



Oxfam, Hajjah Office, YHF project, End line Survey



YEMEN HUMANITARIAN FUND  
**END LINE SURVEY REPORT**  
Hajjah, Aslam District  
January 2023



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## Abbreviations

CHV:	Community Health Volunteer
CSI:	Coping Strategy Index
DDM:	During Distribution Monitoring
SCMCHA:	Supreme Council for Management and Cooperation of Humanitarian Affairs
EFSVL:	Emergency Food Security and Vulnerable Livelihoods
HC:	Host Community
HKs:	Hygiene Kits
FCS:	Food Consumption Score
IDP:	Internally Displaced People
MEAL:	Monitoring, Evaluation, Accountability and Learning
PDM:	Post Distribution Monitoring
PHP:	Public Health Promotion
UCT	Unconditional Cash Transfer
WASH:	Water, Sanitation and Hygiene
YIHR	Yemen Integrated Humanitarian Response
YHF	Yemen Humanitarian Fund

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## Executive Summary

Oxfam implemented YHF integrated life-saving food security and WASH intervention to support the vulnerable IDPs and Host Communities in Aslam district with its three subdistricts which are Aslam Al-sham, Aslam Al yamen and Aslam Al wassat. To evaluate the achievements and impact of this project, Oxfam carried out this End line survey which covered a sample of 200 men and women respondents randomly selected to represent all the YHF targeted communities, 31% of these respondents were women and 69% were men, 27% of the total respondents were living in Aslam Al Sham, 38% were living in Aslam Al wassat and 36% were living in Aslam Al Yaman. Regarding the type of residence, it was captured that 70% and 65% of the men and women respondents were IDPs and 30% and 35% of the men and women respondents were respectively from the host community. For age and sex structure of the HHs members, it was found that 50.2% of the HHs members were men and 49.8% were women, 23% of the total members of these HHs were aged less than 5 years, 32% were aged between 5 to 17 years, 36% were aged between 18 to 59 years and 9% their ages over 60 years.

**Kinds of Received assistance**, the respondents confirmed that their HHs received assistance 7 kind of assistance from Oxfam in the previous year which CASH – UCT assistance, Hygiene Kits, water services through WSS, awareness messages, benefited from latrines construction and they got cleaning tools for latrines.

### WASH

**Water Quantity**, the respondents stated that the surveyed HHs got drinking water from 4 sources (compared to 9 sources in the Baseline survey), 60% of these HHs got water from local water connections compared to 16% in the Base line survey. The findings showed that the average amount of water for the HHs at the moment of the interview was 30 Liters per Person per Day (LPD) compared to 14.5 liters in the Baseline survey. On the other side, the findings showed that 91% of the respondents stated that the distance from home to the water point was less or equal to 500 meters, about two third (66.5%) of the respondents stated that their HHs received water provided by Oxfam, 87% of the respondents pointed out that the water was sufficient for HH domestic use compared to 45% of the Baseline respondents who declared that their HHs had sufficient water and 72% of the respondents identified that it took less than 15 minutes in the queue in the water point to get water, compared to 33% in the Baseline survey.

**Water Quality**, in this regard, the findings showed that 84% of the respondents stated that the water taste was good compared to 51% in the Baseline, 97% of the respondents stated that their HHs had separate water containers, 68% of the respondents declared that the HHs used water and detergent to clean water containers compared to 22% in the Baseline, 68% of the respondents pointed out that the HHs clean water containers in weekly basis compared to 48% in the Baseline, and 61% of the respondents revealed that their HHs treated drinking water compared to only 8% in the Baseline. When asked about

the methods used to treat drinking water, it was found that 48% of the respondents pointed out that the HHs used chlorination to treat drinking water compared to 33% in the Baseline.

**Conducting a chlorination campaign**, 74% of the respondents acknowledged that there was a chlorination campaign conducted in the community compared to 2% in the Baseline. On the other side, it was captured that 78% of the respondents stated that there was a functional Management Water Committee compared to 38% of the Baseline respondents.

**Hygiene Situation**, 87% of the End line respondents indicated that their HHs had soap at the time of the survey compared to 33% of the Baseline HHs, 99% of the End line respondents used soap on the day of the interview compared to 26% of the Baseline respondents, 84.5% of the respondents stated that they were washing hands in the critical time with water and soap compared to 26% in the Baseline, 91% of the respondents stated that the key moment of washing hands is after using latrine compared to 48% in the Baseline survey, 84% stated that it is after cleaning a child's bottom compared to 28% in the Baseline, 81% Before preparing food compared to 30% in the Baseline, 52% after dealing with animal compared to 17% in the Baseline. When the respondents were asked why hand washing is important, 75% of them replied because it prevents disease, 74% stated that it is important for cleaning and 50% declared it is important to avoid bad smells, 77% of the respondents stated that they participated in hygiene events in the last 4 weeks compared to only 24% of the respondents in the Baseline.

**Having latrines and environmental sanitation**, 92% of the respondents indicated that they had latrines compared to 70% of the HHs in the Baseline survey, 13% of the respondents specified that there were containers in their communities to keep the HHs' waste before disposal. When asked how does domestic waste manage, they mentioned three methods, 47% of the respondents pointed out that they throw the waste away, 53% of them stated that they dispose it in a pit and 71% indicated that the HHs burn the waste, 82% of the respondents indicated that the waste disposal was important for cleanness, 75% stated that it was important to prevent sickness and 57% declared that it was important prevent flies

### **FOOD SECURITY (EFSL)**

**Regarding income and assistance**, all (100%) the respondents indicated that they had income for their family compared to 68% of the respondents in the Baseline survey, the average monthly income was YER 46,000 compared to 23,118 in the Baseline, it was also found that 91% of the respondents who borrowed money spent this money to buy food, 87.5% of the respondents declared that the selected people as beneficiaries were eligible, all the respondents pointed out that they received 6 rounds of UCT from Oxfam during the last 6 months. When asked if the transferred money was enough to cover the HHs' basic food needs, 89% of the respondents replied YES, it was, and also it was found 89% of the respondents preferred cash assistance. For the satisfaction of the beneficiaries, it was found that 44% of them were satisfied and 56% were very satisfied with the assistance provided by Oxfam.

**Coping Strategy Index (CSI)**, the history of this index during the project's life showed that improvement has been taking place during the project's life whereas the households who were in a high position of

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using rCSI decreased from 97% of the total HHs in the Baseline survey to 11% of the HHs in the End line survey.

**Food Consumption Scores (FCS)**, the findings showed that a significant improvement has been witnessed during the project's life whilst the portion of the HHs in accepted positions increased from 15% in the Baseline survey to 80% of the total surveyed HHs in the End line and the HHs in poor and borderline situations decreased from 35% and 50% in the Baseline to 4% and 16% of the total HHs in the End line survey respectively. When asked about on what the received money was spent, it was captured that 71.5% of the received amount was spent on food items and the remaining ratio (29.5%) was spent on health, fuel, transportation, water...etc.

**Aware of feedback and complaints channels**, 89% of the respondents stated that they know how to file complaints/feedback with Oxfam, 82% of the respondents preferred help desk, 68% hotline, 45% preferred Oxfam's and partners' staff, and 27% of the respondents preferred community representative.

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## Introduction

Oxfam implemented integrated life-saving food security and WASH support to the vulnerable IDPs and Host Communities in Hajjah governorate, Aslam district with its three subdistricts which are Aslam Al sham, Aslam Al yamen and Aslam Al wassat. Oxfam is well placed with the required capacity, infrastructure, and network in Aslem district to implement this intervention as the organization has implemented FSA and WASH projects in the past in the location. The interventions implemented in the same locations to fill identified FSA and WASH gaps to complement each other and maximize the impact on the targeted and assisted communities. Beneficiaries targeted under FSA activities (UCT) were part of the intervention under WASH. Same FSA BNFs were prioritized for and benefit from hygiene kit distribution, cleaning campaigns, latrines provision, and unprotected water sources rehabilitation. In addition, WASH intervention expanded its reachability to other than FSA beneficiaries; hence, the proposal's design focuses on this integrated approach. Gender, protection, and safeguarding programming were intergraded throughout the project implementation process. Beneficiaries under this project comprise of IDPs and HCs that host IDPs or most vulnerable according to the vulnerability criteria. ( minimum 35% women, 36% IDPs and 64% HC)

FSA component of the project aimed to provide Unconditional Cash Transfer (UCT), benefiting 1200 direct households (HHs with 8400 individuals. Among 70% are IDPs, and 30% are HCs for six months. Under the WASH component of the project, Oxfam intended to reach out to 25,445 individuals as direct beneficiaries.

To evaluate the achievements of this project according to the established basic indicators to measure the project's progress and effect on the targeted people, Oxfam-MEAL conducted this End line survey during the period from 19th To 22th December 2022.

## Survey Objectives

This End line survey aims to generate valuable data on the project key indicators outlined in the project log frame and evaluate the quality of the YHF project's results. The specific objectives of this survey are:

- Provide end line information on project performance and results indicators helping to assess the quality of the project achievements.
- Generate data and information for measuring the project indicators to make a clear track of the assistance.
- Collect information about project-implemented activities and improvement of the humanitarian situation in the targeted areas compared with the project baseline data.
- Learn from this project experience for future similar interventions and activities

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## Methodology

### Time and Sample Size:

this End line survey which covered a sample of 200 men and women respondents randomly selected to represent all the YHF targeted communities, 31% of these respondents were women and 69% were men, 27% of the total respondents were living in Aslam Al Sham, 38% were living in Aslam Al wassat and 36% were living in Aslam Al Yaman.. The basis for the sample size was calculated using a sample size calculator <http://www.raosoft.com/samplesize.html>. with 95 % confidence level and 8 % margin of error.

### Collection Data Tools

The survey data and information were collected by using individual questionnaires with ordinal and nominal questions. The questionnaires were filled in remotely by trainee enumerators using individual interview techniques with the respondents.

### DATA ENTRY ANALYSIS

Due to the security situation, it could not be possible to use a mobile phone for collecting the requested data and information, so enumerators collected data and information by paper (hard copies) and then they entered data into a pre-prepared Excel sheet format for analyzing. The results were presented in the form of both tabular and graphical forms, simple statistical tools were used during data analysis (frequency, percentage, mean.....et

### Ethics and Limitation

All survey activities took into consideration the four-main ethical principles in research namely : 1) free consent; 2) no harm; 3) justice; and 4) benevolence. Description of the main study objectives and confirmation of free consent was provided to all potential respondents involved in the actual study. Respondents were entitled to stop responding or participating in the study at any time. Moreover, any respondent reported problems with the questions administered were allowed to cease responding to further questions immediately.

The main limitation of this survey was the restriction of field movement of the data collectors to enable them observing the real living situation of the targeted people and communities.

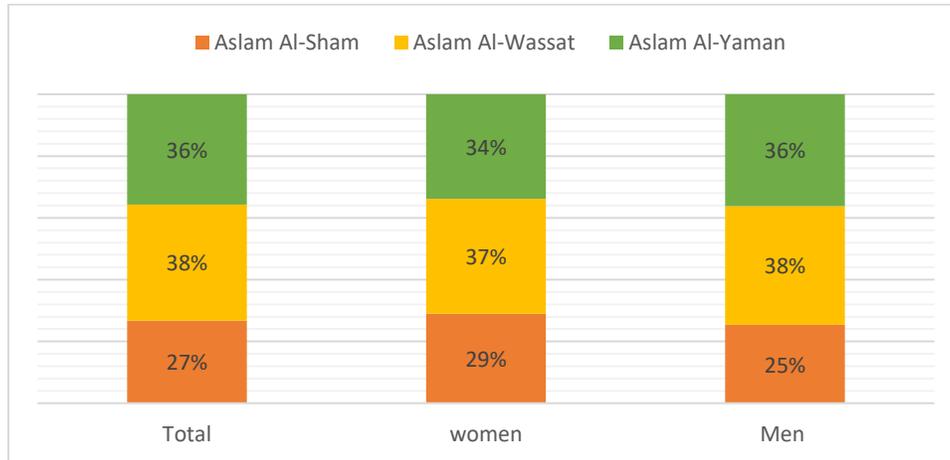
## Key Findings of Survey

### Demographic and Social Characteristics

The survey sample size was 200 men and women respondents randomly selected to represent all the YHF targeted communities, 31% of these respondents were women and 69% were men. Figure 1 shows distribution of the total respondents according to sex and the sub districts, while it was found that 27% of the total respondents were living in Aslam Al Sham, 38% were living in Aslam Al wassat and 36% were

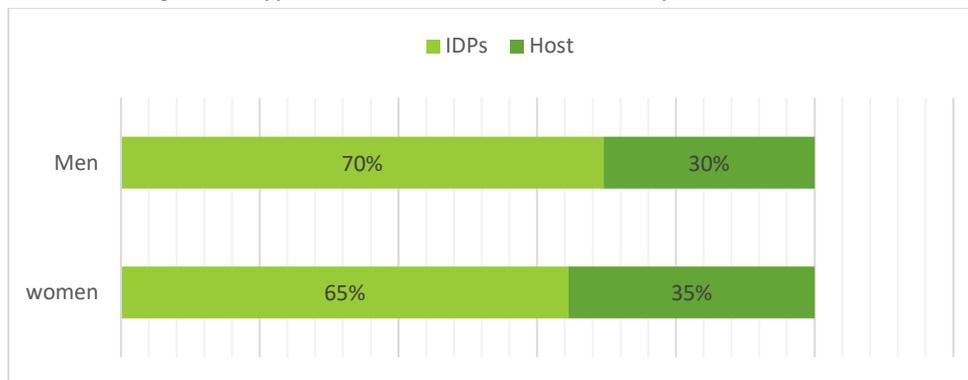
living in Aslam Al Yaman and there was no significant difference in the distribution of the men and women respondent according to these sub districts.

Figure 1: Percentage Distribution of the Respondents by Sex



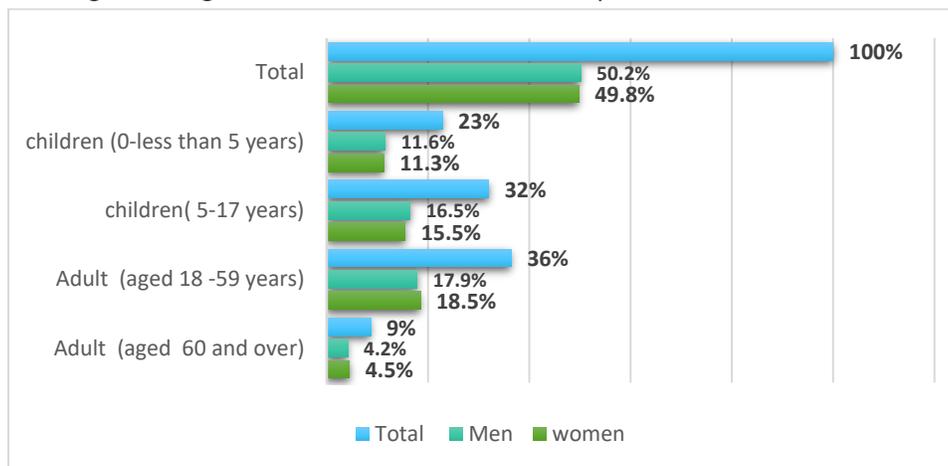
Regarding type of the residence of the surveyed HHs, it was captured that 70% and 65% of the men and women respondents were IDPs and 30% and 35% of the men and women respondents were respectively from host community. The average age of the respondents was 36 years old.

Figure 2: Type of the Residence of the Surveyed Households



For age and sex structure of the HHs members, Figure 3 shows that 50.2% of the HHs members were men and 49.8% were women, 23% of the total members of these HHs were aged less than 5 years, 32% were aged between 5 to 17 years, 36% were aged between 18 to 59 years and 9% their ages over 60 years. The findings also showed that the size of the surveyed HHs was 6.9 persons and 24.5% of these HHs had disabled, elderly and ill persons.

Figure 3 : Age and Sex Structure of the Surveyed Households Members



## WASH intervention

### Kinds of Received assistance

Receiving assistance, in this regard first question to the respondents was about receiving assistance from Oxfam during the previous year, all the respondents confirmed that their HHs received assistance. When asked about the kinds of assistance, it was found that the surveyed HHs generally received 7 kind of assistance from Oxfam in the previous year, all (100%) the respondents stated that they received CASH – UCT assistance, 90% declared that they received Hygiene Kits, 52% pointed out that they accessed water services through WSS, 42% received awareness messages about COVID 19, 23% benefited from latrines construction and same portion (23%) got cleaning tools for latrines, table 1.

Table 1: Type of Humanitarian Assistance Received During the Preceding Years

Responses	Female		Male		Overall	
	No.	%	No.	%	No.	%
Cash- UCT	62	100%	138	100%	200	100%
Access to water through WSS	39	63%	65	47%	104	52%
Latrine construction	15	24%	30	22%	45	23%
HK for latrines	15	24%	30	22%	45	23%
Hygiene kits	53	85%	126	91%	179	90%
Extension of the water network	13	21%	36	26%	49	25%
Hygiene promotion	20	32%	37	27%	57	29%
COVID-19 messages etc.	32	52%	52	38%	84	42%

### Water Quantity

Main water source, table 2 shows that the surveyed HHs got drinking water from 4 sources (compared to 9 sources in the Base line survey), 60% of these HHs got water from local water connection compared to 16% in the Base line survey, 21% from water truck, 15% from water open well and 5% they got water from covered wells.

Table 2: Main Source of Households Drinking Water

	Female		Male		Overall	
	No.	%	No.	%	No.	%
Local Water Connection	43	69%	77	56%	120	60%
Shallow water well (covered)	3	5%	6	4%	9	5%
Shallow water well (open)	9	15%	21	15%	30	15%
Water Truck	7	11%	34	25%	41	21%
<b>Total</b>	<b>62</b>		<b>138</b>		<b>200</b>	<b>100%</b>



Figure 1 Oxfam, YHF project, water distribution points in Aslam, 2022

**Available water for the HHs:** The findings showed that the average amount of water for the HHs at the moment of interview was 30 Liters per Person per Day (LPD) compared to 14.5 liters in the Base line survey. When asked what did they do if there was no water in the main sources? 45% of the surveyed HHs declared that they look for another source, 26% wait until water be available, 45% buy water and 12% minimize the use of water, table 3 .

Table 3 : The Alternative Water Sources in Case There Was No Water in the Main Source

Responses	Female		Male		No.	Overall %
	No.	%	No.	%		
Waiting until water availability	9	29%	31	26%	40	26%
look for another source of water	12	39%	56	46%	68	45%
Buy water	4	13%	22	18%	26	17%
Minimize the use of water	6	19%	12	10%	18	12%
<b>Total</b>	<b>31</b>	<b>100%</b>	<b>121</b>	<b>100%</b>	<b>152</b>	<b>100%</b>

Distance from home to water point, 91% of the respondents stated that the distance from home to water point was less or equal to 500 meters, 8% declared it was between 500 to 1000 meters and 1% pointed out that this distance was more than 1000 meters.

Table 4: Distance from Homes to the Main Water Point

Responses	Female		Male		Overall	
	No.	%	No.	%	No.	%
less or equal to 500 meters	59	95%	123	89%	182	91%
500-1000 meters	3	5%	13	9%	16	8%
1000-2000 meters	0	0%	2	1%	2	1%
<b>Total</b>	<b>62</b>	<b>100%</b>	<b>138</b>	<b>100%</b>	<b>200</b>	<b>100%</b>

**Receiving water provided by Oxfam**, about two third (66.5%) of the respondents stated that their HHs received water provided by Oxfam, and 33.5% they did not receive water provided by Oxfam. When the respondents were asked whether the water was sufficient for HHs use or Not, 87% of them replied by Yes it was sufficient for HH domestic use compared to 45% of the Base line respondents who declared that their HHs had sufficient water.

Time taken in queue to get water, 72% of the respondents identified that the taken in the water point queue was less than 15 minutes compared to 33% in the Baseline survey, 16% stated that it took between 16 to 30 minutes compared to 48% in the Baseline, and 13% pointed out that it took between 31 to 45 minutes compared to 19% in the Base line survey table 5.

Table 5: Time-Taken in Queue at Water Point to Get Water

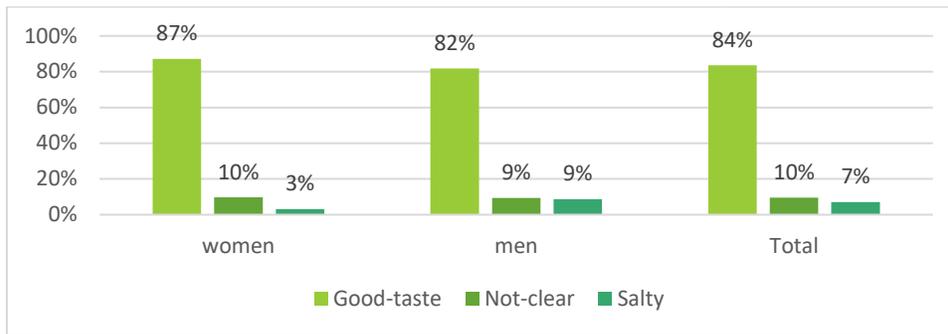
Responses	Female		Male		Overall	
	No.	%	No.	%	No.	%
0-to15-minutes	43	69%	100	72%	143	72%
16-to-30-minutes	13	21%	18	13%	31	16%
31-to-45-minutes	6	10%	20	14%	26	13%
<b>Total</b>	<b>62</b>	<b>100%</b>	<b>138</b>	<b>100%</b>	<b>200</b>	<b>100%</b>

### Water Quality

**Kind of Water**, in this regard, the findings showed that 84% of the respondents stated that the water taste was good compared to 51% in the Base line, 10% informed that the water was no clear compared to 20% in the Base line, and 7% indicated that the water was salty compared to 11% in the Base line survey, figure 4.

**Having water containers**, 97% of the respondents stated that their HHs had separate water containers and 3% did not have.

Table 4: Kinds of Water Collected by the Households



**Materials used to clean water containers**, 68% of the respondents declared that the HHs used water and detergent to clean water containers compared to 22% in the Base line, 19% used water and sand compared to 8% in the Base line, 14% used water only compared to 70% in the Base line survey Table 6.

**Frequency of cleaning water containers**, 68% of the respondents pointed out that the HHs clean water containers in weekly basis compared to 48% in the Base line, 14% every two weeks compared to 11% in the Base line, 10% on daily basis compared to 35% in the Base line survey and 9% they clean the water containers in monthly basis.

Table 6 : Materials That Were Used to Clean Water Containers

	Female		Male		Overall	
	No.	%	No.	%	No.	%
Water-&-detergent	51	82%	84	61%	135	68%
Water-&-sand	9	15%	28	20%	37	19%
Water-only	2	3%	26	19%	28	14%
<b>Total</b>	<b>62</b>	<b>100%</b>	<b>138</b>	<b>100%</b>	<b>200</b>	<b>100%</b>

**Treatment of Water**, 61% of the respondents revealed that their HHs treated drinking water compared to 8% in the Base line survey, 39% of the HHs did not treated water compared to 92% in the base line who stated their HHs did not treat water before dinking. When asked about the methods used to treat drink water, it was found that 48% of the respondents pointed out that the HHs used chlorination to treat drinking water compared to 33% in the Base line , 29% used clothes-filtering compared to 34% in the Basse line 18% they boiled water compared to 33% in Base line, and 5% used ceramic water filter, table 7.

**Conducting chlorination campaign**, 74%of the respondents acknowledged that there was chlorination campaign conducted at the community compared to 2% in the Base line, 26% stated that there was not chlorination campaign conducted at the community level compared to 98% in the Base line survey.

Table 7 : Methods Used by Households to treat the Drinking Water

	Female		Male		Overall	
	No.	%	No.	%	No.	%
<b>Boiling</b>	14	29%	8	11%	22	18%
<b>Chlorination</b>	14	29%	44	61%	58	48%
<b>Cloth-Filtering</b>	19	39%	16	22%	35	29%
<b>Ceramic water filter</b>	2	4%	4	6%	6	5%
<b>Total</b>	49	100%	72	100%	121	100%

**Water committee**, in this aspect, it was captured that 78% of the respondents stated that there was functional Management Water Committee compared to 38% of the Base line respondents, 10% stated that there was water committee and 12% they did not know. For water committee effectiveness 95% of the End line respondents pointed out that the committee was effective and 5% said that it was not effective.

Table 8: Existence of Water Management Committee

Responses	Female		Male		Overall	
	Nbr	% cit.	Nbr	% cit.	Nbr	% cit.
<b>Yes</b>	45	73%	110	80%	155	78%
<b>No</b>	4	6%	17	12%	21	11%
<b>Don't know</b>	13		11	8%	24	12%
<b>Total</b>	62	79%	138	100%	200	100%

### Hygiene Situation

**Having soap**, 87% of the End line respondents indicated that their HHs had soap at the time of the survey compared to 33% of the Base line HHs, and 13% did not have compared to 67% of the Baseline HHS. Regarding soap use in the day of the interview, 99% of the End line respondents used soap on the day of the interview compared to 26% of the Baseline respondents who were using soap regularly.

**Hand washing**: 84.5% of the respondents stated that they were washing hands in the critical time with water and soap compared to 26% in the Baseline survey, 12% used water only compared to 63% in the Baseline and 3.5% used water and ash compared to 11% in the Baseline.

Table 9 : Washing Hand with Soap at Critical Times

Responses	Female		Male		Overall		Baseline
	No.	%	No.	%	No.	%	
<b>Water-and-Soap</b>	59	95%	110	80%	169	84.5%	26%%
<b>Water-only</b>	0	0%	24	17%	24	12.0%	63%
<b>Water and Ash</b>	3	5%	4	3%	7	3.5%	11%
<b>Total</b>	62	100%	138	100%	200	100%	100%

**Key moment of hand washing**, the End line findings showed that 91% of the respondents that the key moment of washing hands is after using latrine compared to 48% in the Baseline survey, 84% stated that it is after cleaning a child's bottom compared to 28% in the Base line, 81% Before preparing food compared to 30% in the Baser line, 52% after dealing with animal compared to 17% in the Bas line, 81% before feeding the child compared to 70% in the Baseline, 90% before eating compared to 70% in the baseline and 38% after dealing with someone had diarrhea or cholera table 10.

Table 10: Key Moment of Hand Washing according to the Respondents' Opinions

Responses	Female		Male		Overall		Baseline
	No	%	No.	%	No.	%	
After using latrine	53	85%	128	93%	181	91%	48%
After cleaning a child's bottom	59	95%	109	79%	168	84%	28%
Before preparing food	55	89%	106	77%	161	81%	30%
After dealing with animals	39	63%	64	46%	103	52%	17%
Before feeding the child	49	79%	113	82%	162	81%	34%
Before eating	57	92%	122	88%	179	90%	70%
After dealing with someone who has diarrhea or has diarrhea or cholera	12	19%	63	46%	75	38%	4%
Total	62		138		200		

Regarding current practices of washing hands, 89% of the respondents pointed out that they were washing hands after using latrines and before eating, 81% before preparing food, 77%, 73 and 52% they were washing hands before feeding a child, before cleaning a child's bottom and after with animal respectively see table 11. When the respondents were asked why hand washing is important, 75% of them replied because it prevents disease, 74% stated that it is important for cleaning and 50% declared it is important to avoid bad smells.

Table: Current Practices of Washing Hands

	Female		Male		Overall	
	No.	%	No.	%	No.	%
After using latrine	51	82%	127	92%	178	89%
After cleaning a child's bottom	57	92%	88	64%	145	73%
Before preparing food	52	84%	109	79%	161	81%
After dealing with animals	39	63%	64	46%	103	52%
Before feeding the child	49	79%	104	75%	153	77%
Before eating	55	89%	123	89%	178	89%
After-dealing-with-someone-who-has-diarrhea-or-cholera	20	32%	66	48%	86	43%
<b>Total</b>	<b>53</b>		<b>138</b>		<b>200</b>	

**Participation in hygiene campaign**, 77% of the respondents stated that they participated in hygiene events in the last 4 weeks compared to only 24% of the respondents in the Baseline. On the other hand, 49%, 31% and 20% of the End line respondents revealed that they participated in group discussions, promotion campaigns and house visits at the community level table 12.

Table 12: Participation in Hygiene Events at the community

Responses	Female		Male		Overall	
	No.	%	No.	%	No.	%
House-Visits	14	27%	17	17%	31	20%
Promotion-Campaign	14	27%	34	33%	48	31%
Group Discussion	24	46%	51	50%	75	49%
<b>Total</b>	<b>52</b>	<b>100%</b>	<b>102</b>	<b>100%</b>	<b>154</b>	<b>100%</b>

**Having latrines**, 92% of the respondents indicated that they had latrines and 8% did not have, compared to 70% of the HHs had latrines in the Baseline survey and 30% did not have, 60.7% of the respondents stated that their HHs were using the latrine alone and 39.3% using the latrine with two or more of HHs compared to 54% of the respondents stated that their HHs were using the latrine with more than 2 HHs.

For those who did not have latrines, 53% of them defecate in the nearest open areas compared to 63% in the Baseline, 47% were using the nearest latrines, compared to 27% of the Baseline respondents stated that they were defecating among trees and in the Wadi.



Figure 2 Oxfam, YHF project, Latrines construction, Aslam, 2022

**Environmental sanitation**, 13% of the respondents specified that there were containers in their communities to keep the HHs waste before disposal and 87% did not have these containers. When asked how does domestic waste manage, they mentioned three methods, 47% of the respondents pointed out that they throw the waste away, 53% of them stated that they dispose it in a pit and 71% indicated that the HHs burn the waste table 13. **For respondents’ opinions about the importance of safe disposal of waste, 82% of them indicated that it was important for cleanness, 75% stated that it was important o prevent sickness and 57% declared that it was impimportant prevent flies.**

Table 13, How the Households Dispose of the Domestic Waste

responses	Female		Male		Overall	
	No	%	No	%	No	% cit.
Throwaway	18	29%	75	54%	93	47%
Dispose it in a pit	33	53%	72	52%	105	53%
Burn	44	71%	97	70%	141	71%
<b>Total</b>	<b>62</b>		<b>138</b>		<b>200</b>	



Figure 3Oxfam, YHF, latrines cleaning tools, Aslam, 2022

## FOOD SECURITY

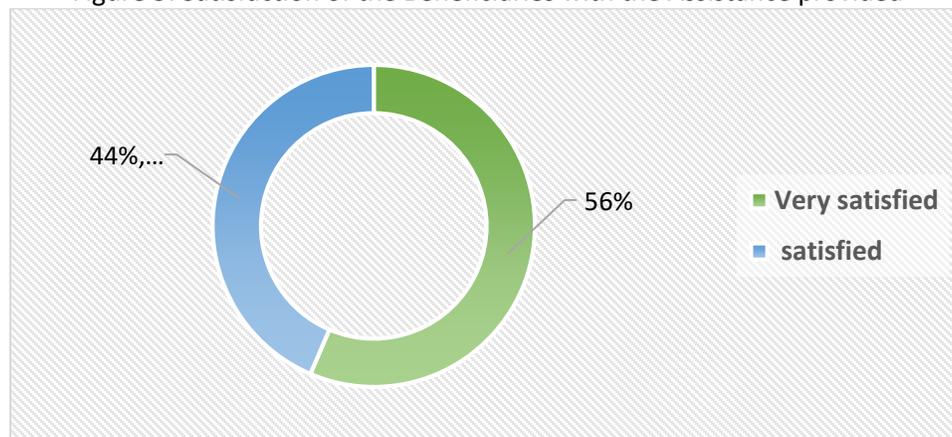
**Income, all** (100%) of the respondents indicated that they had income for their family compared to 68% of the respondents in the Baseline survey. All the respondents stated that the average of monthly income was YER 46,000 compared to 23,118 in the Baseline. When asked did they borrow money to cover HHs basic needs, 69% of the respondents replied YES, they did, and 32% did not borrow. when those who replied Yes, were asked about what they spent on the loan, it was found that 91% of them spent this loan to buy food, 42% spent it on health care, 24% to purchase non-food items, and 4% of these respondents stated that they spent this loan to buy inputs for agriculture or livestock, table 14.

Table 14: Spending of the Borrowed Money

Response	Female		Male		Overall	
	Nbr	% cit.	Nbr	% cit.	Nbr	% cit.
To buy food	20	77%	105	95%	125	91%
To buy inputs (agricultural or livestock)	1	4%	4	4%	5	4%
For health care	12	46%	46	41%	58	42%
To purchase non-food items	5	19%	33	30%	38	28%
Total	26		111		137	

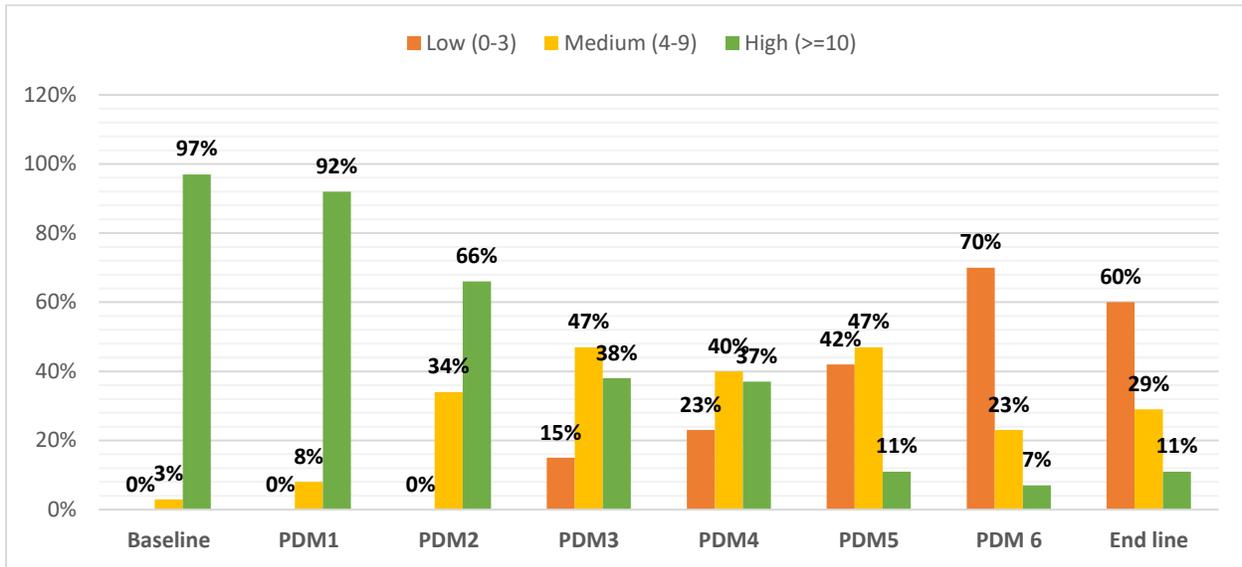
**Receiving assistance and satisfaction**, 87.5% of the respondents declared that the elected people as beneficiaries were eligible, 0.5% stated that they were not eligible and 12% ~~of the respondents~~ did not know. All the respondents pointed out that they received 6 rounds of UCT from Oxfam during the last 6 months. When asked ~~if~~ the transferred money ~~was~~ enough to cover the HHS' basic food needs, 89% of the respondents replied ~~by~~ YES, it ~~iswas~~ and 11% of them replied NO, it ~~iswas~~ not enough. When also asked about the preferred modality for assistance, 89% of the respondents preferred ~~ash~~cash assistance and 11% preferred food assistance. For the satisfaction of the beneficiaries, it was found that 44% of them were satisfied and 56% were very satisfied with the assistance provided by Oxfam figure 5.

Figure 5: Satisfaction of the Beneficiaries with the Assistance provided



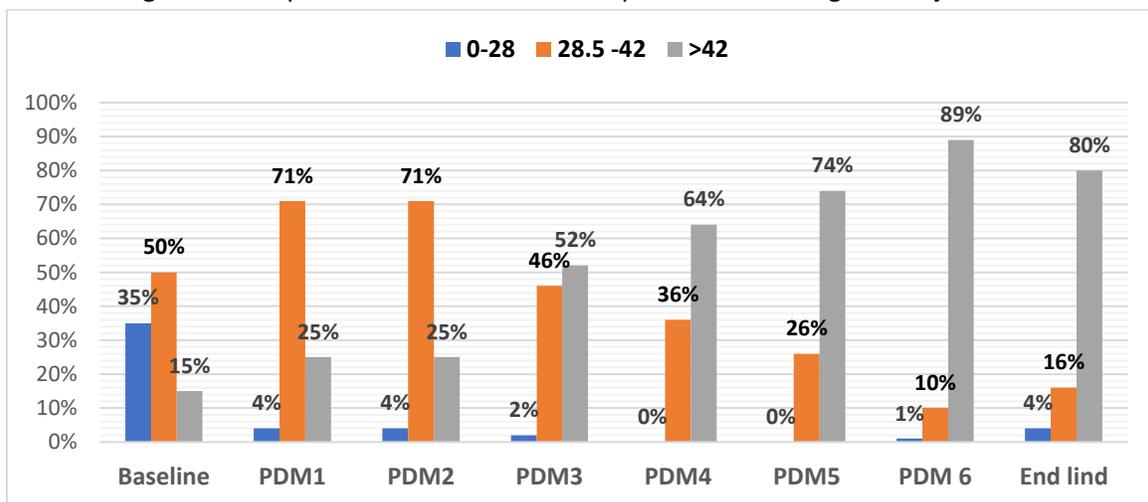
**Coping Strategy Index (CSI)**, The Coping Strategy Index (CSI) is often used as a proxy indicator of household food insecurity. The reduced Coping Strategy Index (rCSI) is calculated based on a list of five food-related coping behaviors to meet the HHS food needs during the week prior to the interview. Higher rCSI indicates a worse food security situation and vice versa. In this aspect. The history of this index during the project's life showed that improvement has been taking place during the project's life whereas the HHs who were in a high position of using rCSI decreased from 97% of the total HHs in the Baseline survey to 11% of the HHs in the End line survey as shown in figure 6.

Figure 6: Comparison of the Reduced Coping Strategy Index During the Project's Span



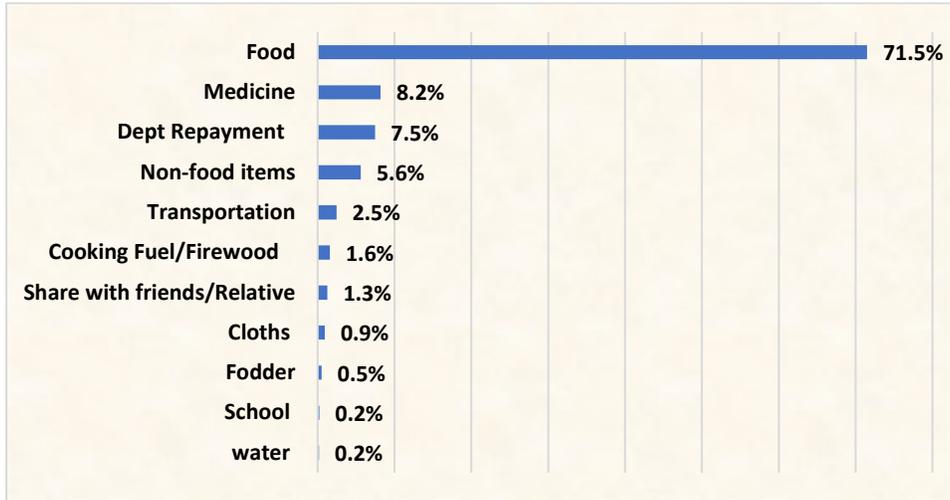
**Food Consumption Scores (FCS)**, this indicator measures the diversity of food eaten by the HHs in the week prior to the interview. Figure 7 shows that a significant improvement has been witnessed during the project's life whilst the portion of the HHs in accepted positions increased from 15% in the Baseline survey to 80% in the End line survey and the HHs in poor and borderline situations decreased from 35% and 50% in the Baseline to 4% and 16% of the total HHs in the End line survey.

Figure 7: Comparison of the Food Consumption Score During the Project's life



**Spending the amount received**, in this aspect, the findings showed that most (71.5%) of the received amount was sent on food items, 8.2% on medicine, 7.5% spent on debt payments, 5.6% spent on non-food items, and the remaining ratio (7.2%) was spent transportation, fuel, for friends .... etc. see figure 7.

Figure 8: Spending the Money Received by the Households



Accountability

Aware of feedback and complaints channels, 89% of the respondents stated that they know how to file complaints/feedback with Oxfam. On the same topic, the findings showed that all the respondents were satisfied with the handling of complaints. Regarding preferred channels to communicate with Oxfam, 82% of the respondents preferred help desk, 68% hotline, 45% preferred Oxfam and partners staff, and 27% of the respondents preferred community representative.

Table 15: Preferred Communication Channels with Oxfam

Response	Female		Male		Overall	
	No.	%	No.	%	No	%
Hotline	42	69%	78	67%	120	68%
Help desk	56	92%	90	78%	146	82%
community representatives	20	33%	28	24%	48	27%
Oxfam staff and partners	38	62%	41	35%	79	45%
Total	<b>61</b>		<b>116</b>		<b>177</b>	



Figure 4 Oxfam, YHF, help desk during cash distribution, Aslam, 2022

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## Lesson learned

Based on the data and information collected via surveys, observation, field visit and communication channels during project implementation, it could be here offered some learned lessons that would be helpful in the future similar intervention:

- The early coordination and getting implementation approval from SCMCHA is very important action to avoid time pressure and to ensure work quality
- Good relationship, coordination, and collaboration with the local authority are very essential steps to in the humanitarian work
- water projects are essential services for the target communities, and they meet vital need of host and IDPs communities
- Visiting the WASH-targeted areas by the executive contractor before signing contract is very important to avoid any expected grievances and issues with the contractor.
- In future intervention, it should focus on creating work opportunities and livelihood to help communities to overcome/ eliminate poverty
- Strong engagement of the community members and well training for the Water Management Committees about their tasks will ensure the sustainability of the water project
- It should take into consideration that the training is a sensitive subject for SCMCHA especially, if it includes women.
- Need to take into consideration the allocation of sufficient time for coordination and raising awareness at community level when planning the project

## Conclusion and recommendations

**Generally**, it could be said that the findings of this End line survey show that the YHF-funded Project's implementation was successfully done without significant problems, and the project contributed to improving the food accessibility and WASH services in the targeted areas compared to the Baseline established indicators, almost all the beneficiaries were satisfied with the services provided by Oxfam under this project. All respondents stated that they received YER 46,000 as cash assistance from Oxfam during the previous 6 months of the interview, the Coping Strategy Index (**rCSI**) showed improvement in this regard during the project's life whereas the households who were in a high position of using rCSI decreased from 97% of the total HHs in the Baseline survey to 11% of the HHs in the End line survey. The Food Consumption Scores (FCS) also showed that the portion of the HHs in accepted positions increased from 15% in the Baseline survey to 80% of the total surveyed HHs in the End line.

On the other side, the findings showed that the average amount of water for the HHs was 30 Liters per Person per Day (LPD) compared to 14.5 liters in the Baseline, 87% of the respondents pointed out that the water was sufficient for HH domestic use compared to 45% of the Baseline, 84% of the respondents stated that the water taste was good compared to 51% in the Baseline, 99% of the End line respondents

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used soap on the day of the interview compared to 26% of the Baseline, and 92% of the respondents indicated that they had latrines compared to 70% of the HHs in the Baseline survey

Although food and WASH services have been significantly improved in the targeted areas as a result of the project intervention, but in fact, this improvement depends on the continuation of the assistance provided to these communities, especially in the food aspect. So, it is recommended to:

- Continuity of Oxfam's humanitarian assistance to these communities because it is essential to save people's lives in these poor communities.
- Continue following up and providing more technical support for water management committee through training and maintenance to ensure sustainability.
- Strengthening cooperation and coordination with SCAMCHA and local authority
- Integrate creating new work jobs and livelihoods methods in the future intervention to help local communities overcome/eliminate poverty