



DRC PROGRAM

Bridging the Gap: Providing Water and Sanitation and Non-Food Item Assistance to Returnees, IDPs and Host Communities in North Kivu

FINAL REPORT

(July 16, 2009 – November 30, 2010)

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Abbreviations

CRS	Catholic Relief Services
DRC	Democratic Republic of Congo
IDPs	Internally Displaced Persons
IRC	International Rescue Committee
NFI	Non-Food Items
OCHA	Office of Coordination of Humanitarian Affairs
RRM	Rapid Response Mechanism
UNICEF	United Nations Children’s Emergency Fund
WASH	Water, Sanitation and Hygiene

1. EXECUTIVE SUMMARY

Program Title:	<i>Bridging the Gap: Providing Water and Sanitation and Non-Food Item Assistance to Returnees, IDPs and Host Communities in North Kivu</i>
Agreement No.:	DFD-G-00-09-00230-00
Country:	Democratic Republic of Congo
Time Period Covered:	July 16, 2009 to November 30, 2010

Eastern Congo is currently experiencing a complex transitional phase in which population displacements persist in some zones, while stability in others is encouraging Internally Displaced Persons (IDPs) to return home. In response to this situation, Catholic Relief Services conceived the Bridging the Gap project to respond to the water, hygiene, sanitation and non-food item (NFI) needs of displaced and returnee families and host communities.

CRS's program is a complement to the UNICEF-funded Rapid Response Mechanism (RRM) and aims to ensure that the impact of the initial wave of assistance is not only improved but also sustained in keeping with the 2009 Humanitarian Action Plan for the DRC. CRS coordinates regularly with the non-food item (NFI) and Water, Hygiene and Sanitation (WASH) cluster leads at UNICEF and participating agencies in the North Kivu Province in order to identify gaps in humanitarian assistance.

The inter-disciplinary project combined two interventions: Water, Sanitation & Hygiene (WASH) and Non-Food Items (NFI) distribution. The interventions were rolled-out in two separate locations in North Kivu province. The WASH component of the project was implemented in Ngungu, Masisi Territory, and several smaller surrounding communities. The NFI component was implemented in Walikale, Walikale Territory.

In Ngungu and the surrounding targeted communities, WASH activities included the construction of gravity-fed adduction systems and other infrastructure, including laundry-washing stations and solid-waste pits. Additional project activities were hygiene promotion sessions and the creation of water-management committees. These activities provided communities with much needed water and sanitation resources that will improve their quality of life via a reduction in morbidity and mortality related to water-borne diseases. The construction of this infrastructure tripled the daily personal water usage and produced a dramatic drop in cases of simple diarrhea, with one case at the health center in Ruzilantaka in October 2010 as compared to nine cases in January 2010. Additionally, 95% of respondents indicated that their community was cleaner and 89% indicated there was better hygiene in the community as compared to prior to the intervention.

The NFI intervention in Walikale included a series of NFI fairs where beneficiaries were able to purchase essential NFIs, utilizing an approach that allows for a market-like atmosphere where

beneficiaries are able to choose the NFIs that are most important to them and their families. The March 2010 fairs assisted 2,184 beneficiaries, each of whom received \$70 worth of vouchers for items such as cookware, clothing, and other necessary household items. An evaluation conducted subsequent to the intervention found that targeted IDP and returnee beneficiaries were able to purchase the items most needed by their families at the fairs to protect their physical health, way of life and dignity.

Overall, the project succeeded in improving the situation of IDPs, returnees and host populations to reduce morbidity and mortality and to provide essential materials and resources to protect the dignity of the beneficiaries.

2. PROGRAM OVERVIEW

A. Program Goal/Objective

The overall **goal** of the Bridging the Gap project was the reduction of morbidity and mortality, and the restoration of human dignity among internally displaced persons (IDPs), returnee populations, and the host populations affected by war and displacement in North Kivu.

The strategic **objectives** of the program were:

- The health and dignity of IDPs, returnees and host community populations in North Kivu is improved.
- Newly displaced persons (IDPs) have improved capacity to meet basic needs.

B. Target Population Profile

CRS has continually aimed to target the greatest needs and gaps in WASH and NFI assistance based on information gathered through humanitarian coordination and field assessments. As such, CRS has been flexible in adjusting the programming according to available resources and changing needs, in consultation with other actors.

The WASH components of this project aimed to benefit populations residing within the health zone of Ngungu. The zone is home to 31,815 residents (based on figures from the start of the project) and approximately 5,000 IDPs.

The NFI component project covered the needs of 2,184 recent IDP and returnee households in Walikale.

C. Geographic Locations

Following consultations with the respective cluster members and OFDA, Ngungu and Walikale were selected as the zones of intervention.

- The WASH component of the project was implemented within the Ngungu health zone, Masisi Territory, North Kivu province. This area was known to be a population center with significant WASH gaps and had experienced recent cholera outbreaks prior to project implementation.
- The NFI component of the project was implemented in Walikale, Walikale Territory, North Kivu Province. Walikale was known to have a high number of displaced persons due to the strong presence of FDLR troops and other militias and had been identified by UNICEF (the NFI cluster lead), as an area where a gap existed in the supply of NFIs. This selection was supported by the North Kivu unit of the UN Office for the Coordination of Humanitarian Affairs (OCHA).

3. PROGRAM PERFORMANCE (SUMMARY OF ACTIVITIES)

Overview:

This multi-sectoral emergency response project was designed to address gaps in the RRM structure, in order to better support IDPs and returnees in the North Kivu Province. The project includes both WASH and NFI activities to provide follow-on support to emergency relief assistance provided by RRM partners. The WASH interventions in particular are a combination of emergency relief, taking up where RRM left off, and transitional assistance supporting returning population's short to medium-term re-installation in communities. CRS' NFI assistance corresponded with the need for non-food items for displaced populations and returnees to protect the dignity of the displaced and support returnees to resume their normal lives.

The project began on 16 July 2009 and was planned to be completed on 31 July 2010. OFDA approved a no-cost extension, extending the project through November 30, 2010. The primary reason for the extension was the continued volatility of the security situation throughout North Kivu province and the areas of implementation. Ngungu has been a key staging point for CNDP factions and is heavily militarized, and CRS was forced to postpone activities. In addition, access to Ngungu is difficult in the rainy season and would frequently take 6-8 hours, despite a distance of less than 80 kilometers. With project delays due to security and road conditions an extension was necessary to assure quality implementation of all key project activities.

Throughout the implementation of the project CRS actively participated in NFI and WASH cluster meetings. The cluster coordination meetings were an opportunity to share updates on ongoing NFI and WASH activities as well as to coordinate with other NGO actors and adjust project strategies on an as-needed basis.

OBJECTIVE I: The health and dignity of IDPs, returnees and host community populations in North Kivu is improved. (WASH)

Project Activities – Water and Sanitation

CRS implemented a comprehensive WASH strategy in Ngungu Center and six surrounding communities of Murambi, Kuzilantaka, Nyamyumba, Lukunda, Katovu and Manyundo.

Initially, CRS conducted community mapping to identify water sources for rehabilitation, determine suitable sites to install showers blocks, washing stations, chlorination points and trash disposal pits, and determine high impact areas for hygiene promotion. CRS/DRC WASH staff conducted the mapping with the support of CRS' Senior Technical Advisor for WASH. Additionally, CRS conducted a baseline study during the first quarter of the project. The tools were designed by the WASH and NFI units in collaboration with CRS' Program Quality and Monitoring/Evaluation units. The mapping and baseline provided the data to allow for ongoing monitoring of project impact and guide strategies for intervention.

To most effectively implement programming CRS works with local partners and with local communities. With the Bridging the Gap project all program activities were conducted in close coordination with Caritas Goma, CRS' local implementing partner of preference in North Kivu. Caritas Goma seconded six experienced WASH technicians for the duration of the project and provided local support for project activities. The project also engaged a total of 20 local Hygiene Promoters from Ngungu and the surrounding targeted communities.

Construction of WASH structures began in the third quarter. This included the gravity-fed adduction systems, 20 bathing facilities (showers), 20 laundry washing stations, and 20 solid waste pits. Three gravity-fed adduction systems were ultimately constructed in Ngungu town and Murambi. These systems were constructed by tapping and protecting underground water sources and installing a central reservoir, from which water was then distributed via tapstands located throughout Ngungu and Murambi. For complete details on actual items constructed, please refer to Table 1: *WASH Construction Activities by Site*.

Table 1: WASH Construction activities by Site

WASH Activities in Target Communities, Ngungu Health Zone as of 11/30/2010											
Activity	Total Target	Ngungu Center	Murambi	Ruzilantaka	Nyamyumba	Lukunda	Katovu	Manyundo	Comments	Total completed	% Completed vs. Target
Construction of shower blocks	20	12	4	3	0	0	0	1		20	100%
Construction of Laundry Stations	20	6	4	6	0	0	0	4		20	100%
Construction of Drainage System (meters)	3000m	2509m	0	0	0	0	0	0	Drainage stopped based on community consultation.	2509	84%
Construction of 15m3 Solid Waste Pit	20	13	6	0	1	0	0	0		20	100%
Spring Rehabilitation and Construction	30	12	4	3	3	1	1	1		25	83%
Construction of Gravity-Fed System	1	2	1	0	0	0	0	0	Gravity system(s) in Ngungu and Murambi.	3	300%

For the drainage system construction and spring rehabilitation, CRS attained 83% of the originally planned targets. These changes were made in consultation with communities, which had requested that CRS focus on other WASH aspects which were deemed higher priorities. Following a coordination meeting with local authorities, CRS staff accepted their request and agreed to redirect efforts towards other WASH priorities, notably the construction of the gravity systems.

CRS also conducted a technical review of work done to date during the fifth quarter of the project – following the completion of the majority of construction activities. CRS' Senior Technical Advisor for WASH based at HQ in Baltimore visited the project sites to evaluate the construction and make recommendations. CRS made final modifications to the gravity-fed water system in Ngungu (SNHR and GTZ systems), constructing additional tapstands, making minor modifications to the existing tapstands, and adding more water piping.



A beneficiary using a new tap stand built as part of the OFDA WASH/NFI project in Ngungu, Masisi Territory, North Kivu province, DRC, May 2010.

Bacteriological tests of water sources using a Del'Agua Water Test Kit began in January 2010 and continued on a monthly basis through the end of the project. At the baseline, several water sources were found to have significant concentrations of fecal coliform bacteria. Following the construction work, water testing showed that this had been reduced to zero. This indicates that the construction completed was of a quality to be able to appropriately protect water sources from contamination and provide safe, clean drinking water to the local population.

As part of CRS' exit and sustainability strategy, a training for local water management committees was held in August 2010. Committees were

formed and trained for each of the major WASH constructions (gravity-fed adduction systems and the associated tapstands, springs, etc.). The committees manage community contributions, which are used for spare parts, labor, and other essential items to ensure that the water systems continue to function beyond the life of the project.

Project Activities - Hygiene Promotion

In addition to constructing WASH infrastructure, CRS improved hygiene practices in the targeted communities as a way to have a sustained and significant impact on the lives of the targeted communities. Activities to improve the hygiene practices in communities were the operation and management of chlorination points, hygiene promotion activities and sensitization.

The management of chlorination points, originally opened by IRC, began in the first quarter of the project and continued through the completion of the gravity-fed adduction system. The chlorination points were opened prior to the construction of the system during a major cholera outbreak; it was decided that it would be appropriate to continue to operate them in the interim while WASH infrastructure was under construction in Ngungu and the six satellite communities.

CRS developed hygiene promotion tools to assist with community and household sensitization. A picture book (*boites d'images*) was developed with the support of CRS' Senior Technical Advisor for WASH and the Regional Technical Advisor for Emergencies. The book focused on basic essential hygiene actions such as hand-washing, boiling of water, and proper latrine usage. Hygiene promoters used the books for community-based hygiene promotion and sensitization.

Hygiene promotion activities initially focused on awareness-raising sessions in schools throughout Ngungu and the other targeted communities, and later expanded to other public fora such as markets, churches, etc. Toward the end of the project, additional awareness-raising activities included radio broadcasts and small theater pieces to reach larger audiences. Key hygiene promotion activities are detailed below in Table 2: *Hygiene Promotion Activities in Target Communities*.

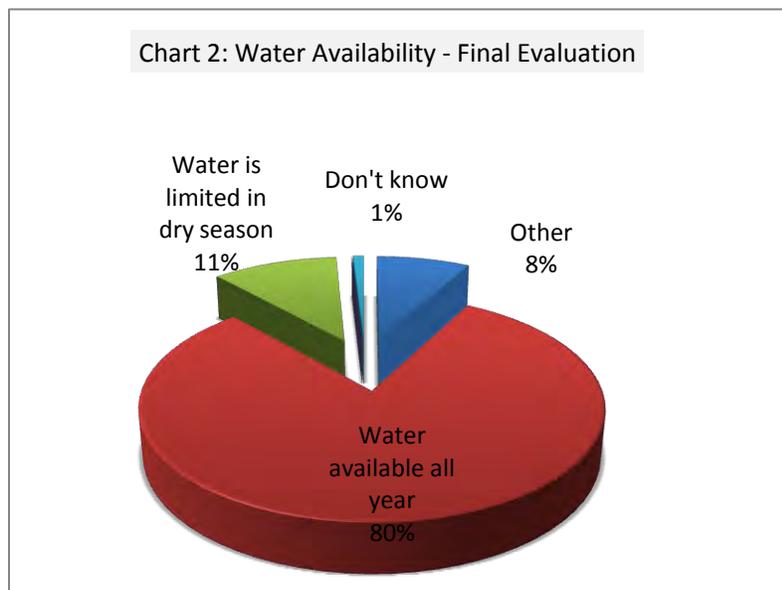
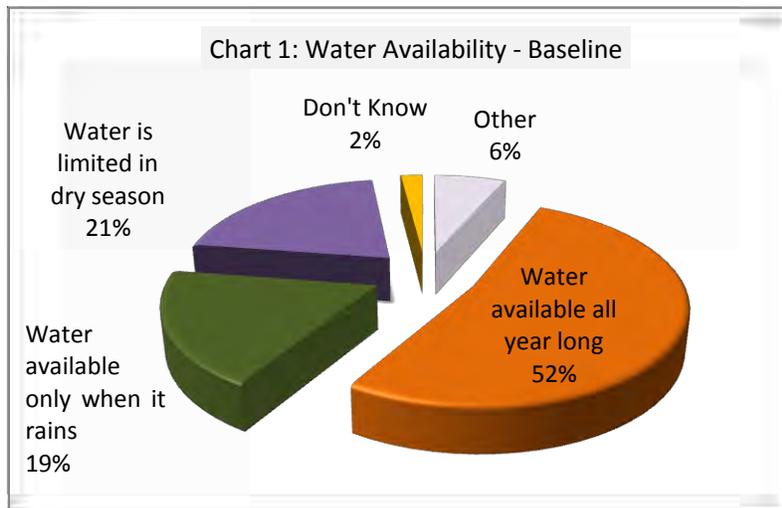
Table 2: Hygiene Promotion Activities in Target Communities, Ngungu Health Zone as of 11/30/2010

Activity	Total Target	Ngungu Center	Murambi	Ruzilantaka	Nyamyumba	Lukunda	Katovu	Manyundo	Comments	Total completed	% Completed vs. Target
Hygiene Committee Establishment	26	12	2	4	2	2	2	2		26	100%
Recruitment of Hygiene Promotion Agents	20	8	2	2	2	2	2	2		20	100%
Chlorination Points	12	4	2	0	2	2	1	1		12	100%

WASH Project Results

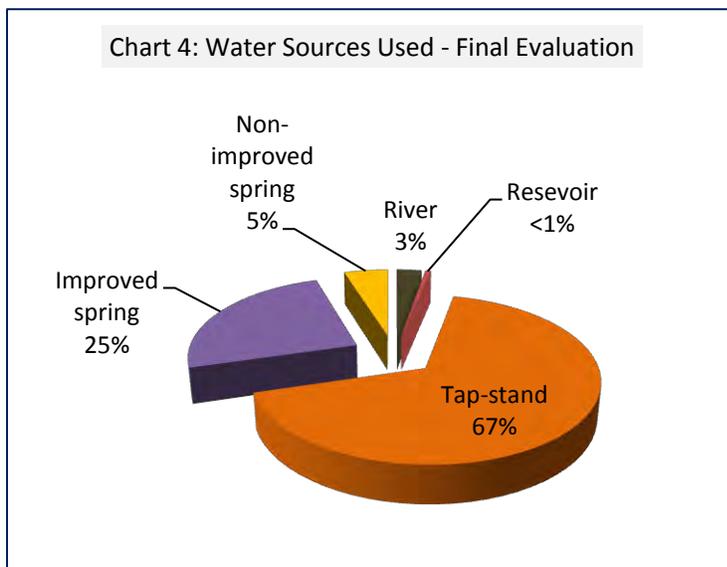
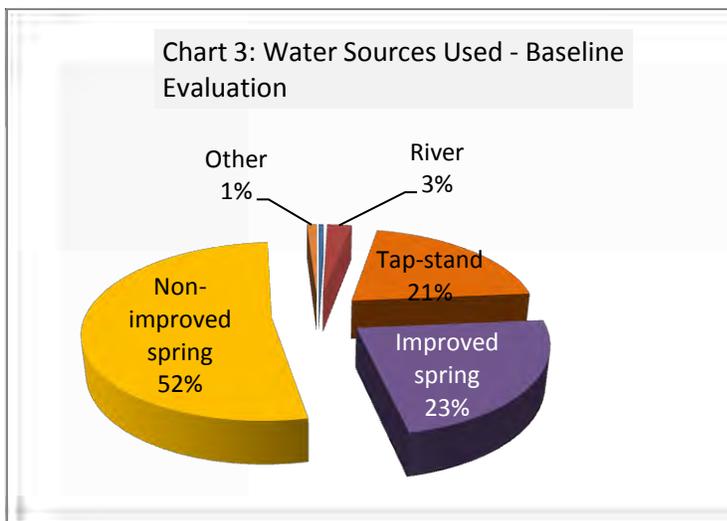
CRS conducted a final evaluation in November 2010 to determine the degree to which the project succeeded in improving WASH conditions in the targeted zones, as well as to highlight remaining gaps for future projects. The evaluation indicated that there were marked improvements throughout the targeted communities, in access to water and in knowledge of proper hygiene practices, and a decrease in reported cases of water-borne diseases.

Significant changes were seen in the availability of water, with 80% of people surveyed indicating that there was water available all year long, versus 52% at the baseline. Charts 1 and 2 below describe water availability before and after the intervention.

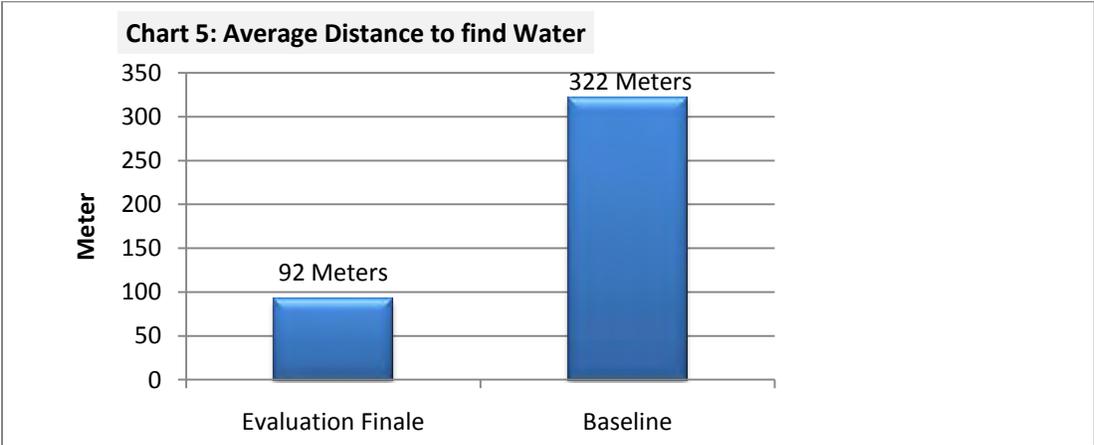


An increase in the availability of water is essential to improving the health of communities and the significant increases noted following the Bridging the Gap project will greatly assist the targeted communities in assuring their health and wellbeing.

There was also a significant change in the sources from which community members collected water. As shown in Charts 3 and 4, there was a significant increase in the use of tapstands (67% after intervention compared to 21% at baseline) and a significant reduction in the number of people seeking water from non-improved springs (5% after intervention compared to 52% at baseline). This change means the community members are reducing their risk to water-borne diseases by seeking water from capped hygienic sources rather than unimproved sources which are easily contaminated.



There was also a reduction in the distance people needed to travel to find water. The maximum distance was decreased from 2 km to 800 meters, with an associated decrease in average distances (see Chart 5). This is an extremely important indication of the success for the project. By decreasing the distance people need to travel for water, the time required by women to fetch water was also decreased. This allows additional time for other activities and reduces the risk associated with seeking water far from homes in an insecure environment.



All of these factors influenced the number of liters of water used per person per day. Surveyed households estimated that they were consuming 20 liters more per person per day by the end of the project. The quantity of water used by households is a key indication of their vulnerability to many diseases; this increase improves their health and quality of life.

Improvement in water and sanitation infrastructure was only one aspect of the WASH intervention. Communities were also engaged in hygiene promotion activities, as described above in Table 2: *Hygiene Promotion Activities in Target Communities*. The communities targeted had a strong network of local hygiene promoters prior to implementation, and had already educated the population on essential hygiene actions. For example, 97% of people were aware of the need to wash their hands before eating before the implementation of the project. The hygiene activities improved their knowledge, with 72% of people always washing their hands before preparing food and 59% always washing their hands after cleaning a child's bottom, compared with 0% and 3% respectively before the project.

Overall, 90% of the population sampled indicated that they thought personal hygiene had improved since the beginning of the intervention. See Annex 1 for details of the WASH indicators and results.

OBJECTIVE II: Newly displaced persons (IDPs) have improved capacity to meet their basic needs

CRS used the voucher/fairs approach to support IDPs in replacing necessary basic non-food items to support their essential needs. This approach gave individuals an opportunity to engage in a market-like atmosphere with vendors, which allowed them to compare products and to bargain to purchase approved NFI items. The beneficiaries were thus empowered to acquire items of the quality and value that they preferred and that were most needed by their households, rather than receiving a standard package which may not reflect the reality of the households' needs.



A vendor negotiating the price of a shirt at Non-Food Item (NFI) fairs conducted as part of the OFDA WASH/NFI project in Walikale, Walikale Territory, North Kivu province, DRC, March 2010.

The fair approach has been identified by CRS as a best practice for providing NFIs when the security situation and local markets permit. The CRS team conducted a market feasibility study and security assessment in Walikale and the targeted six surrounding villages (Nyalusukula, Camp TP, Kisima, Nyabangi, Cité and Nyamianda) in late January/early February 2010. Beneficiary selection was completed at the same time.

With the results of the assessment indicating that the fair approach was appropriate to the context, the team conducted sensitization in March with local authorities, beneficiaries and vendors to introduce the fair approach. Team members registered and distributed registration cards to the selected beneficiaries in early March. Team members then conducted household visits and large discussion groups to inform beneficiaries about the fair process. CRS also worked with the local vendor association (*Fédération des Entreprises de Congo*) to assure an appropriate representation of types of vendors (wholesale, retail and mobile) and a diverse representation from the two major commercial centers - Walikale Center and Mubi.

Following these activities, the fairs were held over four days, March 10-11 and March 13-14, 2010. The fairs provided 2,184 beneficiaries with \$70 worth of coupons each to purchase NFI from local vendors on the fair days. In total, 100 vendors participated in the fairs, 50 vendors (25 from Walikale and 25 from Mubi) participated during the first two days and 50 vendors (25 from Walikale and 25 from Mubi) participated the final two days. The fair injected a total of \$154,722 USD into the local economy over the four days.

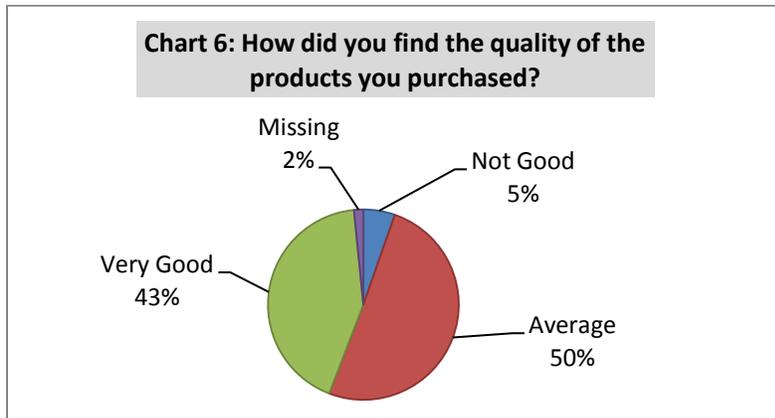
Two innovations CRS chose to undertake at this fair were:

- include local artisan vendors who crafted such items as baskets, chairs, axe handles and beds from wood and plant materials; and

- Allow beneficiaries to purchase an item from a vendor for delivery the following day if the current day's stock ran out. The vendor and beneficiary registered the item and price with CRS, the beneficiary handed over the required coupons and the vendor signed an agreement to bring the item the following day.

Both innovations were successful. The six local artisans made a total of \$1,986 USD over the four days of the fair -- a sizable profit, considering they had very little overhead. Additionally, with the option to buy local products, at least four beneficiaries chose only those items (primarily baskets to aid with agricultural production). Beneficiaries and vendors alike were also pleased to be able to purchase much-needed items even though the stock ran out on the day they participated in the fair. Beneficiaries were able to get the item they desired and vendors were able to make the sale. There were only four types of items that were requested during this process: mattresses, metal roofing, 50-gallon metal drums and suitcases.

Post-fair monitoring was undertaken directly after the fair, with a sample of 317 beneficiaries and 87 vendors. Results show that the process was well received and successful, with 99% of both beneficiaries and vendors interviewed believing that the fairs were well organized and 98% of beneficiaries indicating that they had enough information about the fair process. The articles available at the fair were generally of the type and quality expected, with 93% of beneficiaries interviewed indicating that all of the items they needed were available at the fair. As shown in Chart 6 below, 43% felt that the quality of the items was very good, with an additional 50% indicating that they were average.



Beneficiaries also found the prices of the articles to be competitive, with 80% of respondents indicating that the prices were either average or below average. Additionally, 85% of vendors indicated they reduced prices as a result of negotiation.

A final evaluation was conducted in June 2010, three months after the fairs. Approximately 15% of the beneficiary households (332 HH) were interviewed. Results indicated that the NFI vulnerability score status of the beneficiaries had been reduced from 3.2 to 1.6 over the course of the project (with a score of 2.9 or above indicates a need for emergency intervention). Table 3 provides an overview of the most common items obtained during the fair.

Table 3: Summary of NFI Items Obtained during Fairs

Item	% of HHs purchasing	Average Number Obtained per HH	NFI Score before Fairs	NFI Score after Fairs
Blanket/Bedding	99.6%	3	4.2	1.2
Mattress	99.3%	3	3.9	2.1
Water Container	99.6%	1	3.1	1.4
Kitchen items (pots)	99.3%	3	1.3	1.3
Set of Clothing	97.8%	2	4.1	2.1
GENERAL NFI SCORE			3.2	1.6

Three months after the fairs,

- 90% of respondents indicated that they still had the majority of items that they had bought; of the remaining 10%, 3% indicated that the majority of their articles had been lost, stolen or confiscated and 7% indicated that they had either given away or sold most of their items.
- 12% of respondents indicated that they had sold some portion of their items to obtain cash for other needs, primarily medical expenses and school fees.

3B. Obstacles Encountered

Access to Field Sites

One of the primary reasons for delays during implementation was the limited access to the field. The project was implemented in high need areas with underserved populations, but this high need is related to their remoteness. Access to Ngungu would frequently take 6 to 8 hours by road from Goma during the rainy season, despite a distance of less than 80 kilometers. Road access to Walikale was not feasible from Goma, and teams relied on twice weekly MONUSCO helicopters which are often full or canceled.

Continued Insecurity

The continued volatility of the security situation throughout North Kivu province and the areas of implementation led to delays in implementation. Ngungu has been a key staging point for CNDP factions and is heavily militarized. Periodic attacks occurred during the project, as well as smaller-scale security incidents such as civil society protests, etc. Walikale Territory is also one of the principal centers for the mining industry; this makes the area an extremely valuable target, with regular clashes occurring between FARDC forces and FDLR/ Mai-Mai rebel factions. It was necessary to postpone activities at various times to insure the safety of staff and beneficiaries.

4. CONCLUSIONS

The project assisted approximately 39,000 people, including approximately 7,000 IDPs or recent returnees, to access services and materials to reduce their risk to morbidity and mortality due

to the continuously changing security situation in Eastern DRC. As with any project of this nature, the WASH and NFI activities conducted in Ngungu and Walikale were an initial step. With the situation in eastern DRC inherently unstable, and after years of conflict, there remain significant needs. The project activities conducted, however, have led to measureable improvements in the living conditions of the target population and generally increased the quality of their life.

Regarding WASH activities (Objective 1), families have greater access to clean water and sanitation systems, and the knowledge of the population as a whole has improved with the support of hygiene promotion and other activities. Notably, almost 95% of respondents surveyed have reported that their community is cleaner than it was at the same period last year, with 90% stating that they now have better personal hygiene as a result of the project.

In terms of NFI activities (Objective 2), the project was able to provide essential goods to more than double the number of beneficiaries initially planned, while also injecting much needed capital into the local economy.

With the continued support of OFDA and other funders, the lives of the target population will undoubtedly continue along the path to sustainable development and peace.

Annex 1: Indicator Tracking Table (OFDA Specific)

Goal: Morbidity and mortality are reduced and human dignity is restored among internally displaced persons (IDPs), returnee populations and the host populations affected by war and displacement in North Kivu.

Goal	Indicator	Original Target	Baseline Data	Progress at Project End	% of Original Target
Morbidity and mortality are reduced and human dignity is restored among internally displaced persons (IDPs), returnee populations and the host populations affected by war and displacement in North Kivu.	Strategic Objective 1: The health and dignity of IDPs, returnees and host community populations in North Kivu is improved.				
	Percentage of children under <36 months with diarrhea in the last two weeks ⁱ	n/a	n/a	n/a	n/a
	% decrease in incidence of water borne diseases reported by local health centers	n/a	35 incidents	9 incidents (74% decrease)	n/a ⁱⁱ
	Community cleanup/debris removal activities conducted	52	0	52	100%
	Drainage installed as a vector-borne disease environmental control activity in each community	3000	0	2509	84% ⁱⁱⁱ
	Bathing facilities are completed according to North Kivu WASH cluster norms	20 ^{iv}	0	20	100%
	Communal washing facilities are constructed	20 ^{iv}	0	20	100%
	15m3 Solid Waste Pits constructed	20 ^{iv}	0	20	100%
	Families surveyed report their communities being cleaner	95%	n/a	95%	100%

ⁱ Data from local health centers was not available.

ⁱⁱ Data from Ruzilantaka only. Based on information available for simple diarrhea and verminose. Data from other health centers not available. Progress at end of project is calculated based on the number of cases reported in Sept-Oct 2010 compared with baseline data which was collected in January-February 2010.

ⁱⁱⁱ Following a coordination meeting with local authorities, CRS staff accepted proposal to limit drainage activities, and agreed to redirect efforts towards other WASH priorities, notably the ongoing protection of springs and construction of the gravity-fed adduction system and other infrastructures.

^{iv} These targets are based on those found in the final narrative proposal; the associated M&E plan, which indicated 30 bathing facilities, 30 communal washing facilities and 0 solid waste pits had not been updated.

Goal	Indicator	Original Target	Baseline Data	Progress at Project End	% of Original Target
	Families surveyed report using the sanitation facilities and using them appropriately	95%	NA	83%	87%
	Families surveyed report having greater personal hygiene	95%	NA	90%	95%
	Community hygiene committees are reinforced and actively promoting positive hygiene behaviors in the communities	26	0	26	100%
	Clean water points functioning three months after completion	30	0	30	100%
	Water points with measurable chlorine residual exceeding 0.2 mg/l	NA	NA	NA	NA
	Population demonstrating good hand-washing practices (e.g., average of those always washing hands after cleaning a child's bottom/feces, before preparing food, before eating, before feeding a child and after working)	90%	40%	71%	79%
	Target population demonstrating correct water usage and storage (Percentage) ^{iv}	90%	20% (est)	59%	66%
	Gravity fed water sources are rehabilitated	1	0	3	300%
	Springs are rehabilitated or created	30	0	25	83%
	Chlorination points are established	12	12	12	100%
	Increased water usage of target population in liters per person per day (measured prior to and after interventions)	NA	33	65	NA
	30 (95%) of household water supplies with 0 coliform bacteria per 100ml	95%	NA	100%	105%

^{iv} Assumption that correct water storage means containers covered and inside the home.

Goal	Indicator	Original Target	Baseline Data	Progress at Project End	% of Original Target
	26 (100%) of water points with measurable chlorine residual exceeding 0.2 mg/L	100%	n/a	n/a	n/a
	Families surveyed report a decrease in time spent on daily water collection.	NA	2.51 trips/day, 322m average distance	2 trips/day, 92m average distance	NA
Strategic Objective 2: Newly displaced persons (IDPs) have improved capacity to meet their basic needs					
	Number of commodities distributed by type	1000 family NFI vouchers of \$70 each redeemed	0	2184 family NFI vouchers of \$70 each redeemed; Per-household averages of major items obtained were 3 blankets/bedding, 3 mattresses, 1 water container, 3 pots and 2 sets of clothing.	218%
	Total USD cost of non-food items by type	\$70,000 (type not specified)	\$0	\$154,722	221%
	IDP beneficiary families receive NFIs in compliance with Sphere standards	1,000	NA	2,184 ^v	218%
	Percent of a household's non-food item assets lost during displacement are restored	75%	NA	-	-
	IDPs (sampled) are satisfied with the selection of NFI items and their quantity available at the voucher fairs.	95%	NA	93%	98%
	IDPs (sampled) are using all of the NFI kit items one month following the distribution	90%	NA	89.5%	99.4%

^v Additional private funding received, enabling a larger target beneficiary population.