub-granting
- CARE has designed and tested comprehensive capacity assessment instruments.

UNDP has set down essential requirements for project execution of UNDP-supported projects. These requirements define the standards or capacities necessary to carry out specific tasks or assume particular functions in a certain manner, in order to successfully undertake a project and to ensure accountability for the effective use of funds. **The requirements broadly fall in four areas: (a) technical, (b) management, (c) administration and (d) finance.** It is UNDP Somalia's experience that CARE has satisfactorily fulfilled the requirements of capacity in all four areas of expertise. CARE has excelled in its ability to manage finances.

UNDP Procedures for Project Execution by an NGO state that CARE, as the executing NGO assume overall management of the project and is responsible for the attainment of project objectives. This includes such tasks as the planning of project activities, the supervision of project implementation and financial accountability; the assessment of progress and technical quality; reporting to the stakeholders of the monitoring and evaluation. This series of tasks have been set down as specific activities in the project document that CARE is held responsible for completing. UNDP/Somalia is pleased with CARE's performance in the completion of these tasks.

17

PDP Project Document Guidelines

Interviews with UNDP Somalia staff, CARE Somalia staff, NGO/CSO staff and visits to four of the five project sites indicate that CARE has completed all of the activities as stated in section H. (Legal Context) of the project document. The project document is the legal instrument for project execution.

Listed below are the project activities as stated in the project document that CARE is responsible for. The activities are followed by details on how the activities were achieved:

- (i) working with the Project Review Committees(PRC);

Due to a busy schedule the UNDP Somalia Area Manager was unable to take a leading role in the establishment of the PRC. CARE established the PRC in the second quarter of project implementation. The PRC is composed of five members; CARE PDP Senior Project Officer, UNDP Area Manager, a Regional Local Government Authority, an NGO representative and a CSO representative. The NGO and CSO representatives were elected from the group of 26 partners to serve on the PRC.

The intent of the PRC was to meet quarterly. The PRC was established during the second quarter of the programme. The first meeting of the PRC did not occur until the fourth quarter of programme execution. Though, the PRC only met twice within the first year, it later surpassed its original mandate and played a meaningful role in the programme. PDP staff should be congratulated for broadening the scope of work of the PRC and successfully integrating the PRC into those activities. The PRC met more than originally scheduled when it became involved with conflict resolution within the communities. The PRC played an important intermediary role in the conflict between the Gardo Women's Group and the Shimbiraale Village Health Management Committee. The PRC also conducted fields visits to all project sites and were active participants in the internal Mid-term review.

- (ii) networking, sharing information and providing general guidance on the programme to these and other groups and responding to questions from potential applicants or partners;

The Puntland Government was newly established when the PDP began implementation. Many of the Government's policies toward LNGOs and INGOs had not been clearly defined. For the CARE staff as well as the local NGOs/CSOs the concept of networking and forming linkages with the local authorities was a new and imposing idea. POP staff were initially apprehensive of the concept of networking with the Government. The PDP staff did not avoid an uncomfortable issue but pushed ahead with the formation of linkages with local authorities convincing NGOs/CSO of its merit. With time and patience PDP, staff were able to facilitate meetings between government officials and NGOs/CSOs. Meetings were held with the Regional Health Coordinator, Mayor of Gardo, Mayor of Iskushban, the Vice-Governor and Governor of Ban Region. That the networking initiative was achieved is entirely due to the commitment of the Bossaso staff.

It is CARE's policy to be transparent in its sharing of information and responding to questions. CARE to its credit has been transparent in its relationships with communities, CSOs, NGOs, government authorities, and UNDP/Somalia. CARE has responded to all concerns from partners and potential partners. CARE has an excellent reputation in Puntland because Somalis know CARE honors their commitments. CARE wanted to avoid charges of bias in the appraisal and selection of the four NGOs and the four CSOs for the programme. To avoid a conflict of interest, CARE hired a consultant to identify the groups with the most potential. The consultants with the assistance of CARE then assessed the groups with the capacity assessment tools.

CARE has provided guidance to the programme with an experienced team in Bossaso consisting of a Senior Program Manager, an Assistant Design, Monitoring & Evaluation Officer, a Training Officer and occasional assistance from the Bossaso Team Leader and Somalia Field Coordinator. The program is backstopped in Nairobi with a Program Officer, Sub-grant Controller, CARE Somalia Assistant Country Director, and CARE Somalia S. Sudan Country Director. The evaluators were impressed by the high quality of the CARE staff at all levels and their dedication to their work. The NGOs and CSOs were unanimous in their appreciation of CARE's guidance of the programme.

- (iii) establishing criteria with UNDP for NGO/CSO sub-grants;

UNDP/Somalia and CARE jointly reviewed the NGO/CSO proposals. An important criterion for sub-grant proposals was the level of funding required. The total cost of the sub-grant projects needed to be under USD\$20,000 and there would be no funds available to cover the operational

cost of the NGOs. During Participatory Rural Appraisal needs assessments, long list of community needs were generated. Three communities were not able to implement projects that addressed their identified priority need of the drilling of boreholes. The cost of the three water projects exceeded the stated PDP project-funding ceiling. CARE with great difficulty managed to convince the communities to lower their expectations. In other CARE partnership projects the operational costs of the NGOs are contained within the overall project budget. Again, CARE persuaded the NGOs to accept no operational costs in their sub-grant budgets. The sub-grant initiatives were able to proceed because of CARE's hard work.

- (iv) preparing progress reports and other reports and other materials as required;

CARE has submitted quarterly reports to UNDP as required. The final quarterly report will be submitted when PDP is financially closed. In addition, CARE has published more than ten training reports/manuals and submitted them to UNDP. CARE is known for the quantity as well as the quality of its written work.

- (v) liaison with the UNDP programme, to facilitate supportive policy measures and sharing of lessons and information;

CARE has initiated and maintained close and transparent communications with UNDP Somalia since the programme's inception. The open communication was key in their amicably re-focusing the project strategy to include more capacity building training and less sub-grant implementation. UNDP and CARE were able to clarify the expected outputs without hindering the progress of the Partners in Development Programme.

19

UN DP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE,2000

- (vi) developing guidelines and materials for programme monitoring and evaluating overall programme implementation and developing recommendations regarding the continuation of the programme;

The PDP staff has been diligent in its development of monitoring tools to follow project implementation. A tool has been designed to monitor activities at community meetings and forums by the D, M & E team. CARE has shared monitoring tools with NGOs and CSOs. The partners now keep records of meeting, forums and other details specific to their project. The NGOs/CSOs are now using the monitoring tool to keep records of what decisions are made at meetings as well as the names of those who attend the meeting/forums. CARE was quick to update the PDP monitoring and evaluation plan when the project strategy was modified.

CARE has employed an external evaluator to be part of the team evaluating PDP. CARE staff have made themselves available to answer all questions at any time. The CARE Bossaso staff in particular went out of their way to accommodate the evaluation team. CARE staff in Bossaso and in Nairobi have given their recommendations regarding project implementation and programme continuation. CARE staff also made themselves available to the PRC when it conducted an internal review of PDP.

- (vii) CARE and UNDP conduct an assessment of individual NGO/CSO project outputs;

The UNDP Somalia National Program officer, PDP Program Manager, and CARE Nairobi Program Officer conducted a monitoring visit to all five project sites

midway through project implementation to assess project outputs. CARE and UNDP conducted two joint monitoring visits. In the programme document, UNDP/ Somalia and CARE were to conduct quarterly monitoring visits to project sites.

- (viii) Ensure UNDP guidelines and procedures with respect to NGO execution are met.

In UNDP Somalia's experience, CARE in the execution of PDP has respected the UNDP guidelines.

Process of Implementation at the NGO/CSO level

The PDP programme offered capacity building training to 26 partners. Of these, 8 partners, four NGOs (Shafi'i, KAALO, CAS and SORERDO) and 4 CSOs Waie, Gardo, Galgala and Dharjaale CSOs formed the group of core partners. Of these core partners, five implemented development projects. The other 18 partner NGOs/CSOs participated in the capacity building programme. The activities of the five partners who implemented development projects are outlined as follows:

Shafi'i NGO were involved in expansion of Imam Shafi'i primary school to create space for more students. The old school was located in rented premises, and could not adequately accommodate the large number of students, which stood at 2157 in 1999. The NGO received funding to construct 5 classrooms and 2 toilets in order to accommodate pupils from the old school, as well as create space for future intake. Shafi'i was the only NGO that implemented a project.

20

WAIE CSO: during and after the civil war, formal schooling activities, came to a standstill, with the exception of the Koranic schools. In 1997 the Waie community revived the village school, which could only support 350 children out of a population of more than 700 school going age children. To address this problem, the community received funding from PDP to rehabilitate, expand and furnish the classrooms with desks and chairs. Through the expansion more children would be able to acquire an education at the school.

Gardo CSO: the people of Shimbiraale village, located 4 km from Gardo town, suffer from the lack of health services because the hospital is under rehabilitation. Common health problems among the nomads and internally displaced population in the village include malaria, bronchitis, diarrhea, complications in pregnancy and childbirth, and poor public health and hygiene. Following an interactive discussion with the villagers, government officials and district health officers, it was concluded that the establishment of a health post at Shimbiraale was in line with the activities of the district health master plan. The health post would provide preventive and basic curative health services. This would ease the congestion at the main hospital and increase access to health for a broader population.

Galgala village is located in the Gholi Mountains about 68 km from Bosasso town. The village is home to over 1600 people and has no operational health facility. The only existing facility was a one-room building, rehabilitated by in 1996 by Africa 70 to serve as a maternal child health center, but has no equipment or drugs. During a PRA exercise, the villagers identified the lack of health services as one of their major problems. The most common diseases in the village include diarrhea, reproductive health related diseases, malaria and respiratory diseases. Availability of a health facility would meet the health needs of the villages in providing preliminary diagnoses and referral of serious cases, provision of information on public health and hygiene, and provide ante-

and post natal services to women (and children).

Dha 'aale village is located in one of the harshest climatic regions of Puntland, 160 km from Bosasso. About 65% of the 650 people who live in the village are women and children. Reproductive health related diseases are prevalent among women, while children are vulnerable to measles, malaria and immunizable diseases such as chickenpox. Respiratory diseases are common.

The village has few water resources and hence maintaining cleanliness poses a problem. There have been outbreaks of diarrhea and cholera. Construction of a health post would provide the residents access to preliminary diagnosis, information on public health and hygiene and ante- and postal natal services for women and children.

The five development projects are summarized below:

NGO/CSO	Sector	Project	Sub-grant Amount	Number of Project Beneficiaries
Shafici NGO	Education	Expansion of Imam Shafici Primary School	US\$19,580	750
Galgala CSO	Health	Construction of Galgala Health Post	US\$17,515	1600
Gardo Women CSO	Health	Construction of Shimbiraale Health Post	US\$17,515	1200
Dharjaale CSO	Health	Construction Of Dharjaale Health Post	US\$17,515	560

Waie CSO	Education	Expansion of Waie Primary School	US\$17,795	200
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Achievements in relation to stated goals/objectives:

Since becoming PDP partners in December 1998, the following has

been achieved: Formation of committees:

- All the five partners implementing development projects formed specific committees to oversee their activities. Education, health and development committees were formed.
- The committees have worked closely with the Programme Review Committee in solving conflicts arising out the implementation process.
- There was an effort to include women NGOs/CSOs in the PDP programme, as well as in the projects' management committees in spite of the difficulties posed by the religious and cultural environment.

22

Training:

- The members of the health, education and development committees received relevant training in areas of development and management, and have been given the responsibility of monitoring/overseeing the projects' activities.
- Project staff, i.e. health workers, teachers, members of the PTA and management committees have received relevant/specific training to enable them provide services and manage projects well. Further all the health workers from Galgala, Shimbiraale and Dharjaale received on-the-job training on finance management and health related matters.
- Further training to enable the health workers continue providing adequate services is required.

Construction and procurement of equipment:

- All construction work, procurement of project equipment and materials, drugs, installation of high frequency radios, wiring of and furnishing premises were completed by March 2000.
- All the three health posts have purchased and installed high frequency radios and generators.

Community Participation:

- The committees have been able to keep community members' interest to contribute to project activities in kind and financially. For example, Waie community raised funds to build an

additional classroom and perimeter wall.

Sustainability

Financial sustainability

- The two schools have also embarked on income generation activities i.e. Shafi'i has an adult education facility for income generation, while Waie has started a partnership with a local telephone company which will pay 20% of telephone charges to the school. This is meant to supplement school fees payments by the parents, which only sustain payment of 1 teacher in Waie School.
- The high frequency radios will, apart from generating income for maintaining the health posts, be used for referral and income generation. They will also be used for networking purposes between the PDP partners, local and government authorities and others.
- The existing initiatives of generating income need to be diversified to enable financial sustainability of the five projects.

Management

- Formation of the education and health committees and the various capacity building sessions offered by CARE Somalia, have enabled the project leadership

23

UNDP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE,2000

to elicit active participation of parents in the construction and management of the schools and health posts.

Technical

- The education and health management committees have received the required training to enable them manage the facilities in the future. Specifically the health workers will require more on the job training to equip them with extra technical skills to provide better quality health care.

Programming and Monitoring:

- The projects' management committees have provided monthly monitoring information to CARE PDP.
- All the partners prepared and submitted acceptable project proposals, which received funding.
- The various committees meet regularly to discuss project and development related activities.

⁴¹ Monthly narrative and financial reports are prepared and forwarded to CARE.

- Financial audit of the project was undertaken and found to be acceptable per CARE's internal sub-granting procedures. However, it recommended that the five NGO/CSOs need to diversify their income generating initiatives to supplement the existing sources, which are currently inadequate.

Local Authorities and Government:

- Local authorities gave support to the communities' during project implementation. For example, the Mayor of Gardo attended the opening ceremonies of Waie School and Shimbiraale health post. However, the working relationship between the Gardo Mayor and the Waie community need to be strengthened to ensure continued support.

On-going activities:

- The two schools are in operation; pupils have been enrolled and qualified teachers are support staff hired.
- The health posts are providing services to local residents by diagnosing, treating and referring patients to higher-level health facilities. They sell and restock drugs when stocks are depleted.

Capacity Training Interventions

Before implementing any training, CARE Somalia evaluated the organizational and management capacities of the partner NGOs. A capacity assessment exercise of the

24

UNDP SOMALIA /CARE SOMALIA

POP FINAL EVALUATION

JUNE,2000

8 core PDP Partners was undertaken using assessment tools referred to as CAT 1 and 2, CO-CAT and the ODA are attached as annex 7.

CAT 1 had been used to qualify NGOs/CSOs to PDP membership. CAT 2, more detailed than CAT 1, was used to identify strengths and weaknesses (in relation to their internal governance, management practices, finance, service delivery and sustainability) of 3 PDP NGOs to facilitate the design of a training programme. The CO-CAT was used to assess the capacity of CSOs, which were in a different category from NGOs. The areas of assessment included management, organization, fundsmobilization, representation/participation and leadership; different variables from those measured by the CATs.

KAALO, a PDP partner NGO which had been involved in CARE activities previously was assessed with a different tool, the Organizational Development Assessment (ODA) as it was deemed to be in a separate category. The average score for the NGO was 2.8. ODA tools look at the same areas of organizational development as the CAT2, but also at the effectiveness and independence of the organization. All the above tools were administered every three months. Scores taken portray significant changes in the NGO/CSO capacity.

The following tables present the status of the NGOs/CSOs before and after training and clearly show the changes that have occurred as a result of training. All of the NGOs/CSOs assessed scored 2 and 2.5, which was the desired average.

Table 1(a): CO-CAT Scores conducted in June 1999

Pillars	Dharjaale	Galgala	Wale	Shimbiraale	Average
Organization	3.5	3.25	3	3	3.2(80%)
Leadership	2.75	2.75	2.75	2	1.8(47%)
Management	2.25	2.25	2	1.75	2.1(51.6%)
Fund Mobilization	2.5	2.5	2.75	2.5	2.56 (64.1%)
Representation/ Participation	3	2.67	3	2.3	2.74 (68.5%)

Scores range from a minimum of 1 to a maximum of 4

Table 1(b): CO-CAT Scores conducted in February

2000

Pillars	Dharjaale	Galgala	Waie	Shimbiraale	Average	Percentage
Organization	3.5	3.25	3.5	3.5	3.3	83%
Leadership	3.25	3.25	3.5	3.25	3.3	83%
Management	3	2.75	3.75	2.5	3	75%
Fund Mobilization	2.75	3	3.25	2.75	2	73%
Representation/ Participation	1.75	2.67	3	2.67	2.5	62.50%

Scores range from a minimum of 1 to a maximum of 4

25

UNDP SOMALIA /CARE SOMALIA

POP FINAL EVALUATION

JUNE,2000

Table 2 a : CAT 2 Scores conducted in April 1999

NGO	Governance	Management	Finance	Service Delivery	Sustainability
Shafici	2	2.16	1.4	2.5	
CAS	1.4	1.4	1.4	1.85	2
SORERDO	1.2	1.58	1.2	2	2
Average	1.6	1.7	1.3	2.2	2.1

Scores range from a minimum of 1 to a

maximum of 3 Table 2 b : CAT 2

Scores conducted in January 2000

NGO	Governance	Management	Finance	Service Delivery	Sustainability	Average
Shafici	1.6	2.6	1.8	2.14	2	2
CAS	2	2.25	1.8	1.8	2	1.95
SORERDO	2	2.3	1.4	2	1.75	1.9

Scores range from a minimum of 1 to a maximum

of 3 **Appropriateness of the capacity building**

interventions:

As determined during the internal programme review, training delivered in the past has covered generic institutional capacity building i.e. organizational management, financial management, fund-raising advocacy and sector training in health, education,

water and

agricultur

e.

Training

provision

As a result of the capacity assessment, it was determined that not all the PDP partners were at the same level of understanding and ability to undertake development activities. A tailor made training programme was hence packaged and delivered to partners based on their training needs as determined through the assessment.

Most of the training offered was accompanied by practical field sessions for testing understanding and absorption of ideas. As a result of the capacity assessments, it was deemed necessary to undertake the training sessions in English and Somali. This would ensure that all the partners were catered for in understanding the contents of the training.

Through the training needs identified, training has been provided for project beneficiaries/participants, this has strengthened their ability to implement the projects. Key project participants have attributed their ability to conceive and implement project activities within the PDP programme and outside of PDP to the training received.

The Galgala community have for instance, used the training to

undertake development activities outside the partnership, for example the rehabilitation of the road leading to their village. The training has enabled them to approach and seek the support of local government authorities like the Bossaso District Commissioner and the head of police in rehabilitating the road.

26

UN DP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE.2000

The table below shows the types of training provided:

Training offered to PDP CSOs	Training offered to PDP NGOs
Participatory Programming	Organizational Management
On the job financial management	Water Management and Sanitation
On the job training for Health	Report writing
Work cost recovery	Education Management
Organizational Management	Health cost recovery
Reproductive Health	Environment and Sanitation
Education Cost Recovery	Education Cost Recovery
Development Education Leadership Teams in Action (DELTA)	Development Education Leadership Teams in Action (DELTA)
Participatory Rural Appraisal (PRA)	Participatory Rural Appraisal (PRA)
Conflict resolution	Public/Community Health & Hygiene
Public/Community Health & Hygiene	Reproductive Health
Health cost recovery	Agricultural extension and fame management
Environment and Sanitation	Donor Advocacy
Financial Management	Agriculture and Nematode Control
Leadership	Participatory Communication Techniques
Design, Monitoring and Evaluation	Community Management
Water Cost Recovery	Capacity Building and Self Reliance
Water Management	Design, Monitoring and Evaluation
	Financial Management
	Water Cost Recovery/Sanitation

Strengths

- A monitoring system has been defined and tools for analyzing organizational capacity developed.
- Monthly narrative reports, as well as sub-grant utilization financial reports are submitted from each of the core partners as per POP requirements as a result of the training.
- Communities have become more cohesive and better able to understand and manage development activities as a result of capacity building from the PDP partnership.
- Training modules have been developed for all the institutional and sector training identified.
- Partners have expressed their appreciation for the training received and have

used knowledge acquired for the benefit of their projects. With knowledge gained from the training communities have initiated activities not within the PDP i.e. road rehabilitation by Galgala community, vocational skills training and HIV/AIDS education by Gardo women group.

- CARE identified and hired appropriately qualified trainers for the areas of training for example DELTA, nematode and pest control, report writing, water management, agricultural extension etc. Due to the training received, there is a change in partners' capacities, and this has been reflected in the assessment final scores.
- Various categories of partners have been identified and training methodologies suitable to their specific needs developed and adopted. A Somali version of training has been put in place, complete with manuals in Somali language, which has enabled all partners to follow training.
- The strategy to include all PDP partners in training activities by undertaking English and Somali language sessions.
- The opportunity to "field test" training skills acquired from training and on-the-job training has given participants a chance to concretize the knowledge acquired.
- The PDP capacity building component strengthened and provided older partners ability to train other partners in need. Through this practice, PDP partners can exchange experience and ideas of their activities.
- With training received, NGOs/CSOs have gained skills to undertake fundraising. In particular, the Waie and Shafi'I partners have made individual initiatives to solicit for funds from their friends in and out of Somalia. Waie made a video of their school activities and sent it abroad as an awareness-raising tool.

Weakness of institutional capacity building component

- The capacity assessment tools may not adequately measure the capacity of NGOs/CSOs, as the communities are not structured.
- The absence of an institutionalized systematic training to CARE PDP project staff on how to administer the capacity assessment tools. Staff receives on-the-job training. These tools are administered using participatory techniques and may be vulnerable to subjectivity hence may not always be guaranteed to get the desired results.
- Some PDP partners did not seem to understand the objective of the capacity assessments and the scoring. Feedback to the partners regarding the objective and the results of the exercise may have enabled them to use the results monitor their progress.
- The short duration of training makes it difficult to measuring the improvements made. These partners have also received training before becoming PDP partners hence it is difficult to attribute all the successes to PDP.

Understanding and absorption of key facts and techniques by trainees

- The PDP training provided an opportunity for the older partners to train other PDP partners that needed assistance. The older partners attributed this to the strengthening they received from the PDP training programme. Former CARE

28

UNDP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE,2000

- Capacity building activities have brought different organizations closer and given them a chance to network. EPA helped Gardo women group in proposal writing and other capacity building activities.
- PDP partners have been able to resolve conflicts affecting their development activities as a result of training received from the programme.
- Partners from SORSO, an SPP partner, appreciated project management training that has exposed them to broader development concepts. According to **SORERDO**, in the past they were an NGO in "name" only but they are now able to design projects, write proposals and offer training to other organizations.
- Health workers were able to remember and apply health training received. When asked about what they gained from the training, health workers could describe symptoms of common diseases, e.g. malaria.
- The village health committee members can organize meetings, they have gained knowledge on group dynamics are able to make decisions related to project activities and handle conflicts.
- Training interventions have improved the organizational capacity of **PDP** partners. During field visits, it was found that all partners keep records of activities, and store them in files.

Appropriateness of the Project Design and Interventions General

overview

In Puntland, the absence of mature government institutions and of a strong civil society have affected rehabilitation and reconstruction. The POP is addressing this problem by appropriately and successfully building the capacity of civil society organizations by encouraging networking, providing training, and facilitating community sponsored self-help initiatives. CARE has learned from the Somalia Partnership (SPP) and the Northeast Somalia Partnership Project (NSPP)² that the institutional capacity of NGOs and CSOs can be effectively increased through a combination of capacity building training and sub-grant implementation. At the same time stronger civil society organizations can be built as communities begin to address the social good of the whole community and not just a particular sub-

clan.

The networking intervention of PDP actively supports the formation of working relationships between the NGOs/CSOs and the Puntland Government, NGOs/CSOs and donors and within their groups. Though other CARE projects in Puntland have recommended the establishment of networks, POP is the first project to formalize the recommendation into an objective of a programme. The intervention is crucial to the development of civil society organizations and is very much needed at this time in Somalia.

² SPP is a USAID funded partnership programme that began in 1993. NGO partners receive capacity training and implement projects. NSPP is a Dutch funded partnership programme that give capacity training and sub-grants for implementation to communities.

29

UNDP SOMALIA/CARE SOMALIA

PDP FINAL EVALUATION

JUNE.2000

As Puntland Government develops it is crucial that they be informed about development activities at the community level. The POP is encouraging a needed positive and constructive linkage between the government and the NGOs/CSOs however difficult and new the concept may be. Linkages between NGOs/CSOs and the Government will strengthen relationships between all partners, decrease mistrust and increase confidence in a new Government. The intervention to strengthen linkages between the Government and NGOs/CSOs has come at a very timely moment in Somalia's history.

In the absence of government economic support, NGOs and CSOs need to seek outside assistance for their self-help initiatives. They need to promote themselves and their work with as many donors as possible. To continue the development work that they have started NGOs and CSOs need to become experienced, and sustainable, organizations. PDP in its networking intervention encourages the necessary formation of donor networks to help NGOs and CSOs address the crucial issue of sustainability and their future.

The networking intervention of POP is also wisely encouraging linkages between NGOs and CSOs. NGOs and CSOs can provide needed support to each other once they have established a working relationship. Experienced NGOs and CSOs can provide technical advice and training to inexperienced NGOs and communities on how to initiate self-help initiatives. As a collective group, NGOs/CSOs have the power to advocate for grass-roots development. NGOs and CSOs can support and strengthen each other. PDP has identified this weakness and is encouraging NGOs and CSOs to collaborate and form a network based on consensus with a shared vision.

CARE and UNDP bring to POP different perspectives of capacity building. For UNDP, capacity building is a series of training modules that address the organizational weakness of an NGO/CSO. It is CARE's experience that to do training without implementation was to be "blessed, but without food". CARE and UNDP have come together in their viewpoints to create in PDP a successful programme with a unique mix of capacity building training and sub-grant interventions.

The original programme strategy was to work with 4 NGOs and 4 CSOs in the areas of training, networking, and sub-grant implementation. Though, the project document states that at least four NGOs and four CSOs would be selected for the project. The number that would actually implement projects was not detailed. Midway through programme implementation there was a change in programme strategy to increase the number of NGOs/CSOs that would receive capacity building training. The funding level for the programme did not change

and therefore only five of the original eight partners would implement community interventions. However, an additional 18 NGOs/CSOs would benefit from capacity building training.

The 18 NGOs/CSOs were CARE partners from the Somalia Partnership Programme (SPP) and the Northeast Somalia Partnership Project (NSPP). These NGOs and CSOs had already attained a level of maturity and experience from the previous training received and experience gained from implementing projects. During the subsequent PDP training that was to take place, the core group of 8 NGOs/CSOs were able to meet and learn from the more experienced NGOs/CSOs. The group of 18 were able to receive valuable additional training modules not scheduled in their other projects.

30

UNDP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE,2000

The NGOs/CSOs receive training based on an assessment of their capacity. The assessment tools that CARE is currently using though appropriate, need to be refined to better measure the NGOs/CSOs capacity and its improvement. Because the CSOs do not have an organized structure, it is very difficult to measure their capacity. During the past year, CARE has tried to develop a tool that accurately reflects the internal capacity of a CSO. PDP staff has used a "Spider Model" assessment tool and has adapted a community assessment tool from CARE/Nepal. Truly, it is difficult to precisely assess a CSOs capacity and the PDP staff has worked diligently to address this problem.

The training schedules are designed to address the weaknesses of the NGOs/CSOs. However, it is impossible to give all the training that is needed. CARE and PDP have done an excellent job of providing a variety of capacity training within the constraints of money, time, ability of local consultants, and CARE's ability to find outside consultants. The civil war in Somalia had destroyed the education system. Capacity building training gives to NGOs/CSOs needed technical, administrative and financial training that they cannot get elsewhere. For many NGOs/CSOs, the capacity building training is the only education they have received since the Civil War and will likely be able to receive for many years to come.

When NGOs and CSOs implement sub-grant activities they apply the training knowledge that they have received and are able to more effectively strengthen their capacity. They also learn how to work with the community, which cannot be taught in a workshop. Additionally, the school or the health post that is constructed benefits the lives of many people. Communities learn to address the broader issues of civil society; including defining contributions, rights, and responsibilities. However, subgrant implementation can be expensive, but PDP proved that large amounts of money do not have to be spent in sub-grant implementation. PDP was able to effectively implement low-cost projects that benefited the community and increased the capacity of the implementing partner.

It is difficult to say which has the greatest impact in Somalia: a programme that builds the capacity of 21 partners through training and 5 partners through training and implementation or a programme that builds the capacity of 8 NGOs/CSOs through training and implementation. PDP had limited funding and maximized its use by effectively mixing the levels of training and implementation.

It would be difficult to replicate the success of PDP in another environment. The programme was able to accomplish diverse activities in a short period of time. PDP achieved many of its objectives because of the "CARE environment" of experience and programming. In the last

five years, CARE staff has gained invaluable experience from the SPP and NSPP projects on how to effectively administer, communicate, and cooperate with NGOs, CSOs and communities. CARE knows the kinds of conflicts that will be faced when a community implements a development project for the first time. CARE has over the years has developed tools and strategies to deal with the various components of partner programming. CARE has developed selection criteria for NGOs and CSOs, capacity assessment tools, and community contribution forms. Each tool is refined and modified as CARE gains more experience.

The Partnership in Development Programme has also benefited from an environment of partnership projects. When PDP was started there were two other on-going partnership programs that had training and sub-grant implementation activities.

31

UNOP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE,2000

Another partnership program was initiated as PDP completes its activities. The four partnership programs have profited from each other's activities and achievements. For example, NSPP CSOs are able to get training that is not included in the NSPP budget with PDP. PDP NGOs are able to implement development interventions in the new partnership project enabling them to use the training they have received with PDP. There is a synergistic effect from several on-going partnership projects. Donors are also able to maximize the outputs of their funding.

Programme achievements towards goals and objectives

Under the three broad objectives of PDP are two immediate objectives each with its own success criteria, expected outputs and activities.

Immediate Objective 1.

Strengthen the institutional and substantive capacities of NGOs/CSOs through training to enhance their capacities, their understanding of the objectives of the PDP and of the required levels of accountability. The initial focus for selection to be on NGOs/CSOs already known and recognized, whose background and assessed capacities indicate an ability to implement development projects according to established criteria.

Success criteria

1. Strengthen institutional and substantive capacity of NGOs/CSOs, as well as enhanced understanding of accountability requirements
2. Selected NGOs/CSOs capable of independently designing projects that provide required response to community needs and that have the potential of attracting external funding

Output 1.1

Capacity building undertaken on selected NGOs/CSOs in selected regions through appropriate training to strengthen their institutional and substantive capacities, including:

1. Administrative and financial accountability

2. Management capacity

3. Capacity for monitoring and evaluation of activities

4. Process of participatory decision-making and consensus building at the community level

UNOP SOMALIA /CARE SOMALIA

PDP FINAL EVALUATION

JUNE.2000

32

Success Criteria

1. Key participants in each of the initially-selected NGOs/CSOs will have satisfactorily completed appropriate training to strengthen their capacities in the above areas;
2. Mechanisms in place for regular exchange of information and experience among CSOs in each locality/region, participating in the training;
3. Development in each selected region of a nucleus of trained NGOs/CSOs , with exchange of experience. Core groups of NGOs/CSOs forms an informal network for sharing ideas and experiences in an effort to enhance effectiveness.
4. Capacity to conceive and implement activities; and, capacity to mobilize sectors of civil society and access resources independently of external services.

Activities for Output 1.1

- 1.1.1 Organize a series of formal meetings in selected regions to familiarize NGOs/CSOs , local authorities and donors on the capacities and resources of a vibrant civil society.
- 1.1.2 Organize a series of seminars for NGO/CSO leaders and LAS representatives on key NGO/CSO development issues relevant to Somalia, that (i) involve the participation of key stakeholders, and (ii) aim at sharing/exchange of experience, participation in policy/programme dialogue, and effective collaboration of the various stakeholders.
- 1.1.3 Assessment of training needs of selected NGOs/CSOs
- 1.1.4 Planning/development of training programmes to meet identified needs
- 1.1.5 Preparation of training materials for targeted capacity building interventions
- 1.1.6 Conduct workshops/training programmes to provide training in planning and management, participatory community development, technical, financial and administrative skills and gender analysis;
- 1.1.7 Conduct additional training programmes where necessary to strengthen organized capacity of CSOs, reinforce internal structure, improve or establish accountability mechanisms, enhance participatory decisionmaking and self-reliance, and develop capacity to design, implement and evaluate projects.
- 1.1.8 Assess skills development of partner organizations Output 1.2

NGOS/CSOs with enhanced institutional and substantive capacities and understanding of management and accountability requirements created.

33

Success Criteria

Presence in each selected region of a core of NGOs/CSOs with enhanced institutional and substantive capacities, trained in accountability requirements and ability to mobilize community groups.

Activities for Output 1.2

- 1.2.1 Organize a series of seminars/workshops for NGO/CSO leaders, local authorities and donors on essential issues relevant to the target region;
- 1.2.2 Establish a mechanisms for regular exchange of information/experience among NGOs/CSOs in each region, and between them and NGOs/CSOs in other regions, through periodic meetings of NGO/CSO leadership.

The first immediate objective focuses on the institutional strengthening of NGOs/CSOs through training to enhance their capacities. The objective also states that the NGOs/CSOs that are chosen for the programme will already be known and recognized for their capacity. Because the pool of known NGOs/CSOs is small, PDP was obliged to assess and select NGOs/CSOs that were inexperienced. PDP took the extra challenge of working with untrained NGOs/CSOs and improved their capacity.

The programme achieved the first criterion of the success criteria of the first immediate objective. The programme to its credit, through capacity training was able to improve the institutional strength of these inexperienced NGOs/CSOs. There were some improvements in capacity assessment scores. Also, there was visible proof that the NGOs/CSOs had improved financial records, monitoring systems and improved organizational management. However, those NGO/CSOs implementing projects could have benefited from additional financial training. The recommendation is based on the low audit scores of the implementing partners. The second success criterion was not entirely achieved. It is the evaluator's opinion that given the NGO/CSO skill level in Somalia, it is impossible for most NGOs/CSOs in one year to obtain the capacity to independently design and write projects in English for external funding. However, there are exceptions, the NGO Shafi'i has written a proposal and received funding. During PDP, the implementing NGO/CSOs with the help of PDP staff and a consultant designed projects and wrote proposals.

At the output level for the first immediate objective, the NGOs/CSOs were able to improve their administrative, management and monitoring capacity. However further financial training is needed for those NGOs/CSOs that are implementing projects. The implementing CSOs and NGO would have benefited from the advice and training of a second audit exercise. Because of the short time frame of the sub-grant implementation period, it was not possible to do a second audit. CARE however did a follow-up inspection of the NGO/CSOs to ensure that the audit recommendations were carried out. CARE takes its financial auditing work very seriously and trains/audits the NGOs/CSOs as much as is possible. CARE is known by all of their donor partners for their strong financial skills.

The implementing NGOs/CSOs were able to improve their evaluation of activity skills. They carried out a baseline survey and participated in the PDP internal review. A follow-up survey to the baseline was not mentioned in any of the project documents. However, with the assistance of CARE, the NGOs/CSOs were able to improve their processes of participatory decision making. Discussions and decisions involved all levels of the community and often with the help of the local authorities.

Examining the success criteria for Output 1.1, the programme document was overly optimistic in what PDP could accomplish in one year. All of the "core" NGOs/CSOs and the additional 18 capacity training NGOs/CSOs received all of the planned training interventions. Unfortunately, the programme ended before mechanisms could be put in place for the regular exchange of information among CSOs or formation of an informal network by a core group of trained NGOs/CSOs. The twenty-six PDP partners have begun to form a consortium. The group already has a set of rules, regulations and a set of criteria for membership. It is a great accomplishment for PDP to have facilitated the formation of consortium.

It will be seen whether the group will continue working on the establishment of the consortium without the facilitation that CARE sponsored activities offered. The core group of NGOs/CSOs have made improvements in their institutional strength though only one or two now have the capacity to conceive and implement activities, mobilize sectors of civil society and access resources independently of external services. Shafici NGO recently received funding from an international donor for a proposal to build more classrooms in the Shafici Primary School.

CARE carded out all eight of the activities for Output 1.1. CARE organized meetings between local authorities and NGOs/CSOs on program issues. Though, it is unknown by the evaluators to what extent CARE organized a series of formal meetings to familiarize NGOs/CSOs, local authorities, and donors on the capacities and resources of a vibrant civil society. CARE has appropriately moved cautiously on political themes with the government.

The outcome of Output 1.2 under the first immediate objective was the creation of NGOs/CSOs with enhanced capacities. All of the NGOs/CSOs that participated in PDP improved their institutional capacity. These same NGOs/CSOs would like to receive more training to improve their institutional strength. They know that building the capacity of a NGO or CSO is a long learning process. Proficiency does not come from attending one training session on a subject or within a one-year program.

Activities for output 1.2 were partially realized. Seminars, workshops were not held for NGO/CSO leaders, local authorities and donors on essential development issues relevant to the target region. The Government of Puntland is just arriving at the point where it is ready to discuss countrywide policies and strategies. Given a longer implementation period the programme could have begun to organize workshops on a regional basis. On a lower level, meetings have been held between NGOs/CSOs, the Regional Health Coordinator, and UNICEF to discuss the future of the health posts. The NGO/CSOs were unable to establish a mechanism for regular exchange of information and experience. At the training workshops, many of the PDP partners were able to meet for the first time and exchange experiences. CARE has encouraged the PDP partners to formalize their network.

The section on the N

defined immediate objective and its outputs, success criteria and activities focus /CSO sub-grant intervention. It contains the following:

Immediate Objective 2

Cooperate with Somali NGOs/CSOs to encourage and develop self-help initiatives to promote water, primary education, organization of primary health services, and sustainable livelihoods, with particular emphasis on women and small community initiatives, and a view to encouragement of initiatives capable of replication.

Output 2.1

Community based self-help initiatives that motivate and empower people to undertake development work at the local level; identification by communities and NGOs/CSOs of objective and strategies to ensure self-reliance and sustainability of activities;

Success criteria

1. Enhanced capacity of NGOs/CSOs to identify, **assess**, plan and implement selfhelp Initiatives and account for material support provided.
2. Increased and enhanced participation of NGOs/CSOs in self-help initiatives involving people in rehabilitation and development work at the community level and contributing to sustainable livelihoods.
3. Successful implementation of planned self-help initiatives based on their respective project objectives.

Activities for Output 2.1

- 2.1.1 The basic procedures for project (NGO/CSO sub-grant) implementation will be as follows:
 1. NGO /CSO project fits within the sector parameters of the program, i.e. water, primary health care services, education, and sustainable livelihoods.
 2. Establishment of procedures for project site selection.
 3. Technical review of proposed project.
 4. Formal contractual agreement between CARE and NGO/CSO.
 5. Establishment of mechanisms (Programme Review Committee) for regular feedback to donors and community.
 6. Basic monitoring and evaluation systems within CSO/NGO.
 7. Financial accountability assured through regular on-site audits.

PDP achieved the second immediate objective and output 2.1 with the successful construction of 2 primary schools and 3 health posts. The three-success criteria for the output have all been achieved.

The five NGO/CSOs that implemented self-help initiatives have enhanced capacity as a result of the experience. During implementation the communities learned to assess needs, plan a project, write a proposal, resolve conflicts, construct a school or health post, and now manage and sustain what they have created. While executing the self-help initiatives, the NGO and CSOs increased their participation with the community. At all times during implementation, there was a need for open and transparent dialogue between all interest groups to avoid and resolve conflicts. Implementation was successful because the schools and health posts were for the benefit of the whole community and not one sub-clan. All of the self-help initiatives were achieved as planned. Issues of sustainability for the health posts still need to be addressed.

The seven activities for Output 2.1 contain the basic procedures for NGO/CSO grant implementation. They were all achieved. However only basic monitoring and no evaluation systems were established within the NGO/CSOs. There was only one audit conducted because of the short time frame of four months for sub-grant implementation. The audit found no financial irregularities. Recommendations made at the time of the audit were carried out. At the financial closeout of PDP, there will be another audit of the sub-grant activities.

Appropriateness of the NGO/CSO project interventions

Five PDP partners implemented development projects. Two of these, Shafi'i and Waie implemented education activities, expanding existing schools by constructing classrooms while the other three Galgala, Dharjaale and Gardo undertook health activities, constructing health posts. As indicated in the results of the PRA's undertaken, these projects were based on real community needs.

Education projects:

Imam Shafi'i school

The expansion of the school has fulfilled a community need by providing extra space for the enrollment of school going children who had no chance to go to school. In Shafi'i school the problem of overcrowding has been controlled and recreational facilities have been available. The construction of the toilets has enhanced sanitation to a population of over 2500 pupils and teachers. There is evidence that the school is providing good quality education to local children as envisaged in the project proposal.

The expansion of the school has resulted in the enrollment of an even larger number of students than was envisaged. The absence of the extra classrooms would have denied many school going age children an education.

Waie Village school

The PRA exercise undertaken in Waie identified the lack of space for school children, as the existing school was crammed with 350 pupils. An estimated 500 - 700 children in the village faced the prospect of missing school places unless the problem was solved.

37

The new school building has been completed and equipped with desks and chairs. While the community had anticipated availing classroom space for 500 to 700 school age children in the village, the total current school enrollment stands at 210 pupils from 120 pupils before the classrooms were completed. Before the extra classes were constructed, the school was serving 350 pupils according to the project proposal.

It is useful to note however, that because of the serious water shortage in the village, the population moves from Waie in search of water. During the summer, which extends from May to September, communities move into Waie to escape the unbearable heat of Bosasso, and enroll their children into the school for the period. Recently the number of people deciding to live in Waie permanently has increased.

It should be recalled however, that communities willing to implement development projects had to deal with the problem of identifying an activity that would fit in with the funding available. For example, the PRA survey for Waie had identified and prioritized provision of water over all the other needs. To rehabilitate the borehole in Waie, funding beyond the UNDP ceiling of US\$19,000 would have been required. The Waie community had therefore to go to priority need number two, construction of a school, in order to qualify for the sub-grant.

Health Posts:

Three of the PDP partners implemented projects related to health. Health posts were constructed at Shimbiraale, Galgala and Dharjaale. There is appreciation among the community and government personalities for the health posts in all the three locations.

Through field visits, which happened barely two months after the completion of the facilities, the evaluation found out that even though the posts have been completed and stocked with the relevant drugs, usage of these facilities was low. It was however appreciated that the facilities are newly established and therefore knowledge of their availability may not have spread widely.

Galgala health post

The Galgala community was very enthusiastic about the new health post. They attribute the collapse of the MCH rehabilitated by Africa 70 due to lack of management. The new health post belongs to the community and it is being managed in a participatory manner.

People go to the health post to get diagnosis and treatment. They go to the facility to consult the health workers on their health problems and to buy medicine. It was noted that not many women visited the health post to seek for ante and post-natal services. No woman had yet delivered in the Galgala facility.

The community said that women are afraid to go to the health post because of the male health workers and because traditional birth attendants serve them at home, and in the mountains where some of the populations live.

ShimbiMale health post

In Shimbiraale, the evaluation mission found out that the health post had been opened and was operating. At the time of the visit there were patients getting treatment. The

38

UNDP SOMALIA/CARE SOMALIA

POP FINAL EVALUATION

JUNE,2000

conflict about the management of the facility that had delayed the opening of the health post had been solved and a village health committee elected to manage the facility with the help of one volunteer male nurse.

People visit the health post to buy drugs, and consult the CHWs and TBAs. By the time of visit, three women had delivered babies at Shimbiraale.

The evaluation team did not manage to visit the health post at Dharjaale due to limitation of time. However, project-monitoring records show that the community, who live 168 km from Bosasso, have appreciated the availability of the facility and it is being used. The high frequency radio has been installed and is being used to refer patients. The health committee has been formed and is responsible for monitoring the activities of the project.

Analysis of the problem statement from all the health project proposals for the three areas site malaria, diarrhea, cholera, poor public health and hygiene as well as reproductive health and respiratory diseases as the most common health problems. The health workers have received training in public health and hygiene and will use this training to provide information about preventive health activities.

All communities participated in identification of projects through the participatory rural appraisals.

The positive response from the communities, manifested through the willingness to pay for drugs is encouraging given that before the civil war health facilities provided free services.

More training is however needed to ensure that the health workers gain enough skills to provide quality services.

The self-help initiatives have proved short-term sustainability through the sales of drugs, and payments for medical consultation. However, because the health posts have been operational for a short period of time it is not possible to predict the longterm sustainability of the health posts.

In the project planning stage a cost-benefit analysis should be done to help determine the potential long-term sustainability of an intervention. The analysis should be done early in the planning stage so an intervention could be halted if the analysis proves the intervention to not be feasible in the long term.

Response of the NGOs/CSOs, communities and local authorities to project interventions.

All the project partners interviewed (both the core and non-core partners) voiced their appreciation for the projects implementation and the training received.

CAS explained that as a result of the training received, they had diversified their activities to

include hygiene and nutrition activities. The women have started awareness raising activities in their community regarding the need for proper nutrition and balancing diets using locally available food.

SWRU project manager admitted that before the PDP programme capacity building interventions, they sought a lot of assistance from CARE on report writing. The training received from PDP has developed their capacity to develop reports with little or no supervision.

The different communities that have benefited from community development projects have shown their appreciation by responding to needs arising out of implementation. An example can be given of the Wale and Shafi'i communities who have provided both labour and cash to bridge shortfalls in project implementation. In Waie, the community contributed money to purchase over 30 truckloads of building stones for the school.

The government has shown a positive response, given the limitations it faces by the fact of its being in its infancy. The Regional Health coordinator has taken the health component activities seriously enough and is giving a lot of consideration to linking up the health posts with other health related organizations i.e. UNICEF and AAH for provision of drugs to the facilities.

There is need to strengthen the working relationship with the Mayor of Gardo to enable the PDP partners in Gardo benefit from his office.

Status of Networking

The networking into partnership programs the establishment NGOs/CSOs, between donors.
Government and

The network, linkage was a considerable project document was December of 1998. relationship, its policy explored and established force the government implementation of this with the: Puntland G PDP.

Attention is unique to PDP and not found in other CARE
The intervention is ground breaking in its attempts to facilitate
linkages on three levels: between the government and
non NGOs/CSOs and each other, and between NGOs/CSOs and

GOs/CSOs

is established between government authorities and NGOs/CSOs achievement. The Puntland Government did not exist when PDP written, and was newly established when PDP commenced in At that time, the Government had not clearly articulated its policy toward international organizations. The PDP staff slowly had communication links with the government not wanting to get into making hasty decisions that would undermine the programme. The gradual establishment of communication links over time caused initial delays in the implementation plan of

It was a novel concept for NGOs and communities to form linkages with the government and involve them in their activities. When the regional government was initiated it did not have strong institutional capacity; there were NGOs in Puntland that had greater institutional capacity. Communities were apprehensive about the role the government would play in their lives. Because the government had limited resources, there was a certain amount of disinterest towards the government. PDP has worked *hard with NGO/CS* to convince them of the importance of establishing linkages with the government. It is a great accomplishment of PDP and the PDP staff that NGOs/ CSOs are now meeting with the government authorities and informing them of

40

their activities. The Galgala community recently met with the District Commissioner to ask for help to repair the road to their community. The Galgala community received a gift of petrol to aid them in their work.

PDP has put considerable effort into establishing networks with the government. PDP has invited local authorities to attend training workshops. The Minister of Agriculture,

members of local municipalities and district authorities have attended capacity building

training sessions. The selection of members for the PRC was discussed with the Governor of Ban Region. The Governor has designated a government officer to liaison between the programme and the Puntland Government. The officer is a member of the PRC. The governor supports the establishment of linkages between the government and the NGOs/CSOs. He views it of critical importance that NGOs/CSOs inform the government of their activities to avoid duplication. The Governor states that the Puntland government will cooperate with and support community development activities but they must be community driven, managed and sustained. The government representative to the PRC compliments PDP on its ability to organize a community and integrate them with the local authorities.

Meetings have been held at all levels to introduce the NGO/CSOs and their projects to the local authorities. The sub-grant project documents were given to the Bad Region Vice-Governor and the District Commissioners of Gardo, Bossaso, and Iskushuban. These government representatives expressed their support for the networking and information sharing and promised to support the program by assisting in improving working relations between the NGOs/CSOs and the government. Network meetings were also held between the new Bossaso District Commissioner and NGO/CSO representatives. The District Commissioner commended the PDP and its objectives, stating, that "capacity building is much more important than the provision of materials".

The linkage between the government and NGO/CSOs has facilitated project implementation. At Waie, there was a conflict between two groups of the community who disagreed over where the new school should be located. One group claimed that a private, individual owned the land while the other stated that it was communal land. The issue was resolved with intervention from the local government authorities and elders. In Gardo, the District Commissioner and District Health Council aided in the determination of the project site. Two project sites were proposed but were found to be unsuitable. A participatory discussion was held with Gardo Women's Group, CARE staff, the District Commissioner and members of the District Health Council to decide on the final project site Shimbiraale village.

The programme has also formed with the Regional Health Coordinator, a valuable linkage. At the end of the partnership programme, there are no funds available for needed supervision and training of the staff at the health posts. The Regional Health Coordinator has discussed this unmet need with the Gardo Hospital, a German NGO Aktion Afrika Hilfe (AAH), and UNICEF. UNICEF has signed an agreement with the Puntland Government to provide Shimberaale health post with drug kits and training through the NGO AAH. UNICEF will directly give training and drug kits to the Galgala health post. Traditional Birth Attendants (TBAs) and Community Health Workers (CHWs) will receive training to update their skills. The linkage with the government will give support and help to sustain the health post.

NGOs add CSOs

The networking between the NGOs and CSOs was greatly facilitated by the group training sessions. Previously many of the NGOs/CSOs only knew the other partners of their particular CARE project. In the training session, they were able to encounter NGOs/C that were working in the same sector but from another region. People were able to exchange ideas, experiences and learn from each other. Since many of the NGO/CSOs are women's organizations, there has been increased gender awareness among the PDP partners. CARE missed an opportunity at these joint training sessions to promote the concept of networking with the non-core NGOs/CSOs.

CARE and PDP encouraged the formation of a NGO/CSO consortium from the pool of 26 partners. The NGOs/CSOs have begun the preliminary stages of organizing the consortium. The group already has a set of rules, regulations, and criteria for membership. At present, there are 17 organizations involved in the start-up of the consortium.

Linkages have also been formed when PDP has used the more experienced NGOs/CSOs to give training to new partners. Somali Peace and Development Society (SPDS) has given baseline training to NGOs/CSOs working with water projects. i Somali Women Reunification Unit (SWRU) helped the local communities in Gardo, Tisjic, and Galgala to do baseline surveys for the health posts. SPDS and SWRU are getting teaching experience and NGOs/CSOs are improving their contact with experienced NGOs/CSOs in their sector. Shafi'i Education NGO has a link with the Waiej Primary School. The NGO has given teacher training and finance training to the school.

The learning that takes place between NGOs/CSOs could be further enhanced by cross-visits to NGOs/CSOs located outside of Puntland. NGOs/CSOs that are implementing projects could visit a similar project in Somaliland or S. Somalia. An NGO/CSO could see first hand how a school or school is successfully managed. The NGOs/CSOs could also visit CONSONGO, which is a national consortium of NGOs located in Hargeisa, Somaliland to learn how the consortium was founded and what types of activities they are involved in.

Donors) and NGOs/CSOs

Few linkages were established during PDP between NGOs/CSOs and donors. One very significant and necessary linkage that has been formed is the linkage between UNICEF and

the CSO managed health posts. UNICEF through an agreement with the Government will provide training and drug kits to CSOs. Most of the NGOs/CSOs that have links with international donors have established them by themselves. If PDP has another phase, CARE should make it a priority to strengthen the linkage between NGOs/CSOs and donors. CARE could consider having informal partnership days or forums for donors to meet and see the work that the NGOs/CSOs have achieved. CARE and UNDP should consider advocacy for NGOs/CSOs in the SACB.

Achievements ;:end Constraints

Achievements

- There is increased cooperation and trust between NGOs/CSOs and Government authorities as a result of the linkages that were formed during the programme.
- NGOs and CSOs want to formalize the networks that occurred during PDP and have initiated the founding of the first NGO/CSO consortium in Puntland.
- PDP with the Regional Health Coordinator has established an important linkage that will provide additional support for health posts.
- PDP conducted over 25 capacity building training sessions on topics which include: organizational management, report writing and presentation, participatory programming, financial and administrative management, water management and sanitation, water cost recovery and conflict resolution.
- There was an increase in the institutional strength of NGO/CSO partners demonstrated by an increase in capacity assessment scores, and use of organizational management techniques and monitoring tools.
- The capacity training modules were offered in English and Somali.
- PDP provided needed community services with the construction of 3 health posts and 2 primary schools.
- A sense of community spirit, ownership, and pride were created when the community initiated, organized and completed the self-help initiatives.
- The health posts and schools are sustainable in the short term and they have initiated linkages to address future sustainability.
- The PRO expanded its original mandate and contributed to the achievements of the programme by mediating conflicts, visiting project sites, and participating in the midterm evaluation.

Constraints

- It is difficult to measure the impact of capacity building and network formation interventions, which require more than one year to achieve.
- NGOs/ SOs were apprehensive of forming linkages with the Puntland Government.
- The selection of the "core" PDP partners and training of the CSOs required more time than was envisioned and slowed down programme implementation.

43

UNbP SOMALIA /CARE SOMALIA

POP FINAL EVALUATION

JUNE,2000

- The capacity assessment tool for CSOs (Co-CAT) needs further refinement. CSOs lack a formal structure, which makes it difficult to measure their organizational capacity. Although PDP staff have modified the tool, it requires further perfecting to measure CSO capacity.

• The communities of Waie, Gardo and Galgala delayed implementation of the self-help initiatives.

- The health posts and schools were unable to prove long-term sustainability within the short time

44

me of the programme.

Lessons LearncA

- Basic amou'

interventions such as schools and health posts require small (relatively) is of money and impact the lives of many people in a community.

- A hea

h facility requires more post-implementation follow-up than a school.

- Traini~g should be conducted whenever possible in Somali language for CSOs.
- A co -benefit analysis should be done during sub-grant proposal planning to help NGO CSOs plan for long term sustainability.
- Des e encouragement from PDP, women's participation levels at the community level are still low. It will take many years to change the low status of women in

Somali culture.

- Though, PDP encourages communities to establish and use criteria for membership on committees. The criteria will sometimes be abandoned for traditional tribal rules, where people are elected to committees based on their clan affiliations rather than on their qualifications.

- The work cap

DP has immensely benefited from CARE Somalia's 19 years of experience in Somalia and specifically, the 7 years of direct experience implementing its building programmes with local organizations.



Networks

- All NGOs/CSOs should receive training on the relevance of forming linkages with the government and other NGOs/CSOs. During PDP implementation, an opportunity to promote the concept of network formation with non-core PDP partners was missed. In the future, all partner NGOs/CSOs should be encouraged to establish linkages with each other, government authorities, and donors.
- All NGOs/CSOs should receive gender awareness training. During the communal training sessions the many women NGOs/CSOs raised the awareness of the role women can play in civil society. Gender training should be given to all programme partners to continue to sensitize people on the role of women in society.
- Capacity assessment tools should be refined so they are better able to assess capacity and change in capacity of the NGOs/CSOs. It is very difficult to assess the organizational capacity of a civil society organization, which has no formal structure. CARE has been improving their assessment tools but further refinement is needed for the Somali context. The CARE staff also needs to have systematic training on the use of these assessment tools.
- Technical cross-visits to Somaliland for NGOs/CSOs should be funded. A NGO/CSO could gain first hand experience about managing a school or health post by a visit to a comparable institution.
- The PDP NGOs/CSOs are on the threshold of founding a consortium. Funding a resource center where there could be a center of contact would help them to establish themselves. The resource center could contain a library, a computer, and photocopy machine. Fees could be charged for the use of the equipment to help sustain the center. The resource center could be the base for a consultant team made up from members of the consortium. The consultant team could give training to other NGOs/CSOs. The consortium could also advocate to the government for community development and other issues.
 - Though, activities were planned in the programme document to acquaint NGOs/CSOs with donors they were not achieved. In a second phase of PDP, these activities should be more strongly encouraged.

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Implementation

- As funding becomes available, allow more NGOs/CSOs to implement projects. When implementing a project NGOs/CSOs are able to apply their training and

46

they learn to work with the community. Communities also benefit from receiving needed basic services.

- Future training

implementing partners receive more cost recovery and on the job financial than is currently given.

A cost-benefit analysis should accompany all sub-grant intervention proposals to aid in the determination of long-term sustainability of a project.

