RURAL WOMEN EDUCATION AND EMPOWERMENT PROJECT (REEP)

End-line Assessment Report, May 2023

Africa Educational Trust

50 Years Creating Opportunities Through Education

STREET CHILD

CONTENTS

ACRONYMS

AET	Africa Educational Trust
ANC	Antenatal care
CHW	Community Health Workers
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
IDPs	Internally Displaced Persons
KII	Key Interview Informants
NFE	Non-Formal Education
MNC	Maternal and newborn care
MMRs	Maternal mortality ratios
NGOs	Non-Governmental Organizations
PNC	Postnatal care
REEP	Rural Women Education and Empowerment Project
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections

Executive summary

AET and Street Child received funding from Texel Foundation and other donors to implement Rural Women Education and Empowerment Project (REEP) in Somaliland for one year (2022). The project goal was to provide basic literacy and numeracy skills to rural out-of-school young women and girls in Somaliland and to tackle the high under-5 child mortality rate in Somaliland. It was also to provide them with the knowledge to enhance their protection and the well-being of their children – especially the girl-child. The project was premised on the theory that there is a strong causal link between under-5 child mortality and the level of education of women. Women with at least some formal education are more likely than uneducated women to use contraception, have health seeking behavior, marry later, have fewer children, and be better informed on the nutritional and other needs of children.

Using five existing community school buildings in out-of-school hours and volunteer teachers, the project provided flexible learning opportunities tailored to cater to the domestic and caring responsibilities of women and girls with a crèche for small children. A health professional trained Community Health Workers (CHWs), who were volunteers selected and supported by the community, to provide information and advice for mothers on reproductive health, maternal health and early years care in a context and the cultural norms understood by the mothers.

The project largely stuck to its original implementation plan save for the one–month extension that was necessitated by the need to give more time to displaced students to prepare for the final literacy and numeracy exams. The severe drought that ravaged the better part of Somaliland in 2022 threatened to erode the gains made by the project. The nomadic life of the students saw the project shift classes from one location to another to ensure the continuity of learning.

The overall purpose of the evaluation was to measure improvements in maternal and reproductive health and early childcare knowledge consequent upon the acquisition of basic literacy and numeracy skills among women and girls in Somaliland. The evaluation framework included a baseline and an end-line evaluation. Each of these exercises used the mixed methods approach, combining quantitative data with qualitative findings and routine reports to assess the achievement of expected outcomes, outputs, and impact. The end-line evaluation had a robust design for the household survey with a sample size powered sufficiently to demonstrate a change from baseline, in-depth descriptive studies with a range of stakeholders, and standardized data

collection, processing, and analysis. This was an internal evaluation carried out by AET/SC staff in conjunction with external enumerators and moderators.

Key Findings against baseline and targets

Overall, the project achieved most, and in some cases significantly exceeded its targets. In cases where the final coverage fell short of project targets, significant progress was observed, and important lessons were learned that will strengthen future programming. The findings indicate that women's literacy positively and significantly affected health-seeking behavior and early childcare.

Qualitative evaluation findings show that the project provided opportunities for illiterate women and girls to acquire functional literacy, numeracy, and health skills. The targeted women and girls indicated that the project was very relevant to them and their families because they came from poor households and had missed out on opportunities to access formal education and acquire basic health skills to enable them and their families to live healthy and productive lives. All of them without exception admitted that it was through the REEP Project they had learned for the first time to read and write something. This made them very happy as they no longer felt excluded from the rest of society due to their ability to communicate and function in a literate environment. Another significant impact of the project is the increased awareness of maternal/reproductive health and early childhood care education for girls and women brought about by the ability to read and write. Qualitative findings have shown improved health-seeking behaviors, better comprehension of the meaning of health messages written in posters used in public health campaigns, and a greater understanding of health information and written instruction by health providers. The persistence of community health volunteers in visiting mothers to convince them to seek quality care in a nearby health facility paid off as evidenced by a notable increase in the number of women visiting health facilities for antenatal and post-natal services.

Women and out-of-school young girls using literacy and numeracy for their daily life increased from zero at baseline to 92.3% at end-line evaluation. The ability to read and write had an immediate impact on the beneficiaries. The rural women before attaining literacy skills would send the truck drivers who run transport businesses of ferrying milk and grains from rural villages for sale in urban centers with actual samples, namely, grains of rice and sugar or broken pieces of soap if that is what they wanted to be purchased for them from the sale of their milk and farm produce. This however changed greatly with the empowerment that came with the ability to read and write as reported by literacy class beneficiaries during FGDs.

Women and out-of-school girls with knowledge of safe reproductive practices, maternal self-care, and early childcare increased from 20% at baseline to 67% at end-line evaluation. Qualitative respondents indicated that a majority of pregnant women in the last 6 months had delivered at health facilities. One of the key reasons cited for this high percentage of health facility deliveries was the awareness created by community health workers on the dangers of home delivery and the ability to read and write which enabled potential mothers to read and interpret health messages disseminated through posters and other written materials. Additionally, proximity to the health facility as well as the sense/feeling of security and safety encouraged mothers to deliver at the health facilities resulting in very few women delivering at home.

Women and girls passing basic literacy and numeracy tests met and surpassed the set target.92.3% of them passed the exams. Evidence from qualitative findings shows that this was achieved through consistent attendance of classes, availability of teaching and learning materials, proper training of teachers, and support of the childminders to the young mothers with little children. At the same time, women and girls able to transact on mobile money platforms also met and surpassed the target. Evidence from qualitative findings attributes this to their ability to read and write. Mobile money has allowed women to access finance more easily.

Following the distribution of solar lamps to the students, the percentage of women and girls completing home assignments improved from 20% at baseline to 90% at end-line evaluation. Qualitative respondents reported that the lamps are a clean and safe source of light that can replace potentially hazardous forms of lighting such as candles and kerosene lamps, helping to reduce the risk of fire, and the negative health impacts of burning kerosene indoors.

Women seeking professional maternal and reproductive health services increased from 44% at baseline to 84% at end-line evaluation. When asked to mention the places they understood offered opportunities for safe mother delivery, the majority of the respondents (84%) indicated that it is safer to deliver at a health facility because in case of an emergency like excessive bleeding the health workers can arrest the situation.

Out-of-school girls seeking professional reproductive health services shot from 10% at baseline e to 70% at end-line evaluation. From the qualitative findings, the adolescents have sufficient knowledge about their sexual reproductive health and STIs. They are knowledgeable about the dangers associated with adolescent sexual intercourse, STD transmission, and prevention methods. When asked about the source of information, the majority of the adolescent girls reported that they acquired knowledge from community health workers.

Women preferring to give birth at health facilities increased from 44% at baseline evaluation to 84% at end-line evaluation. While a majority of pregnant mothers preferred delivering in the health facilities, it emerged from some qualitative respondents that some villages such as Digale and Arabisyo in Somaliland still face the challenge of insufficient facilities in terms of space. This was said to force women to deliver at home.

Women receiving birth spacing information regularly rose from 5% at baseline evaluation to 43% at end-line evaluation. Evidence from key informant interviews and focus group discussions indicate that the rigorous family planning campaigns conducted by CHW contributed significantly to the commendable increase in the number of women who received birth spacing information.

Women and girls receiving information on HIV increased from a paltry 2% at baseline to 60% at end-line evaluation. At the start of the project, HIV awareness among women and girls was extremely low, to the extent that most of them didn't believe in the existence of the virus that causes AIDS. The improved awareness of HIV was attributed to the campaigns mounted by CHWs.

Women and girls with knowledge of breastfeeding and transition to solid food rose from 25% at baseline to 72% at end-line evaluation. It is noteworthy that a range of community-level respondent categories that participated in the end-line evaluation (mothers and adolescent girls, community health workers, childminders, and traditional midwives) are well aware of and discussed at length some of the specific qualities and benefits of breastfeeding.

Women and girls with knowledge of clean water and disease prevention shot from 30% at baseline to 82% at end-line evaluation. Evidence from qualitative findings shows that community health workers conducted contextualized hygiene promotion awareness sessions within the community to reduce the risk of illness while promoting the dignity of families and the wider community. Key behavioral change messages to help prevent the spread and transmission of diseases were shared.

Women and girls with access to essential health services rose from 61% at baseline to 74% at end-line evaluation. This indicator focuses on access to essential maternal and newborn care (MNC) services that span pregnancy, childbirth, and the postpartum period. This is a critical contributor to the overall goal of the project as most maternal and infant deaths happen during birth and the first week thereafter. Evidence from qualitative findings shows sustained improvement in skilled birth attendance as mothers no longer accept giving birth at home.

The number of rural women practicing safe reproductive and maternal health increased from zero at baseline to 80% at end-line evaluation. Knowledge about the importance of attending antenatal care was explored by the study. 40.8% understood that attending antenatal care is good for the health of the baby, 17% understood that it is for the health of the mother and 12% understood that it helps the mother to get information about the pregnancy. Focus group discussions conducted for women also indicated that antenatal care is good for the mother and the baby`s health.

Compared to the baseline findings (80%), end-line results indicated a reduction (42%) in the number of women willing to allow their daughters to undergo FGM. Those against FGM said the practice has no health benefits for girls and women and causes severe bleeding and problems

when urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.

Compared to the baseline findings (70%), end-line results indicated a reduction (30%) in the number of women willing to marry off their daughters at an early age or force them into marriage against their will. The women cited early pregnancy as one of the most dangerous causes and consequences of early marriage. They also observed that girls married early are more likely to experience violence, abuse, and forced sexual relations due to unequal power relations. Though we could not get actual figures to support this finding, qualitative results indicate that there is a reduction in early marriages as reported during the focus group discussions.

The number of women and girls who know the importance of breastfeeding for young children rose from 25% at baseline evaluation to 90% at end-line evaluation. The project provided health information to the target beneficiaries so as to build their knowledge and understanding of health matters.

The number of women who understood when they needed to see a health professional during pregnancy or delivery rose from 58% at baseline to 70% at end-line evaluation. All the expectant mothers, according to both qualitative and quantitative respondents, had attended an antenatal clinic with the majority having attended three or more antenatal care sessions.

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

- Filling the needs and gaps in the community including providing community health workers with working tools-blood pressure measuring machines, weighing scales etc
- Extending the learning period for the basic literacy and numeracy classes from 8 months to at least one year
- Combining the literacy and numeracy skills development with training in livelihood skills to provide beneficiaries with means of eking out a living.
- Extending the project to other regions with similar needs.

Budget

Planned activities were implemented within the foreseen timelines save for the one month no cost extension necessitated by the need to allow displaced students prepare for exams. Output targets were met in line with the allocated budget and no major budget gaps were identified. Challenges external to the project revealed insufficient existing funds within the wider local

health systems, affecting the procurement of basic staff and material needs at health centers within the project area.

Lessons learned

- The strengthening of CHWs' capacity helped ensure a continuum of care. The engagement of CHWs trained in Maternal and reproductive health care helped address some of the cultural factors encountered during awareness-raising activities and home visits
- Local leaders' involvement in promoting reproductive health is crucial in tackling key cultural beliefs and myths surrounding maternal and newborn care as observed in the project areas
- Collaboration is effective in leveraging resources and achieving objectives. AET/SC collaboration with Somaliland government has proven to be effective in ensuring smooth and efficient implementation of the project

CHAPTER 1: INTRODUCTION

Reducing maternal morbidity and mortality remains one of the greatest challenges in low-resource settings, such as Somaliland. Despite progress made through programs implemented by government ministries and private and non-governmental organizations to reduce maternal mortality ratios (MMRs) and achieve the United Nations' Sustainable Development Goal of fewer than 70 deaths per 100 000 live births by 2030, the MMR remains relatively high in sub-Saharan Africa (SSA).[1] In Somaliland, an estimated 732 maternal deaths occur per 100 000 live births, resulting in one of the highest MMRs in the world.[2]

Poor education among women and lack of access to health facilities in many rural areas of Somaliland has increased the risks associated with childbirth. It is well documented that low education levels support early marriage, poor pregnancy, and child-care practice leading to Somalia ranked second highest under 5 mortality rate globally. Young pregnant women are at greater risk due to a lack of awareness of the need to deliver in hospitals. Home delivery and hospital maternity are not the same; when women deliver at home, some traditional midwives use unhygienic knives, increasing the risk of death even in cases where the process is completed

[1] World Health Organization (WHO). *Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. World Health Organization (WHO); 2015. https://apps.who.int/iris/handle/10665/193994

[2] Ministry of Health (MOH). *Ministry of Health Annual Report*. Hargeisa, Somaliland; 2016.

successfully. The risks of home-based delivery include excess bleeding, the placenta failing to descend, and disease transmission through handling contaminated blood.

Against this backdrop, Street Child and Africa Educational Trust (AET) rolled out a project dubbed Rural Women Education and Empowerment Project (REEP) in five regions of Somaliland, namely: Sahil, Togdher, Awdal, Maroodijeh, and Gabilay. The project was implemented between December 2021 and February 2023.

The project sought to provide basic literacy and numeracy to out-of-school young women and girls in Somaliland, whose challenges had been dramatically enhanced by COVID-19. It was also to provide them with the knowledge to enhance their protection and the well-being of their children – especially the girl-child. It was focused on rural, pastoralist communities which have some of the highest out-of-school female populations and lowest female literacy rates in the world at just 10%. Women and girls in these populations are hardest hit by emergencies and climatic crises with evidence of rampant cases of FGM. A recent report from the Somaliland Ministries of Planning and Health [3] found that 98.1% of women had undergone FGM. Using five existing community school buildings in out-of-school hours and volunteer teachers, the project provided flexible learning opportunities tailored to cater to the domestic and caring responsibilities of women and girls with a crèche for small children. A health professional trained volunteer Community Health Workers (CHWs), selected and supported by the community, to provide information and advice for the students on reproductive health, maternal health and early years care in a context and the cultural norms understood by the students.

At the inception of the project, a baseline study was carried out to establish the baseline indicators for measurement across the project period and at closure. The baseline findings and the recommendations established benchmarks against which we can track shifts in project indicators as a result of the various project activities implemented over the last year. The purpose of the end-line evaluation was, therefore, to check how the indicators measured at baseline had evolved over the year, due to the impact of programming and its activities.

[3] https://somalia.unfpa.org/sites/default/files/pub-pdf/slhds2020_report_2020.pdf

1.1 Project Goal and Objectives

The project aimed at contributing to quality education, health, and well-being of women and young girls in Somaliland**.** The specific objectives and outputs were:

Outcome 1: Young women and girls in Somaliland are able to read and write

Outcome 2: The maternal health, reproductive health, and childcare knowledge of the young women and girls in Somaliland is improved

Output 1: Teachers are able to deliver basic literacy and numeracy classes

Output 2: Students acquire basic literacy and numeracy skills

Output 3: Students are able to study at night

Output 4: Community health educators acquire knowledge of reproductive and maternal health

Output 5: Community health educators advise rural women on reproductive and maternal health and early childcare

Output 6: Young women with young children are able to attend classes without worrying about the safety of their children

Output 7: Young women gain essential knowledge to improve maternal health and are better able to care for themselves and their young children.

1.2 Evaluation objective

The overall objective of the evaluation is to assess the performance of the project against its targets and find out the key lessons learned over the course of the implementation.

1.3 Scope of work

The end-line evaluation involved conducting household interviews, key informant interviews (KIIs) as well as focus group discussions (FGDs) with project beneficiaries and stakeholders in the project regions of Sahil, Togdher, Awdal, Maroodijeh, and Gabilay. The evaluation was specially carried out in the rural villages of Geellookor,Digaale,Dilla,Dhoqoshay and Arabsiyo.

CHAPTER 2: ENDLINE METHODOLOGY

The end-line evaluation utilized a mixed methods approach combining qualitative and quantitative methods to collect and analyze the data. Specifically, the study relied on a qualitative approach, which utilized Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) and

a quantitative approach whose data was collected using individual face-to-face interviews and triangulated to write this end-line evaluation report. The data collection was carried out using face-to-face household interviews with project beneficiaries and stakeholders from the five project villages of Geellookor, Digaale, Dilla, Dhoqoshay and Arabsiyo. The survey data was then analyzed thematically to highlight the findings for reporting.

2.1 Sample size

The respondents were purposively selected from the cohort of interest who benefitted from direct intervention. A total of 100 respondents selected from a population of 300 beneficiaries took part in the evaluation.

2.2 Qualitative data collection

For the qualitative approach, KIIs and FGDs were carried out across the project districts with project beneficiaries and stakeholders. Qualitative data collection involves collective descriptive information that can be analyzed to give a detailed discussion with regard to the subject matter. This process was carried out using discussion guides to guide the entire process. The discussion guides were developed after a thorough desk review to ensure that all evaluation parameters were captured. The qualitative method was used to access the beneficiaries' and stakeholders' experience, involvement, awareness, and utilization of the project services.

Key Informant Interviews and Focus Group Discussions

Sampling for the qualitative (FGDs, and KIIs) respondents was done using the purposive sampling method where respondents are identified based on their standing in the target communities, understanding of the project and community needs, and local context so as to provide the best information. The KIIs selected respondents included the Director of the Ministry of Education (NFE), MCH officers, traditional midwives, and childminders. FGDs on the other hand were administered to project beneficiaries, community health workers, and teachers to capture a wide range of information on the project. Participants of FGDs were purposively selected from target beneficiary populations and the sessions were attended by 8-12 respondents and lasted a maximum of 90 minutes.

2.3 Quantitative Data Collection

Household Survey Method and Sampling

The quantitative data collection for this end-line evaluation was administered to project beneficiaries. A sample of 100 respondents was purposively selected from a population of 300 beneficiaries.

Questionnaire Scripting and Translation

The household questionnaire was programmed into an online server (ONA) KOBO Collect; data was collected using Open Data Kit (ODK) software which allowed for data collection offline. The questionnaire was translated into Somali for ease of administration and understanding. Enumerators who speak the local Somali language administered the questionnaire to the selected respondents. The teams were supervised by the AET/SC regional manager and the project officer.

2.4 Data Collection

Once all tools were signed off, the enumerators were deployed for data collection. Given the mixed method approach for this end-line evaluation, the data collection for both qualitative and quantitative methods was carried out concurrently and individually by our trained and seasoned enumerators and moderators. The data collection exercise took a duration of one week after the target sample was achieved. The quantitative interviews were carried out using questionnaires scripted onto the mobile platform while the qualitative KIIs and FGDs were carried out using discussion guides. For qualitative interviews, moderators asked questions and probed for further information in instances when clarifications were needed. This ensured that the data collected was detailed enough, and relevant and that no information was left out.

2.5 Data analysis

Once the qualitative data was collected, the audio recordings were transcribed verbatim, and summaries of each transcript were created for use in writing the report. On the other hand, once the quantitative data were collected, they were cleaned, processed, and analyzed to provide descriptive analysis in the forms of frequency tables, percentages, and cross-tabulation of variables disaggregated by age, social status, and region. The quantitative and qualitative data were analyzed using SPSS and content analysis respectively to write this finding report. The end-line evaluation analysis has been done systematically and thematically focusing on the project goals and objectives.

2.6 Ethical Considerations

The end-line assessment adhered to a specific set of codes of conduct for the researchers as well as ethical obligations to the assessment of respondents in relation to data collection, data management, storage, and usage. Strategies that were deployed in this regard included:

- Survey respondents were assured of the confidentiality of all data collected from them and further that the data would be used exclusively for the assessment process. Their participation was on a voluntary basis; no personal information was collected to ensure anonymity. These were clearly stated in the consent and information section of all tools and were clearly read to the survey respondents.
- Further, the assessment tools did not contain fields that capture personal data that could be used to identify respondents.
- Respondent participation in the assessment was purely voluntary and based on their consent to participate without coercion. Participants who did not want to be interviewed were given opt-out options.
- Participation was based on informed consent, which entailed providing survey respondents with full information about the assessment and its approach, their role in the assessment, and attendant personal benefits, both directly and indirectly.
- The interactions between the researchers and the respondents as well as among the survey respondents themselves were based on mutual respect and trust.
- Safeguards to ensure confidentiality during data processing did entail not making or implying precise references to survey respondents or statements made by particular survey respondents. Further, data from KIIs and FGDs has been processed as a whole and in the absence of personal information to ensure the anonymity of the information gathered.
- Obligations to the respondents included respect for dignity and diversity, acknowledgment of the rights of respondents, confidentiality, and avoidance of harm.
- During data processing and reporting, the obligations of the evaluators included ensuring accuracy, completeness, and reliability of the data processing as well as the assessment reports and presentations; transparency as far as all the assessment processes are concerned; ensuring accessibility of the assessment report to all formal parties; and reporting of any omissions, wrongdoing, and unethical conduct.
- Do No Harm principle: During the end-line assessment, the team obeyed and adhered to the Do No Harm policy and other operational policies in the project target districts. All field enumerators and supervisors were required to conduct data collection in an ethical manner to avoid inadvertent harm to respondents.

2.7 Limitations of the End-line Evaluation

- Some respondents were unavailable/refused to participate in the survey and the survey team had to conduct respondents' call-backs and some respondent replacements as well as additional respondents to cover for dropouts;
- A qualitative method has limitations due to its design. Findings are merely opinions and could be subjective due to the different situations under which they are discussed. They should therefore be interpreted with caution and especially where they are grossly over-stated.

CHAPTER 3: ENDLINE EVALUATION FINDINGS

This end-line evaluation of the REEP Project was carried out to assess its achievements and lessons learned for scale-up and/or for future programming. This report, therefore, presents a detailed analysis of evaluation findings at three levels- Impact, outcome, and output. This analysis report of the project has been developed based on data from both qualitative and quantitative sources, which have been analyzed and triangulated to write this end-line evaluation report. The quantitative data has been analyzed using descriptive statistics while the data from KIIs and FGDs have been analyzed thematically. Detailed findings include respondents' demographic information, lessons learned as well as conclusions and proposed recommendations.

3.1 Demographic Information

The end-line evaluation indicates that a total of 100 respondents were sampled and successfully interviewed for the quantitative method in this survey. In terms of the gender of the respondents, all the respondents interviewed were females, and 76% of them were married, 17% were single, 3% were divorced, and another 3% were widowed. 72% of the interviewed respondents reported that the husband was the main decision-maker at home, and only 12% of the respondents reported having a family member with a disability. A larger proportion of survey participants were aged over 35 years (42%): 30-34 (21%), 14-19 (15%), 25-29 (12%), and 20-24 (9%) representing the productive age group in the community within these regions focused on to evaluate the impact of the implemented project.

3.2 Household Information

At the household level, all the respondents interviewed were females and 10% of them were heads of their respective households. Each household had an average of 8 members. Of the respondents interviewed, 70% of them reported protected wells as their main source of water while the rest reported water tankers as their main source of water. The majority of the

respondents reported father/husband as the main breadwinner in their households (61%) while 100 US dollars was reported as the average income earned by the respondents each month. The majority of the respondents also reported that draught had significantly affected their incomes (81%).

3.3 Outcomes, outputs, and impact

This section presents the results for the two outcomes and their related outputs. The section also presents and discusses results obtained for the project's goal.

Discussion in this section is based on findings from the household survey conducted as part of the end-line evaluation, compared with results from the baseline survey.

Outcome 1: Young women and girls in Somaliland are able to read and write

This outcome measures the acquisition of basic literacy and numeracy skills, and the resultant ability to use mobile money platforms to transact business.

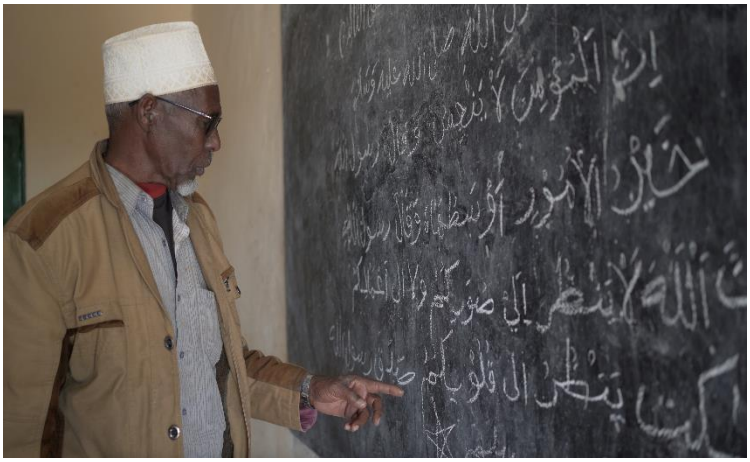
Table 1 below provides a snapshot of the results for the outcome

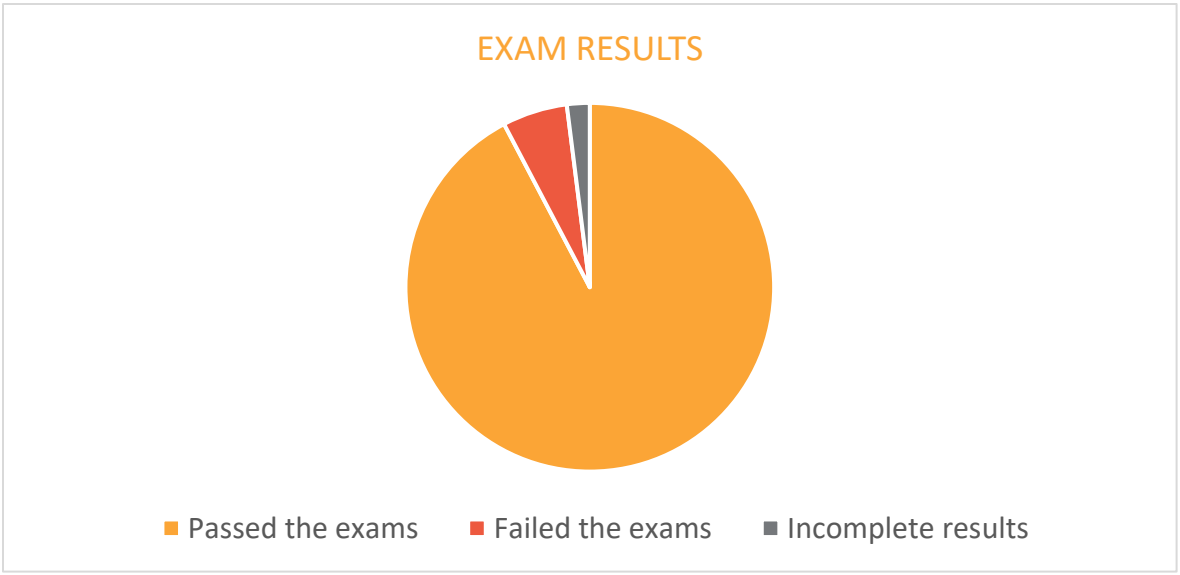
Table 1: Outcome 1 results at a glance

Outcome indicator	Value at baseline evaluation	Outcome target	Value at end-line evaluation
% of women and girls passing basic literacy and numeracy tests	**0**	**90%**	**92.3%**
% increase in the number of women and girls able to transact on mobile money platforms	**35%**	**70%**	**97%**

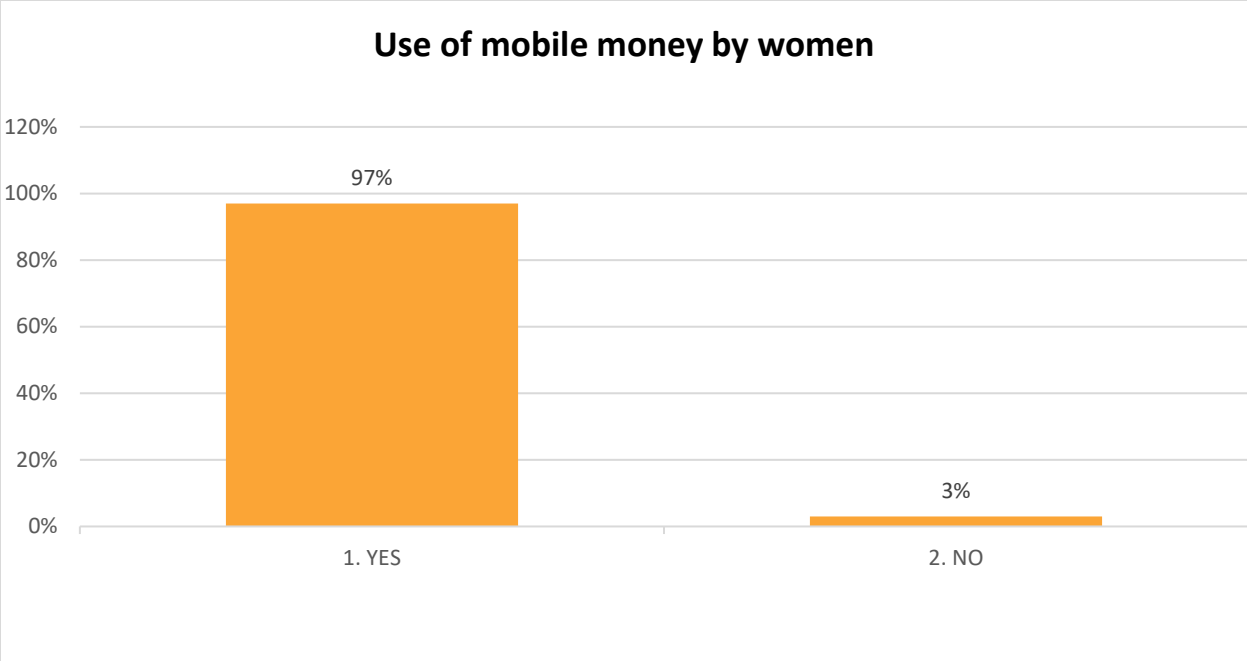
Women and girls passing basic literacy and numeracy tests met and surpassed the set target of 92.3%. Evidence from qualitative findings shows that this was achieved through consistent attendance of classes, availability of teaching and learning materials, proper training of teachers, and support of the childminders to the young mothers with little children. The flexibility of the project design which allowed mothers to attend classes after attending to their domestic chores endeared the project to the community, leading to a sense of greater ownership.

One beneficiary excitedly summed up the impact of the project as follows, “nowadays, we are able to monitor the performance of our children in school because when we check their exercise books, we are able to interpret the meaning of the different marks the teachers write in red. We know the meaning of a tick and a cross. We are able to ask questions about the progress of our children with confidence, something we never used to do when we were illiterate.” With the ability to read and write, girls and women will be in a position to access written ideas and a better understanding of their rights hence able to end the circle of oppression that surrounds their lives.





At the same time, women and girls able to transact on mobile money platforms also met and surpassed the target. Evidence from qualitative findings attributes this to their ability to read and write. Mobile money has allowed women to access finance more easily. Women’s use of mobile money services has been associated with various benefits including promoting women’s empowerment, increasing investment for women owned enterprises, and reducing extreme poverty. While gaps in access to financial institutions persist in Somaliland, mobile money is narrowing gender gaps. Use of mobile money is expected to drive financial inclusion of women in Somaliland.



Output 1.1: Teachers are able to deliver basic literacy and numeracy classes

This output focuses on the training of the teachers to enable them to deliver basic literacy and numeracy classes effectively.

Table 2: Output 1.1 results at a glance

Output indicator	Value at baseline evaluation	Output target	Value at end-line evaluation
% increase in the number of women and girls passing basic literacy and numeracy tests	**0**	**90%**	**92.3%**

The training of the teachers equipped them with the necessary pedagogical skills to deliver basic literacy and numeracy classes. This saw the percentage of women and girls passing basic literacy and numeracy tests improve from zero at baseline to 92.3% at end-line evaluation. Evidence from qualitative findings attributes this to proper training and incentivization of teachers, as well as the provision of the requisite teaching and learning materials.

One of the teachers in Hargeisa region was very happy with the progress her learners had made in acquiring literacy skills and when the evaluator picked one of the learners at random to demonstrate some of the skills, the learner did this without any hesitation. This particular teacher

was very happy to sit back and watch his student demonstrate to the evaluators the level of learning achievement attained during the period of REEP implementation. she was quick to point out "it gives me a lot of professional joy and fulfillment to see the results of our literacy classes demonstrated by the beneficiaries when they are able to write and communicate to other people. This was something they only dreamt about at the beginning of the classes".

Output 1.2: Students acquire basic literacy and numeracy skills

This Output focuses on the acquisition of basic literacy and numeracy skills by the students

Table 3: Output 1.2 results at a glance

Output indicator	Value at baseline evaluation	Output target	Value at end-line evaluation
% of students scoring 50% and above in the literacy and numeracy exam	**0**	**70%**	**92.3%**

The percentage of students scoring 50% and above improved from zero at baseline to 92.3% at end-line evaluation. The targeted students indicated that the project was very relevant to them and their families because they came from poor households and had missed out on opportunities to access education. They also indicated that the project was relevant to their unique backgrounds as they were mainly drawn from pastoralist communities. Evidence from qualitative findings shows that the majority of the students had never gone to school. All of them without exception admitted that it was through the project that they had learned for the first time to read and write something. This made them very happy as they no longer felt excluded from the rest of society due

to their ability to communicate and function in a literate environment. Furthermore, they were able to engage with the external environment now that they could communicate in writing, especially using mobile technology.

The things they liked about the classes included the materials, childminders to watch over young children as their parents attended classes, the teacher and the timing of the class. Many said they liked to attend school and then go to graze their animals. Making education conducive to their way of life was an essential characteristic of the programme. The challenges they encountered included attendance of classes during the drought when they had to go in search of water and pasture for their animals.

Output 1.3: Students are able to study at night

This output focuses on the provision of solar lamps to the students to enable night study.

Table 4: Output 1.3 results at a glance

Output indicator	Value at baseline evaluation	Output target	Value at end-line evaluation
% increase in the number of students completing homework	**20%**	**70%**	**90%**

Following the distribution of solar lamps to the students, the percentage of students completing home assignments improved from 20% at baseline to 90% at end line evaluation. Qualitative respondents reported that the lamps are a clean and safe source of light that can replace potentially hazardous forms of lighting such as candles and kerosene lamps, helping to reduce the risk of fire, and the negative health impacts of burning kerosene indoors. Besides lighting, the lamp can be used for charging mobile phones and to provide safety by lighting the way to toilets and other areas of the house. Amina Mohamed, a beneficiary of the solar lamps and a mother with children in formal schools, had this to say about the solar lamps: “Although the lamp was given to me it helps my whole family. Before receiving the lamp, my 3 children and I would all gather around a kerosene lamp or a candle to do our assignments. We could barely see. But now, we simply place the lamp at a central point and with the maximum light settings, we are all able to see without any struggle”.

Outcome 2: The maternal health, reproductive health, and childcare knowledge of the young women and girls in Somaliland is improved.

This outcome was focused on measuring the change in women seeking professional maternal and reproductive health services, girls seeking professional reproductive health services, women receiving birth spacing information regularly, women and girls receiving HIV information, and women and girls with safe access to health facilities. The outcome also sought to measure the change in knowledge of breastfeeding and transition to solid food and the change in knowledge of clean water and disease prevention among women and girls.

Table 5: Outcome 2 results at a glance

Outcome indicator	Value at baseline evaluation	Outcome target	Value at end-line evaluation
% increase in women seeking professional maternal and reproductive health services	**44%**	**60%**	**84%**
% increase in out-of-school girls seeking professional reproductive health services	**10%**	**40%**	**70%**
% Increase in women preferring to give birth at health facilities	**44%**	**60%**	**84%**
% increase in women receiving birth spacing information regularly	**5%**	**30%**	**43%**
% increase in women and girls receiving information on HIV	**2%**	**30%**	**60%**

% increase in women and girls with knowledge of breastfeeding and transition to solid food	**25%**	**50%**	**72%**
% increase in women and girls with knowledge of clean water and disease prevention	**30%**	**50%**	**82%**
% increase in the number of women and girls with access to essential health services	**61%**	**50%**	**74%**

Women seeking professional maternal and reproductive health services increased from 44% at baseline to 84% at end-line evaluation. Respondents were asked to mention the places they understood offered opportunities for safe mother delivery. The majority of the respondents (84%) indicated that it is safer to deliver at a health facility because in case of an emergency like excessive bleeding the health workers can arrest the situation. Only 16% mentioned that it is safe to deliver at home. Focus group discussions with mothers indicated that they used to think that it is costly to deliver at a health facility and preferred delivering at home in the presence of a relative or traditional birth attendant and only went to the health facility in cases of complications. Qualitative respondents also indicated that their knowledge of antenatal and post-natal clinics had changed- they had since known the value of attending both antenatal and post-natal clinics as advised by the health workers.

Knowledge of post-natal danger signs is an integral part of birth planning and preparation that is discussed during late pregnancy at health facilities. The percentage of mothers who knew at least two postnatal danger signs for the mother and two for the newborn was above 80 percent. Both qualitative and quantitative respondents stated that postnatal visits allowed their children to be vaccinated. It was also widely mentioned that other services acquired during PNC included counseling, provision of Vitamin A supplements as well as advice on child spacing.

Out-of-school girls seeking professional reproductive health services shot from 10% at baseline to 70% at end-line evaluation. From the qualitative findings, the adolescents have sufficient knowledge about their sexual reproductive health and STIs. They are knowledgeable about the dangers associated with adolescent sexual intercourse, STD transmission, and prevention methods. When asked about the source of information, the majority of the adolescent girls reported that they acquired the knowledge from the community health workers. Qualitative respondents reported that many women and adolescent girls in Somaliland do not have access

to quality reproductive health information, education or care. Reproductive health packages remain a major health gap in service provision. Furthermore, poverty, cultural and social norms have prevented young girls from accessing appropriate menstrual supplies and safe spaces. A lack of adequate menstrual hygiene and commodities are a major stumbling block for realizing effective menstrual hygiene. Young girls continue to use unhygienic materials, potentially increasing urogenital symptoms and infection.

Women preferring to give birth at health facilities increased from 44% at baseline to 84% at end-line evaluation. While a majority of pregnant mothers preferred delivering in the health facilities, it emerged from some qualitative respondents that some villages such as Digale and Arabisyo in Somaliland still face the challenge of insufficient facilities in terms of space. This was said to force women to deliver at home. While this was the reality in these areas, the findings point out that there was an improvement in women who seek the assistance of a qualified midwife as opposed to a traditional birth attendant (TBAs). It is evident from both qualitative and quantitative findings that a midwife plays a core role in Somalia during baby deliveries. According to a majority of respondents, pregnant women acknowledged that a midwife is very important in all stages of their pregnancies and thus sought their services.

Women receiving birth spacing information regularly rose from 5% at baseline to 43% at end-line evaluation. Evidence from key informant interviews and focus group discussions indicate that the rigorous family planning campaigns conducted by CHW contributed significantly to the commendable increase in the number of women who received birth spacing information. At baseline, it was observed that most of the women gave birth at intervals of just a year, a move that compromised their own health and that of their children. The unmet need for child spacing carries a greater risk of infant, and neonatal deaths, low birth weight, and malnutrition.

Women and girls receiving information on HIV increased from a paltry 2% at baseline to 60% at end-line evaluation. At the start of the project, HIV awareness among women and girls was extremely low, to the extent that most of them didn't believe in the existence of the virus that causes AIDS. Evidence from qualitative findings shows that most women and girls attributed AIDS to witchcraft at baseline, a situation that made nonsense of the need to use contraceptives to avoid HIV transmission. Concerted efforts by CHW through peer-to-peer counselling and

awareness campaigns saw the number of women and girls with HIV knowledge rise significantly over the project period.

Women and girls with knowledge of breastfeeding and transition to solid food rose from 25% at baseline to 72% at end-line evaluation. It is noteworthy that a range of community-level respondent categories that participated in the end-line evaluation (mothers and adolescent girls, community health workers, childminders, and traditional midwives) are well aware of and discussed at length some of the specific qualities and benefits of breastfeeding, such as immediate breastfeeding and completion of the birth process – quick placenta expulsion; the first breast milk and its uniqueness; and the different factors that influence the ability of mothers to achieve effective and sustained breastfeeding. Respondents highlighted the need for appropriate nutrition for mothers, and the stress factors that may affect the effective breastfeeding ability of mothers such as overworking and domestic violence. The mothers had an additional opportunity for nutrition counseling through nutrition support groups; in which mothers met regularly to discuss nutrition issues, facilitated by a CHW. Mothers report that they learned to use locally available nutrient-dense products such as groundnuts in making complementary feeds for young children.

Women and girls with knowledge of clean water and disease prevention shot from 30% at baseline evaluation to 82% at end-line evaluation. Evidence from qualitative findings shows that community health workers conducted contextualized hygiene promotion awareness sessions within the community to reduce the risk of illness while promoting the dignity of families and the wider community. Key behavioral change messages to help prevent the spread and transmission of diseases were shared. Hygiene promotion sessions help communities understand water-borne disease transmission routes and modes of interrupting the spread, thus reducing the number of people affected.

Women and girls with access to essential health services rose from 61% at baseline evaluation to 74% at end-line evaluation. This indicator focuses on access to essential maternal and newborn care (MNC) services that span pregnancy, childbirth, and the postpartum period. This is a critical contributor to the overall goal of the project as most maternal and infant deaths happen during birth and the first week thereafter. Evidence from qualitative findings shows sustained improvement in skilled birth attendance as mothers' no longer accept giving birth at home. Through the health awareness campaigns mounted by community health workers, mothers have become increasingly aware of the risks associated with home deliveries, including bleeding to death. At the same time, mothers are now well-informed of the importance of prenatal and post-natal services, including regular attendance of prenatal and post-natal clinics and consumption of a balanced diet. In terms of healthcare services offered at the respective local health facilities, a majority of respondents cited child health, vaccination, and nutrition (76%), maternal,

reproductive, and neonatal health (74%), first aid, and care of the critically ill (65%) and treatment of common illnesses (25%) among others. It also emerged from the qualitative respondents that ANC and PNC were the key top services offered at the health facilities in their localities.

Output 2.1: Community health educators acquire knowledge of reproductive and maternal health

This output focuses on the acquisition of reproductive and maternal health knowledge by community health workers through training.

Table 6: Output 2.1 results at a glance

Output indicator	Value at baseline evaluation	Output target	Value at end-line evaluation
# of community health educators trained in reproductive and maternal health	**0**	**6**	**6**

6 community health workers were trained in maternal and reproductive health and early child care. Community health workers were instrumental in awareness-raising, home visits for pregnant women and newborns, follow-up, and counseling on family planning and contraceptive options. They were also very important during COVID-19, helping to communicate with populations regarding the safety protocols in place to protect them during visits. The CHW training program was considered an important contributor to increased referrals of mothers and neonates to the health structures. One key informant explained how valuable the training was for her as a CHW at the community level, allowing all CHWs to provide improved specialized care for mothers and newborns: The training transformed community workers into reproductive health workers" (CHW).

Referrals by CHWs to health facilities fall under two broad categories: urgent referral of mothers and children with recognized danger signs; and less urgent referrals for 'routine' care at health facilities such as family planning services, and for HIV or TB follow-up care. A referral was seen in all programme sites as a mechanism to enhance quick compliance by families to suggestions of CHWs and to ensure immediate or privileged care at the health facility. Most of the CHWs

participating in the end-line evaluation pointed out a major gap in referrals from the community level that do not include necessary 'first aid' treatment. This was attributed to limited provision for the necessary medicine kits and the full training on their utilization. The other challenges noted were an inadequate supply of referral forms, and the limited provision of documented feedback from health facilities about the referred clients.

Output 2.2: Community health educators lead actions to protect women and girls from harmful practices, abuse, and diseases.

This output focuses on the activities undertaken by community health workers to protect women and girls from harmful practices (FGM and early marriage), abuse, and diseases.

Table 7: Output 2.2 results at a glance

Output indicator	Value at baseline evaluation	Output target	Value at end-line evaluation
% increase in rural women practicing safe reproductive and maternal health	**0**	**50%**	**80%**
% reduction in the number of women willing to allow their daughters to undergo FGM	**80%**	**50%**	**42%**
% reduction in the number of women willing to marry off their daughters at an early age or force them into marriage against their will	**70%**	**50%**	**30%**
% increase in the number of women and girls who know the importance of breastfeeding for young children	**25%**	**50%**	**90%**
% increase in the number of women who understand when they need a health professional during pregnancy or delivery	**58%**	**70%**	**70%**

The number of rural women practicing safe reproductive and maternal health increased from zero at baseline to 80% at end-line evaluation. Knowledge about the importance of attending antenatal care was explored by the study. 40.8% understood that attending antenatal care is good for the health of the baby, 17% understood that it is for the health of the mother and 12% understood that it helps the mother to get information about the pregnancy. Focus group discussions conducted for women also indicated that antenatal care is good for the mother and the baby`s health.

More than half of the respondents indicated having visited a health facility for PNC after delivery. A similar scenario was also painted by FGD respondents who also indicated that they had attended PNC services after the delivery of their children. Most of the respondents indicated to have visited the health facility for PNC immediately after delivery, while another smaller proportion visited at the end of the first week after delivery. Both qualitative and quantitative respondents alluded that postnatal visits allowed their children to be vaccinated. It was also widely mentioned that other services acquired during PNC included counseling, provision of Vitamin A supplements as well as advice on child spacing.

Compared to the baseline findings (80%), end-line results indicated a reduction (42%) in the number of women willing to allow their daughters to undergo FGM. Those against FGM said the practice has no health benefits for girls and women and causes severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths. They also mentioned that it is a violation of the human rights of girls and women, and it reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. There is currently no national legislation in Somalia that expressly criminalizes and punishes the practice of FGM. The estimated prevalence among girls and women aged 15-49 is 98%. Type III (infibulation) is the most commonly practiced form of female genital cutting (FGC) in Somalia. Women who live in rural areas are only slightly more likely to undergo FGM than those who live in urban areas. The prevalence is highest among nomadic women, but is universally high (over 98%) among women living in all areas.[4]

Compared to the baseline findings (70%), endline results indicated a reduction (30%) in the number of women willing to marry off their daughters at an early age or force them into marriage against their will. The women cited early pregnancy as one of the most dangerous causes and consequences of early marriage. They also observed that girls married early are more likely to experience violence, abuse and forced sexual relations due to unequal power relations. They are also more vulnerable to sexually transmitted infections (including HIV). To prove why early marriage is detrimental to girls, the FGD and Key informant discussions concluded that going to

[4] https://somalia.unfpa.org/sites/default/files/pub-pdf/slhds2020_report_2020.pdf

school gives girls choices and opportunities in life, allowing them to play an active role in their communities and break the cycle of poverty. Girls who are married are unlikely to be in school.

Though we could not get actual figures to support this finding, qualitative results indicate that there is a reduction in early marriages as reported during the focus group discussions. This was the same message echoed by the senior men and women that were interviewed. The same message also was given by the cultural and local opinion leaders. There is no law mandating a minimum age for marriage in Somalia. However, the Somali Constitution is based on Islam. It says the age of maturity is 18. Activists say this implies that this is the right age for voting or for a girl to marry. A bill introduced in parliament in August 2020 caused a storm of criticism from lawmakers when they realized it would legalize marriage at puberty - as early as 10 for some girls.

The number of women and girls who know the importance of breastfeeding for young children rose from 25% at baseline evaluation to 90% at end-line evaluation. The project provided health information to the target beneficiaries so as to build their knowledge and understanding of health matters. The messages were shared with the beneficiaries during group sessions and discussions, and door-to-door sensitization by community health workers. Similar to most of the qualitative FGD respondents, the majority (90%) of the quantitative respondents indicated having received or heard health educational messages in the last 6 months on breastfeeding, disease prevention, treatment, and health-seeking behavior. Their main source of the health messaging was community health workers.

The number of women who understood when they needed to see a health professional during pregnancy or delivery rose from 58% at baseline evaluation to 70% at end-line evaluation.
All the expectant mothers, according to both qualitative and quantitative respondents, had attended an antenatal clinic with the majority having attended three or more antenatal care sessions. During ANC visits, the key things that were checked by the medical practitioners included expectant mothers' blood pressure and most of all given iron supplements. Other supplements that were provided for during ANC were folic acid and vitamin A

Output 2.3: Young women with young children are able to attend classes without worrying about the safety of their children.

This output focuses on the role of childminders in watching over children of young mothers attending basic literacy and numeracy classes.

Table 8: Output 2.3 results at a glance

Output indicator	Value at baseline evaluation	Output target	Value at end-line evaluation
% increase in young mothers with young children who are able to attend classes without worrying about the safety of their children	**0**	**50%**	**100%**

The percentage of young mothers with young children who were able to attend basic literacy and numeracy classes without worrying about the safety of their children rose from zero at baseline to 100% at end-line evaluation. Based on qualitative findings, the five childminders (one per school) recruited by the project to watch over children whose mothers were attending basic literacy and numeracy classes enabled the mothers to attend classes while their children were being entertained in spaces adjacent to the basic literacy and numeracy classrooms. Based on progress reports provided by the teachers, the presence of childminders to watch over small children saw the concentration and performance of young mothers in class improve tremendously

Project impact: Contribute to quality education, health and well-being of women and young girls in Somaliland.

The impact of the project was measured through changes in the quality of education, health, and well-being of women and young girls in Somaliland. Achievements are outlined in the table below:

Table 9: Impact indicators results at a glance:

Impact indicator	Impact target	Value at end-line evaluation
Women and out-of-school young girls who use literacy and numeracy for their daily life.	**70% increase from baseline**	**92.3%**
Women and out-of-school girls who gain knowledge on safe reproductive practices, maternal self-care, and early childcare.	**50% increase from baseline**	**67%**

Women and out-of-school young girls who used literacy and numeracy for their daily life increased from zero at baseline to 92.3% at end-line evaluation. The ability to read and write had an immediate impact on the beneficiaries. The rural women before attaining literacy skills would

send the truck drivers who run transport businesses ferrying milk and grains from rural villages for sale in urban centers with actual samples, namely, grains of rice and sugar or broken pieces of soap if that is what they wanted to be purchased for them from the sale of their milk and farm produce. This however changed greatly with the empowerment that came with the ability to read and write as reported by literacy class beneficiaries during FDGs. Most beneficiaries remarked "These days even the people in the towns know we have changed because we no longer send them samples to indicate what we require purchased for us because we write a list, and they tick what they have bought and indicate the prices per item. This way we are able to track down our sales and returns from our labor. We are able to communicate and feel very proud about this achievement." Another one of the FDG group members was quick to point out the benefits that literacy had brought to the beneficiaries by stating "Nowadays, we are able to track our children's progress in school because when we check their exercise books, we are able to tell the meaning of the different marks the teachers write in the red pen. We know the meaning of a tick and a cross. We are able to ask teachers questions about the performance of our children in school with confidence which we never used to have when we were illiterate."

Women and out-of-school girls with knowledge of safe reproductive practices, maternal self-care, and early childcare increased from 20% at baseline to 67% at endline evaluation. Qualitative respondents indicated that a majority of pregnant women in the last 6 months had delivered at health facilities. One of the key reasons cited for this high percentage of health facility deliveries was the awareness created by community health workers on the dangers of home delivery and the ability to read and write which enabled potential mothers to read and interpret health messages disseminated through posters and other written materials. Additionally, proximity to the health facility as well as the sense/feeling of security and safety encouraged mothers to deliver at the health facilities resulting in very few women delivering at home. The end-line findings indicate that a majority of respondents in the surveyed regions had accessed postnatal care services, and half of them had visited a health facility immediately after delivery. Both qualitative and quantitative respondents alluded that postnatal visits allowed their children to be vaccinated. It was also widely mentioned that other services acquired during PNC included counseling, provision of Vitamin A supplements as well as advice on child spacing.

Qualitative respondents also reported that the project provided health information to the target community members so as to build their knowledge and understanding of health matters. The messages were shared with the community members during health facility visits, group sessions and discussions, door to door sensitization by community health workers and the media. Similar to most of the qualitative FGD respondents, the majority of the quantitative respondents indicated having received or heard health educational messages in the last 3 months on disease prevention, treatment, and health-seeking behavior. The health messaging impacted the lives of the respondents; a majority recalled the messaging received as well as practiced what they learned from the project.

Qualitative findings further indicate that the health educational messages had greatly improved most of the household health status. This was said to have resulted in healthier children at the household level, less sickness and illnesses related to malnutrition at the community level as mothers' health was improved as community members were more enlightened on health issues. A section of the respondents mentioned that they often practiced what they had learned about health within their households. Qualitative respondents weighed in on this finding citing that the reason for the improvement in household health status especially among children and pregnant and lactating mothers was a result of breastfeeding practices as well as proper feeding of both mother and child. Exclusive breastfeeding was overwhelmingly embraced by the respondents and community members in general as an important component to ensure better health and wellbeing of children.

Nutritional counseling offered by community health volunteers, better comprehension of the meaning of health messages written in posters used in public health campaigns, and a greater understanding of health information and written instruction by health providers saw knowledge of breastfeeding and transition to solid food rise significantly.

3.4 Contributing factors

Contributing factors include the major factors influencing success and major challenges to achieving the project's objectives. It emerged from the end line findings that AET/SC long-term presence in Somaliland allowed them to understand the context of the project areas as well as implement project activities based on the real community needs as opposed to assumptions. Its presence has also allowed the organization to build a great working relationship with communities for a long time thus experiencing community buy in on the project. Subsequently, well-qualified and experienced staff also contributed to the project's success. Their technical know-how enabled the project to run seamlessly while adhering to all the project implementation protocols thus achieving the set objectives. The project activities and services offered by the REEP project were relevant to the context and needs of the community at the time. Coordination, complementarity and integration of the project activities was also cited as another critical factor in the project success. In addition, the coordination and partnership with

the government ensured their support to the project thus ensuring success. Some of the challenges experienced during the project implementation included natural calamities such as locust invasions, floods, COVID-19 pandemic and drought.

3.5 Adaptability and Flexibility

The project was said to be highly flexible and adaptable in the face of challenges. The lack of play materials for children of adolescent girls and women attending basic literacy and numeracy classes made the children restless much to the chagrin of their mothers. This occasionally disrupted learning by their mothers as they had to keep an eye on their boisterous children. This was resolved by repurposing the funds originally earmarked for COVID-19 kits for children's play materials. There were no new cases of COVID-19 in Somaliland in the second half of 2022, hence the need to reallocate the funds.

3.6 Lessons Learned

- The strengthening of CHWs' capacity helped ensure a continuum of care. The engagement of CHWs trained in Maternal and reproductive health care helped address some of the cultural factors encountered during awareness-raising activities and home visits.
- Local leaders' involvement in promoting reproductive health is crucial in tackling key cultural beliefs and myths surrounding maternal and newborn care as observed in the project areas.
- Collaboration is effective in leveraging resources and achieving objectives. AET/SC collaboration with Somaliland government has proven to be effective in ensuring smooth and efficient implementation of the project.
- Community engagement in the project ensured successful implementation of the project activities within the set timelines.
- The need-based approach adopted by the project enhanced its success and community buy in thus realizing high results.
- The project adaptability and flexibility allowed it to surpass its target objectives.

3.7 Recommendations

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

- Filling the needs and gaps in the community including providing community health workers with working tools-blood pressure measuring machines, weighing scales etc
- Extending the learning period for the basic literacy and numeracy classes from 8 months to at least one year

- Combining literacy and numeracy skills development with training in livelihood skills to provide beneficiaries with means of eking out a living.
- Extending the project to other regions with similar needs

3.8 Conclusion

There is need to strengthen adult literacy programs, especially for women in rural areas. Indeed, this could increase awareness of reproductive and maternal health benefits, leading to reduced infant and maternal mortality. Furthermore, improving access to clean water supply and balanced diet would greatly ameliorate maternal and child health.