

# WATER VOUCHERS EVALUATION REPORT

GAZA

MARCH 2013



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كمية المياه: 500 لتر

تاريخ الانتهاء: 30.10.2012

رقم الهوية: .....

التوقيع: .....

0001

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EUROPEAN COMMISSION



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## AKNOWLEDGEMENT

Many people have contributed to the development of this valuation of Water Voucher Project, and their inputs were received with much appreciation, though it is impossible to name them all. Thanks to all staff and country programme members who have contributed with discussions and ideas.

## ACRONYMS AND ABBREVIATIONS

ATF	Advocacy Task Force
ARA	Area Restricted Access
CBO	Community Based Organisation
CMWU	Coastal Municipalities Water Utility
DRR	Disaster Risk Reduction
ECHO	European Commission's Directorate General for Humanitarian Aid and Civil Protection
EQA	Environmental Quality Authority
EWASH	Emergency Water, Sanitation and Hygiene Group
FGD	Focus Groups Discussion
FRC	Free Residual Chlorine
MCM	Million Cubic Meter
NAMD	National Association of Moderation and Development
OGB	Oxfam Great Britain
PWA	Palestinian Water Authority
PEF	Palestinian Environmental Friends
RO	Reverse Osmosis
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YEC	Youth Empowerment Centre



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## SUMMARY

A participatory assessment on disaster risk reduction (DRR) was undertaken in GAZA governorate in 2011, OXFAM being the lead agency within the WASH cluster emergency response and preparedness in this area. Three vulnerable neighbourhoods (AL MALALHA, AL MOGRAGHA and AL ZARGA), were identified and an integrated approach has been implemented in the past 2 years, including WASH, Advocacy, Psycho-social support and DRR components.

Some months ago, OXFAM implemented an innovative approach to provide safe drinking water to vulnerable household in those 3 communities, by providing water vouchers, and working with the private sector. It is funded by ECHO and an internal evaluation was commissioned to highlight key best practices, assess Design (Relevance and Coverage), implementation (Effectiveness and Efficiency), impact oriented (Impact and Sustainability), and criteria related to this pioneering activity.

The programme was paper cash-vouchers exchanged for safe drinking (chlorinated and desalinated) water from water vendors (truckers) and its objective was “Targeted men, women and children are less vulnerable to water and sanitation related illness”. OXFAM took a holistic approach and implemented the following activities: water tank distribution, awareness sessions on chlorination and safe water chain, water quality monitoring, distribution of water vouchers and reinforcing chlorination at the water vendors’ points. 696 household benefited of this successful program.

The water voucher title could be confusing but the 5 components are part of the evaluation.

### KEY FIGURES AND FACTS:

WASH humanitarian actors and donors are adapting their approach to small scale engineering work and are willing to work at household level.

95% of adults (Women and men) interviewed are satisfied with the quality of the water provided by the OGB project

In OGB areas of intervention, 95% of the household have an income of **less than 1000 ILS per month**

91% of water tests conducted at HH level, are free from fecal contamination, at mid-term of the project

98% of GAZA’s residents are connected to the water network, but do not rely on it for safe drinking water  
87% of the population purchasing water from private vendors who own medium scale desalination units

90% of adults (Women and men) interviewed knows about the chlorination treatment, the safe handling and storage of drinking water

95% of adults (Women and men) interviewed have received enough information about the project

60% of the water provided by private water vendors tested at household level was contaminated by fecal coliforms in the 3 communities selected.

### RELEVANCE:

The initiative taken by OXFAM in coordination with PWA, to work with the private sector seems relevant given its appropriateness for the context, and the objectives and purpose of the pilot project were valid because:



- The demand for desalinated water is high, and the private sector is rapidly expanding to meet this need. Despite an existing frame for water quality regulation in GAZA, the water vendors, around 300 (including unlicensed), are supplying desalinated water with a high variation on its quality. In general, the water is not chlorinated because of the low acceptance of the water users.
- 87% of the population is purchasing water, and 95% of targeted household spend between 8 to 34% of their income
- The will to experiment cash based interventions to reach the poor of the poorest and a growing expertise on water market analysis and approach within the organisation
- The project has ensured successfully compliance to PWA and WHO Standards.

During the complete evaluation process, the synergy of the complementary activities, projects and programs in the selected communities was highly mentioned by the different stakeholders, as well as the fact that OXFAM was already well accepted in those communities and has to be taken into account in the reading of this report and for forthcoming programs.

However, although UNICEF conducted a household survey in 2010 which highlighted household trends regarding the access to water, there is a few or none study on the water quality provided by the private sector, neither on the factors limiting the access to the private sectors and the water quantity and quality purchased (e.g: storage capacity, only economic purpose..). It may difficult to know if the water voucher project is the most appropriate response.

### **EFFECTIVENESS:**

Regarding the reduction of diarrhoea, it should be noted that although most of Oxfam's WASH activities aim to reduce diarrhoea risk and occurrence, diarrhoea reduction is not always a direct result due to other environmental and population factors which are external to the project. For this reason the target figure on reducing diarrhoea is not recommended as the headline indicators. Furthermore, the correlation of diarrhoeal cases with the water quality is still unclear, especially for children under 5 being mostly the ones affected and also diarrhoeal diseases in GAZA strip showed a seasonal pattern linked to rainfall.

The water voucher projects succeed in providing safe drinking water to more than 90% of the targeted population at household level. Because of a slight delay and an over-estimated budget, the number of targeted beneficiaries was raised by 40%.

### **COVERAGE AND TARGETING:**

The demand for safe drinking water outstrips the available supply, and it is not surprising that no examples of inclusion were observed or reported. To fully investigate errors of exclusion would require field visits to no-beneficiaries which present some challenges, and was not carried out during the evaluation.

A slight delay has been observed in the targeting process, and the evaluation raised controversy at internal and external level, which could be attribute to:

- the novelty of targeting households in a WASH intervention
- Blanket coverage were chosen in relatively low population density
- the lack of consistent vulnerability criteria in an area where the majority of the resident are suffering these water issues
- the challenges to target in peri-urban settings and the lack of methodology and expertise at institutional level
- the absence of clarity if the selection criteria have to target the poor of the poorest and/or the risk to develop WASH related diseases



These findings reinforced the importance of the needs assessment and identification of appropriate objectives, including target group and targeting methodology to reduce targeting errors.

### **EFFICIENCY:**

It appears that the outcomes have been achieved cost-effectively by the project. It seems efficient in terms of quality of service, timely delivery, beneficiary involvement and beneficiary contribution. Human resources represent 25% of the direct cost, including the field monitors who are crucial for the success of such innovative approach. Working more with local organizations may also help to reduce personnel costs.

The fact that OXFAM has a large expertise on cash transfer program in GAZA, and the complete team from management to support departments have a clear understanding of the key steps and procedures to follow benefits the implementation of this project.

### **IMPACT:**

The duration of 4 months for a project focusing on behavioural change (drinking chlorinated water) with a subsidy to the communities through provision of free water vouchers, water tanks and chlorine tests has resulted in desirable changes among the communities. This included safe practices of water transport, storage and handling. However, there is need for sustained follow up with the communities to follow the delivery of chlorinated water.

The changes, positive or negative, on the water market were not measured during this project; as a market assessment was not carried out before the design of the project. The evaluation observed specially two areas of concerns: the resellers on water within the communities were extracted of the water market and OXFAM intervention creates a monopole in those communities.

### **SUSTAINABILITY:**

In the given context of chronic poverty and low income, it is likelihood that a number of community members would not be able to purchase safe drinking water in the future, and therefore this activity is not sustainable in most cases.

The project has succeeded in mobilising the communities through formation of community groups with a focus on health hygiene, but these groups are not linked to or collaborate with other poverty reduction interventions. The OXFAM overall strategy should help the local communities by exploring linkages with other capacity development programmes to enhance the income of local communities for adoption of safe and healthy practices while overcoming their vulnerability because of low income and improve their resilience.

The main concern is the lack of regulation of the water quality would not being sustain without strong monitoring from the implementers. This pilot project demonstrated key successful practices, and empowered citizens, vendors and local authorities by influencing practices changes through knowledge and awareness raising on water quality and treatment.

## **KEY FINDINGS RELATED TO THE PROJECT DESIGN:**

*Other findings not specific to the water voucher project are included in the detailed report, and consist of the importance of adequate planning, staffing, monitoring, and financial systems that ensure prompt payment of participating vendors.*

### **Water vouchers**

*Water tanks distribution:* Where 99% of the targeted population did not have the capacity to separate domestic to drinking water or have a capacity less than 20liters for safe drinking water, the distribution of water tanks although the main expenses of the project was really essential for the delivery of the project. It also strengthens the changes of knowledge, aptitude and practices for water transport, storage and handling at household level.



*Water quantity:* 5.5 litres per person per day was the estimated amount of safe drinking water for the design of the project. 6.5 is the actual quantity that is delivered after consultation of the beneficiaries and they mentioned that this amount was sufficient for their basic needs, although their consumption will increase during the summer.

*Water treatment and quality:* Providing chlorinated water was a challenge, as the population is not used to the strong taste and smell of chlorine. OXFAM conducted an intensive and comprehensive awareness campaign, including sign boards, hygiene promotion sessions for targeted women, men and children and house to house visits. There strong expertise on public health promotion has been an advantage as well as a strong control monitoring system of free residual chlorine at community and household level. More than 90% of adults are satisfied with the water quality and attributes chlorination to enhance better health. This success also contributes to increase the demand of chlorinated water to non beneficiaries leaving nearby OXFAM beneficiaries and may continue after the withdrawing of OXFAM project.

### **Selection of water vendors**

The water vendors' selection was done with the consultation of beneficiaries' trough an exhaustive survey. The 5 local companies supplying water in the area of intervention were assessed and proposed to participate to the tendering process. 2 companies were selected and each one was allocated by area.

- Beneficiaries did not have the choice of their supplier throughout the project implementation
- Where OXFAM was covering the entire neighbourhood, the other companies lose their customers
- Resellers of water in the communities were also pulling out of the system

### **Involvement of key stakeholders**

The involvement of key stakeholders from the beginning of the project, as the Palestinian Water Authorities played an important role in the implementation of the water vouchers initiative. They were involved at each step of the project.

### **Accountability system**

OXFAM did consult regularly communities, and in 2 communities supported the election of a representative local committee. The presence of field monitors in the communities allowed also a clear participation and regular information sharing. The feedback mechanism was based and adapted from food vouchers implemented for long-time in GAZA, with the installation of suggestion boxes in key shops or institutions. All this effort undertaken by the PH Team, and timely and systematic responses to complaints, ensure a smooth implementation of the water vouchers activities.

### **Gender mainstreaming**

In the past years, OXFAM increased his knowledge on gender dynamics by making gender and power analysis and learning by doing. OXFAM implemented those identified good practices from the past, for the water vouchers project, as to engage women in decision making through the local committee and CBO. The configuration of the team of also ensuring a balanced representation, appropriate for the field with female staff doing house to house visits to ensure that the women voices were taking into account. However, OXFAM did not collect any indicators on gender dynamics and decision making in the household regarding this specific project.





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## WAY FORWARD:

### **Transfer of expertise**

OXFAM has a large expertise on cash transfer programming, it which may not be the case of others WASH actors, including OXFAM implementing partners. Because of the novelty of this activity in GAZA, it is essential to manage the risks on the implementation side, and identify key competencies to transfer to the WASH sector.

OXFAM is the first actor to implement this approach in GAZA and the will of humanitarian actors or local authorities to have a better understanding of the private sector and the limitation of its regulation framework is a clear indicator of the potential of such initiative.

- Share information for relevant authorities (PWA, CMWU, MOH, WASH Cluster, private water vendors, FB Community...etc) of results of the evaluation and achievement
- Include water vendors that were not selected in the learning forum and inception workshop to give them the opportunity to work this year
- Elaboration and diffusion of descriptive documentation about the project implementation (Program communication) for GAZA humanitarian sector , to support OXFAM experience on market approach for WASH intervention and broadly to feed the learning process of cash-based interventions

### **Better understanding better aid**

In depth-assessment and researches are recommended to have a better understanding of the public health risks in GAZA strips. It could include a comprehensive assessment including broader geographical representation, with seasonal variation. Results should be used to correlate the prevalence of water-borne disease with water quality.

Reinforcing the private sector to improve access to safe drinking water in GAZA Strip is an innovative approach for the humanitarian sector, and little information is available and analysis is almost inexistent. A market analysis is essential to understand both necessary interventions to support markets and the capacity of markets to meet beneficiary needs. A market mapping analysis (EMMA or other tool) should be conducted to understand the water market system and involving key stakeholders as CMWU, PWA, OXFAM Partners, and UNICEF and WASH agencies into the process.

### **OPPORTUNITIES FOR THE FUTURE:**

The water voucher could be used in different situations and linked to different programs (nutrition, food security, advocacy, household economic development, governance...) at different phases. At this point, it has to be reminded that voucher is a modality and further analysis and assessment depending of the specific objective for each agency/sector should be undertaken.

### **The water market: Including the private sector**

Market based programming is a key component of Oxfam's resilience building approach. OXFAM WASH intervention in GAZA can and should aspire to assess, engage with, support and challenge the water market systems Oxfam. This will also reinforce OXFAM humanitarian and recovery responses aims at doing no harm or minimizing risk to do harm to markets, and support access to critical markets for affected populations to ensure access to basic rights.

OXFAM has been developing its learning, experiences, expertise and toolkits to enable the effective engagement with the business sector and markets across the full range of programming from relief to development, which can be adapted to the GAZA context.



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**Advocacy : From local to international – One link to empower regulation and law**

With OXFAM expertise in the advocacy sector in GAZA, it will be highly positive to include an advocacy component in forthcoming projects. Goals could consider reinforcing the regulation and law implementation on water quality by supporting and empowering the citizenship to demand and pressure the private sector and the concerned institutions.

Therefore, OXFAM should continue to play an essential role in the different technical platforms and networks to advocate for key practices, and importance of the private sectors on the water quality.

**Improving OXFAM emergency response and capacity**

The conflict in November 2012 highlighted the need to increase OXFAM capacity to respond to water needs. The private sectors seemed to have been stopped only for 48 hours except for some restricted areas, despite the volatile context. Working in emergencies with the private sector and strengthening,

**TO SCALE UP: ELEMENTS TO TAKE INTO ACCOUNT****Monitoring, Evaluation and Learning**

- Replicate the water quality monitoring system, including the link with CMWU with the improvement of including physico-chemical analysis at household level
- Identify opportunities for community-led monitoring, including to strengthen the ownership on the water quality issues
- Understanding the impact on gender, and household dynamics is essential. E.g: Study could be conducted to impact of the lack of adequate water in the lives of women, the impact on children
- Include a comprehensive (external or internal) learning review and evaluation for the next project

**From direct implementation to work partnership**

- Identify different model of partnership and involve EFSL partners in some steps
- Step by step transfer to Public Health partners, ensure that they are part of the water quality monitoring process

**Exit strategy**

- Include an exit plan from early stage which should include monitoring of key impact indicators; identifying alternatives for long-terms approach (See opportunities) and continuing the community ownership by involving local authorities, vendors, committees, and beneficiaries at all stages of the project

**Amongst the WASH sector**

- Advocate for standards and common indicators with stakeholders on “safe drinking water” quantity (including seasonal variation) should be agreed upon the WASH stakeholders because of the scarcity of the water and after having a better comprehension of the



## 1 BACKGROUND

Gaza suffers from a critical lack of safe drinking water. Today 90% of water from the aquifer is not safe for drinking without treatment due to levels of chlorides (high salinity) and nitrates as high as six times the World Health Organisation (WHO) guidelines.

As a result, 87% of HHs are believed to purchase water from private vendors, spending an average of NIS 35/m<sup>3</sup> a month, approximately one third of the average income of those surveyed (UNICEF, 2010). The Water, Sanitation and Hygiene (WASH) cluster 2012 Needs Analysis Framework warns that environmental degradation and the periodic military destruction of essential infrastructure pose immediate threats to human health. While there is no in-depth research or evidence yet on impact to public health, risks of other water-borne disease including typhoid or hepatitis are present and elevated levels of nitrates can lead to methemoglobinaemia, or “blue baby” syndrome among infants.

Water from vendors is under - regulated and unsafe. A rapid assessment by WASH partners including the Environmental Quality Authority (EQA) in August 2011, estimated that more than 890,000 people within Gaza are consuming 'bad' quality, contaminated water supplies from private vendors in Gaza. While only one third of locations within the strip were tested, within those, 76% of surveyed population tested positive for consuming either chemically, biologically or physically contaminated drinking water at household level.

OXFAM GB (OGB) funded by ECHO, the European Commission's Directorate General for Humanitarian Aid and Civil Protection, is implemented a one-year program (April 2012 to March 2013) with the objective of reducing the humanitarian impact of the blockade of vulnerable household in GAZA, by assisting them in meeting their basic water needs. In consultation with the Palestinian Water Authority (PWA), Ministry of Health (MOH) and other INGO's a pilot project has been set up and a system of Water Vouchers has been introduced. This is a review of this initiative. It reviews the programme design, implementation and performance and contributes to the growing body of literature on cash based interventions in the WASH sector. (Annexe 1: Terms of References)

## 2 METHODOLOGY

A balance of qualitative and quantitative methods was used to gain a throughout understanding of the project, the context in which it operates and evaluate it through the OECD Development Assistance Committee (DAC) Criteria. (Annexe 2: Agenda and methodology of the evaluation)

Key informant and stakeholders' interviews, internal and external, were holds including OXFAM partners and donors, local authorities and water vendors. This includes PWA, CMWU and WASH Cluster members. (Annexe 3: Key Informant Interviews).

### **BOX 1: WATER SITUATION IN GAZA**

With no perennial streams and low rainfall, Gaza relies almost completely on the underlying coastal aquifer, which is partly replenished by rainfall and runoff from the Hebron hills to the east, with the recharge estimated at 50 to 60 million cubic metres (MCM) annually.

Current abstraction of water from the aquifer, at an estimated 160 MCM per year to meet current overall demand, is well beyond that. As groundwater levels subsequently decline, sea water infiltrates from the nearby Mediterranean Sea. **Salinity levels have thus risen well beyond guidelines by the WHO for safe drinking water.** This pollution is compounded by contamination of the aquifer by nitrates from uncontrolled sewage, and fertilizers from irrigation of farmlands.

**Today 90% of water from the aquifer is not safe for drinking without treatment** Availability of clean water is thus limited for most Gazans with average consumption of 70 to 90 litres per person per day (depending on the season), below the global WHO standard of 100 litres per person per day. **The aquifer could become unusable as early as 2016, with the damage irreversible by 2020.**

From UN REPORT – August 2012 – GAZA in



A review of documentation was completed including final evaluations of previous humanitarian programmes, internal capitalisation and donor reports, monitoring reports and external documents to provide additional information on context and comparable interventions. (Annexe 4: Reference Documents).

OXFAM Team participated to a half-day reflection workshop to feedback against the 5 identified criteria and analyse the strengths, weaknesses, opportunities and threats of such project. People from different departments were invited to collect different perspectives.

Meeting with Community Based Organisation (CBO) and local committees of the 3 communities benefiting from the WASH vouchers project were hold to capture their level of involvement. Women and men were consulted through various Focus Groups discussions, which were completed by field visits.

Finally, a household survey, sample size of 189 HH, (confidence interval of 6, confidence level of 95%) was conducted to assess the satisfaction of the targeted communities, review the beneficiary selection and vetting process, and the complaint and feedback mechanism. (Annexe 5: Questionnaire of the Household Survey). 71% of person interviewed were women.

The evaluation is limited by several constraints, internal and external. Although extended, the timeframe was not sufficient to achieve an in-depth analysis, the endline survey was on-going when the evaluation takes place and the population not benefiting of this activities were not consulted.

### 3 AN OVERVIEW OF THE PROGRAMMING

**“Supporting Vulnerable Communities in Urban Areas of the Gaza Strip through Improved Public Health”**

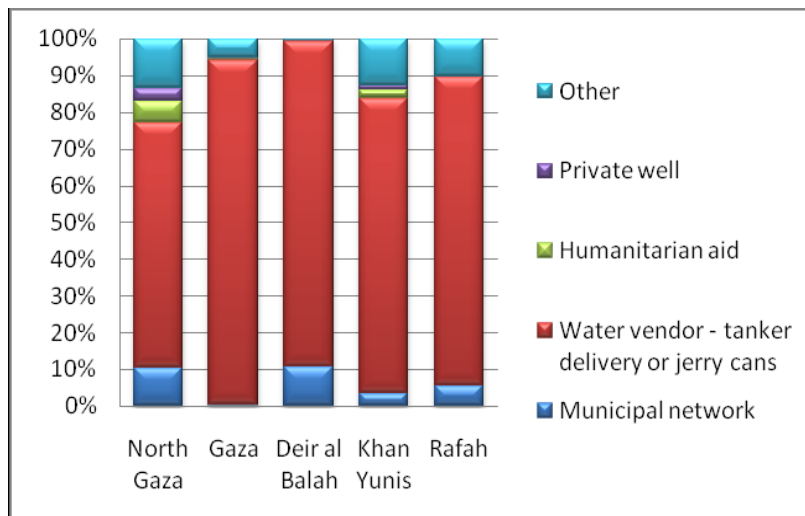
GOAL	Objectives	Indicators	Targeting	Vouchers	Period
To reduce the humanitarian impact of the blockade on vulnerable households in Gaza	To assist vulnerable households in Gaza in meeting their water/sanitation needs  R2: Targeted men, women and children are less vulnerable to water and sanitation related illness	A average of 20% reduction in water/sanitation-related illnesses is reported in children within 100% of public health beneficiary households.  By end of project, 80% of 500 beneficiaries of the water voucher scheme have access to drinking water free from fecal contamination	3 communities: AL MALALHA AL MOGRAGHA AL ZARGA  500 Household planned  (696 Household reached)	Vouchers of 200 or 500 litres of safe drinking water  Number of vouchers depending of the family size and storage capacity  Distributed every month (between 1 and 4 times)  Distribution 3 days per week	5 months (December to April)



## 4 RELEVANCE

### NEEDS ASSESSMENT: ACCESS TO SAFE DRINKING WATER

OXFAM conducted a WASH and Food Security joint assessment in 2006, after the “Summer Rain” operation, which already highlighted water, and wastewater infrastructures deterioration as a threat to human health. The result of the Gaza’s Blockade, 7 years later, has been a breakdown of water and sanitation services and the public health implications are significant. UNRWA is warning that diarrhoea and viral hepatitis remain the major causes of morbidity among reported infectious diseases. (UNRWA Epidemiological bulletin).



Although 98 per cent of Gaza’s residents are connected to the water network, supply is intermittent, and its quality is doubtful as the water treatment capacity is not sufficient and in good condition, and is inappropriate for human consumption. The lack of safe drinking water from the municipal network caused the population to look at alternative options and the majority of GAZA residents purchase water from private vendors. GAZA residents are relying on two sources of water: **Municipal water** for domestic purpose and **Private sectors** for desalinated water for drinking purpose.

From the literature review and the interviews carried out with stakeholders, the water quality issue seemed to be one of the major concerns of the WASH sector. Due to the limited access to equipments, material and consumables, political constraints, the plan of an important investment for a sea desalination unit in the next 10 years, and the feeling that large to medium scale approaches had few positive impacts and were not cost-effective, WASH humanitarian actors and donors are adapting their approach to small scale engineering work and are willing to work at household level.

This change being relatively new, there is little information available water access at household level. OXFAM conducted a participatory assessment on disaster risk reduction (DRR) in GAZA governorate in 2011, being the lead agency within the WASH cluster for emergency response and preparedness in this area, and identified the water access a high public health risk.

During the evaluation, it appears that agencies have different approaches to identify the vulnerability of the households according to their areas of interest and coordination bodies raised the issue of common understanding of the limiting factors to access to safe drinking water and probably common indicators. The following sections will deal with the key components on access to

The extent to which the water vouchers project is suited to the priorities and policies of the target groups, recipients and donors

#### BOX 2: KEY FINDINGS

##### REVIEW OF SECONDARY DATA:

45% of GAZA residents receive water for 6-8 hours once every 2 days, with 10% receiving water for 6-8 hours every 4 days, from the water networks

Average cost of NIS 35/ m3 for desalinated water

GAZA residents use an average of 91 litres of water per day, when WHO recommends a consumption of 100 to 150 litres per capita per day to meet their needs.



water to highlight the relevance of the water vouchers project, the extend of the problem and the need for a better comprehensive analysis.

### Quantity of safe drinking water per household

36% of the GAZA residents think that they do not have sufficient water supply and the UN report Gaza 2020, a living place raised the issue of the water scarcity. When WHO is recommended between 100 and 150 liters per day per person, there is a real need to consider the minimum quantity of **safe drinking** water to be supplied, probably divided the domestic (municipal) and drinking water (desalinated and treated). It seemed also important to consider the equitable repartition of the available water resources, to work on measures that can reduce the water loss and spoilage and to identify the key factors that increase this inequality. Linkage with public health risks should also been highlighted as an access to less amount of water impede proper hygiene practices.

### An affordability issue?

The preference of the population is the desalinated water obviously, because of its taste, and UNICEF reported that households spent up to one-third of their income on it. Because of its high cost, communities and households with low income do not have access to sufficient amount of safe drinking water. In the OXFAM areas on intervention, an average of 44 ILS of expenses per month (12 USD) is spent on desalinated water by the families. (Source: HH survey, March 2013). The litres per day per person are considerably low:

	ILS/month	L/days/pers from the private sector
<b>AL MALALHA</b>	48.6	4.07
<b>AL MOGRAGHA</b>	38.7	3.05
<b>AL ZARGA</b>	41.8	2.16

The following table is highlighting that it is much cheaper for household which can purchase 500 liters in one time, so that the storage capacity is a factor influencing the household affordability. In addition, the OXFAM assessment showed that more than 75% of HH have an monthly income between 500-1000 ILS, and around 20% less than 500 ILS (less than 4.5 USD per day), which means that 95% of the household could spend from 8.1 to 33,75% of their income to have access to desalinated drinking water

Volume	Cost (ILS)	Cost/ litres (ILS)	Cost (ILS) per month per person (15 liters/day)	Cost (ILS) per month per HH (15 liters/day)	Cost (USD) per month per HH (15 liters/day)	% for a family having a round 500 ILS as an income	% for a family having a round 1000 ILS as an income
<b>1 m<sup>3</sup><sup>1</sup></b>	20	0.02	9	54	14.58	10.8	5.4
<b>1 m<sup>3</sup></b>	30	0.03	13.5	81	21.87	16.2	8.1
<b>500 litres</b>	15	0.03	13.5	81	21.87	16.2	8.1
<b>200 litres</b>	10	0.05	22.5	135	36.45	27	13.5
<b>16 Liters<sup>2</sup></b>	1	0.0625	28.125	168.75	45.5625	33.75	16.875

The affordability to access to desalinated water for drinking water seemed to be one of the key barriers for households with low income; however this should be documented and understood

<sup>1</sup> Price for OGB

<sup>2</sup> 16 LITERS= 1 JERRYCAN



better to highlight if there are other key limiting and motivating factors. It will be interesting to include this parameter in future Household WASH and Food Security analysis and baseline.

### A quality issue?

The water quality remains therefore the main challenge with a weak regulation of the private sector. 2/3<sup>rd</sup> of the approximately 300 companies are not registered as they do not fulfil license criteria and do not meet WHO and Palestinian standards. Even the licensed providers seemed not chlorinating the water as the demand of chlorinated water is low or inexistent, and there is a lack of accountability to customers and authorities. As recommended in the UNICEF report in 2010, it is crucial to strengthen overall monitoring to ensure that water delivered via the private distributors meet the WHO and Palestinian standards. For the WASH sector in GAZA, it is essential to have a better understanding of the water quality issues from the private sector and a comprehensive study including the mapping of the water vendors, the key limiting factors for treatment, and the motivation for the chlorination.

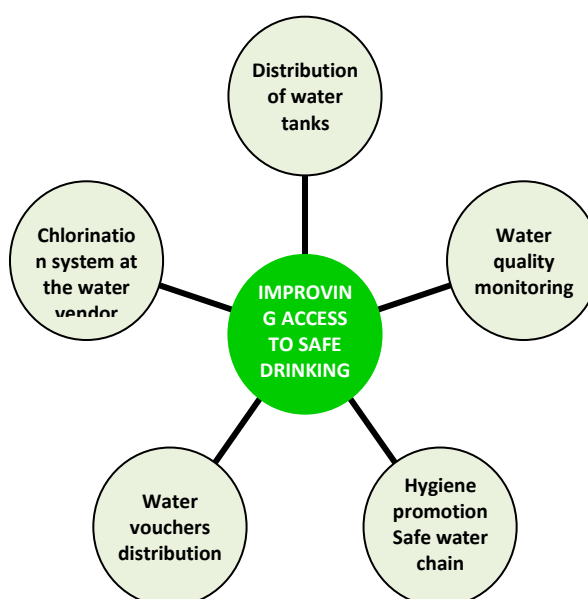
OXFAM monitoring on this pilot project will inform the WASH stakeholders of potential sources of contamination, and will contribute broadly to the on-going UNICEF study on roots causes of water contamination along the water chain. Samples were analysed before the OXFAM intervention, and 60% of the “drinking” water tested at household was contaminated by fecal coliforms. It varies depending to the areas of intervention from 73% to only 35%, but root causes have not been identified from the KAP survey (Knowledge, Aptitude and Practices). (Annexe 6: Water quality monitoring Results). It would be interesting for the forthcoming KAP to include water quality testing at HH and cross that information.

## OXFAM RESPONSE TO THE SAFE DRINKING ACCESS PROBLEM AT HOUSEHOLD LEVEL

The water voucher project has the objective to reduce the WASH related diseases risks of vulnerable men, women and children. Therefore, there is very few evidence of association of WASH related diseases with risky behaviours in the GAZA context, and a comprehensive assessment including broader geographical representation, with seasonal variation could be carried out. Results should be used to correlate the prevalence of water-borne disease with water quality.

Household Reverse Osmosis treatment unit (HHRO) is an alternative provided by humanitarian agencies to have a targeted approach. Therefore, this is not recommended for large-scale up by PWA due to the high rate of water loss (up to 40%).

OXFAM decided to implement a multi-faceted project, which ensures that safe drinking water, free from coliform contamination, is provided from source, through vendor to mouth. Addressing the problem throughout the whole water chain was essential to reach the objectives of the project. OXFAM considered a holistic approach which included supporting vendors to improve water quality through chlorination, improved storage capacity at household level, education on safe water handling, water quality monitoring, and providing households with water. Those 5 components being interdependent; they should be considered as a whole. This has been reinforced by the results of the survey, monitoring systems and the feedback of the communities.



## APPROPRIATENESS OF THE PROJECT DESIGN

### Distribution of water tanks: Increasing the water storage capacity

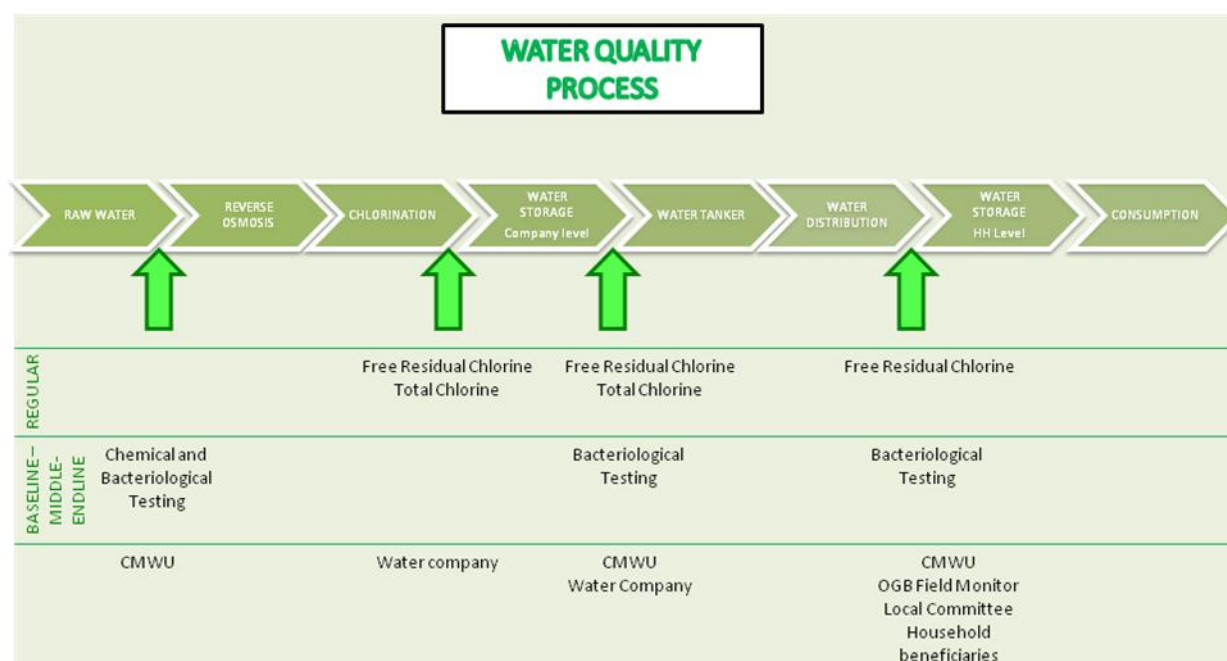
In OXFAM areas of intervention, 57% of the HH had only one tank before for storage and 42% did not have any tank. In this case, domestic and drinking water could not be separated in safe containers. Around 95% of persons interviewed preferred to receive water tanks instead of cash or jerrycan. This satisfaction rate can be attributed to two factors: its necessity to receive water during the current project and the perspective of using it in the future.

### Chlorination of the water provided

Licensed vendors should have a chlorination dosing and testing system to supply water with free residual chlorine (FRC), as a prerequisite to get an official registration from PWA. They do have dosing pump in their water treatment scheme and liquid chlorine is available, accessible and affordable for water vendors. To give technical support to vendors to experiment their dosing system is a first step to motivate them to follow the regulation, and to highlight best practices and advantages. It has been reinforced by the increase of demand of chlorinated water that has been created through awareness campaign implemented by OXFAM and partners. The FRC rate is following the WHO standards and was between 0.4 to 0.6 mg/l.

### Water quality Monitoring and testing

As explained previously this component is essential. Water vendors not being accountable to customers and legal authorities, it was important to have a quality control system set up. OXFAM had a whole process, and water quality was monitored at different level and by different entities from the Coastal Municipal Water Utility (CMWU) to beneficiaries.



### Hygiene promotion: Awareness on safe water chain and chlorination treatment

OXFAM developed its hygiene promotion approach over the years in GAZA, and went using sign boards, house to house visits to include women, and developed IEC materials based on the targeted group. (See complementary program)

As reported by UNICEF, hygiene practices about safe water transport, storage and handling at household level are not yet practiced by everyone; therefore there were a need to promote good practices in order to change the behaviour. Liquid chlorine was distributed as the beginning of the





project, to motivate the targeted groups to disinfect regularly their storage water tanks. It can be seen as incentive for good practice.

Introducing chlorinated water to communities is always a challenge. The taste and perceptions of the treatment can make the population reluctant to its consumption. During focus group discussion, the majority recognised that the taste was initially unpleasant but “Health sessions helped us to understand that it is good for our health”. Currently, 95% of adults are satisfied with the quality of the water provided.

### Water vouchers distribution

As reported in the evaluation from the last ECHO project, there is a scope for a more targeted approach and the voucher modality allows targeting the economically most vulnerable households, the poor of the poorest. 92% of the HH preferred to have access to water vouchers compared to cash. It is also an entry point to work with water vendors.

### Quantity of water

The water quantity provided has been estimated to 5.5 litres per person per day (l/p/d), following minimum water quantities indicating by the Sphere standards. This amount was supplied for basic needs as drinking and cooking, and therefore depends on the size of the HH. The survey revealed that 6.5 l/p/d was provided, and beneficiaries mentioned that this amount was sufficient for their basic needs, although their consumption will increase during the summer (from June to August). An augmentation of 100% should be expected for this period of the year, and included in future project design. Awareness sessions to use the water provided for cooking were held at the beginning of the project. Field monitors recognised their added value, as families used “sweet water only for drinking and tea”.

### Frequency of the water distribution

Depending on the water storage capacity and the volume of water distributed, household received vouchers of 500 or 200 litres from 1 to 4 maximum, depending on the volume of water determined. The water trucks were distributing water three times a week. Only 10% of the beneficiaries complained on the delivery schedule, the delivery being too late (even at night).

### Duration of the project

The duration of the programme was not based on the time period required to address these problems but rather available funds and government policy. A second phase is planned for next year, April 2013 to 2014, with a continuation with the actual beneficiaries and an increase of 500 HH in the Southern part of GAZA strip.

## **ENABLING FACTORS: COMPLEMENTARY PROGRAMMES, PARTNERSHIP AND COORDINATION**

Direct operation was done by OXFAM to focus on the implementation. However a high involvement of key stakeholders and implementing partners of other components in the project has been ensured. They have been involved in each steps of the project, which should last until the end of the evaluation. An inception workshop was held at the beginning, which has been acknowledged by participants and should be replicated in future project. This project has been endorsed by PWA and was an essential prerequisite for the success of the project, and future opportunities for the approach.

Since 2011, OXFAM has been working in the 3 communities. Our implementing partner YEC has a large knowledge of the area of intervention, and is well accepted. Working with local partner encouraged community participation, and ensure a smooth and fair process. It makes easier to introduce a new approach in a known environment, and it allowed gathering lessons learnt especially from an operational perspective.



Finally, the current ECHO project is not only about the water vouchers activity, but it also tackles other WASH needs identified by the population through a participatory assessment, small scale sanitation work to 17% of the targeted population, Public Health Promotion in schools, Media Messaging and community based disaster risk reduction project.

## 5 EFFECTIVENESS

### TARGETING EFFECTIVENESS AND COVERAGE

The locations selected have been identified based on a) The agreed priorities of the cluster b) OGB's designation as lead agency for the WASH cluster in contingency planning and emergency response for Gaza governorate and c) A participatory assessment carried out in 2011, and based on risks hazard (flooding, wash related diseases...). Therefore, the geographical situation of OXFAM intervention is not strictly focus on vulnerability to access water quantity and quality, but on broader risk criteria (WASH and Disaster Risk Reduction). Some areas have been identified by other agencies as in ARA (Access Restricted Areas) where only 26.5% of households purchase trucked water from private vendors, because of marginalisation and affordability issues and in Al Mawasi, where there is no water network and only 58 per cent of households can afford to buy water from vendors. However it is important to keep in mind that 1.6 millions of people are affected by this water quality issue. This pilot project was implemented at small-scale level to get a better understanding of the risks and opportunities to scale-up. For forthcoming project, a comprehensive assessment on access to safe drinking water and limiting factors should be undertaken. It should include market analysis, factors limiting accessibility (including physical mapping, marginalisation...), water quality variation and economic indicators (income generating activities, household profile) to highlight affordability components.

696HH have been included within the project instead of 500HH, because of the flexibility and under-spending of the budget, (mostly because of the reduction of the duration of the water vouchers distribution and over estimation of the generic cost). This has to be taken into account in the design of forthcoming project.

OXFAM provided blanket coverage in the targeted communities in AL MALALHA and AL MOGRAGHA. Relatively low population density and a generalised vulnerability enabled all households within the area to be selected, minimising conflict within the community and maximising impact within a localised area. The decision of proceeding to blanket distribution was taken after surveying the area. There was no updated and available census and house to house visits were done by OXFAM field monitor, YEC and local committee to ensure that all household were included in the project. The fact that it was blanket coverage meant that inclusion error was less likely to be a problem and the targeting process was satisfactory from all stakeholders, including beneficiaries.

In Al Zarga, where population density is significantly larger than in other target areas, beneficiaries have been selected according to vulnerability criteria (Box 4). Local CBO, OXFAM and YEC after

A measure of the extent to which the water vouchers project attains its objectives.

#### **BOX 4: SELECTION CRITERIA**

##### **Linked to Public Health Risks**

Households located in areas with no access to municipal water or the quality of municipal water is undrinkable

Households depending on municipal water or agricultural wells for drinking or for cooking.

Households who has no or unused HH RO unit.

Households with one or more family members had infected by diarrheal disease during the last three months.

##### **Socio-economic**

Household sizes of 5 or more members or presence of the following:

- Unaccompanied Elderly
- Disabled people
- Widows
- Single women
- Men unable to work due to illness / injury

Households earning less than 250 NIS per member per month.

Households whose main breadwinner has been unemployed for more than three months.

Households who has no any private business or raising animals for selling.



surveying the targeted area, and 20% of the household were included through the local CBO, and only two persons interviewed complain that the process was biased.

The demand for this kind support outstrips the available supply, and it is not surprising that no examples of inclusion were observed or reported. To fully investigate errors of exclusion would require field visits to non-beneficiaries which present some challenges, and was not carried out during this evaluation. However, community meetings were held with non beneficiaries to inform them causes of exclusion “Selection Criteria” and the feedback system was available for non beneficiaries to complain.

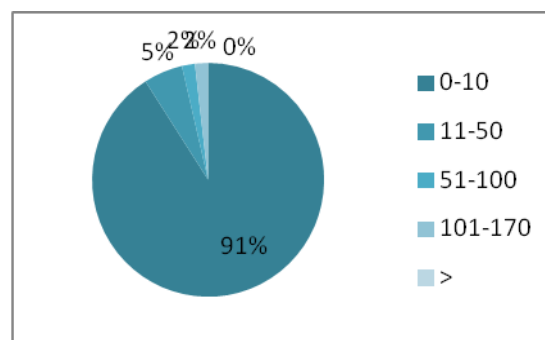
Interviews highlighted the need to improve the vulnerability criteria for the following reasons:

- There is no common vulnerability criteria across the WASH humanitarian sector, although there is a will to work at household level
- The lack of clear correlation between water quality and WASH related diseases, 60% of the household used water with less than 10 coliforms which is acceptable according to WHO and research questioned this assumption because of an immunity factor
- The lack of economic factors integrating in the assessment and baseline reference
- Inclusion of individual vulnerability: children under 5, depressed immune systems, knee problems, which can be identified with the inclusion of health data and KAP feedback

## MONITORING LFA INDICATORS

The specific indicators related to this water vouchers project is “by end of project, 80% of 500 beneficiaries of the water voucher scheme have access to drinking water free from fecal contamination” and should also contributes to “A average of 20% reduction in water/sanitation-related illnesses is reported in children within 100% of public health beneficiary households”

The CMWU, licensed by the MoH, has been contracted to carry out water quality testing at the 3 different times during the time period: baseline, mid-term and endline, and 110 samples are taken from household level. Mid –term results showed that 91% of the household are free from fecal contamination.



Regarding the reduction of diarrhoea, it should be noted that although most of Oxfam’s WASH activities aim to reduce diarrhoea risk and occurrence, diarrhoea reduction is not always a direct result due to other environmental and population factors which are external to the project. For this reason the 20% target figure is not recommended as the headline indicators. Furthermore, as explained previously, the correlation of diarrhoeal cases with the water quality is still unclear, especially for children under 5 being mostly the ones affected. Finally, diarrhoeal diseases in GAZA strip showed a seasonal pattern linked to rainfall (WHO, Health Sector Surveillance indicator, 2006) and data should be compared to the same month of the previous year for the next project.

## PROCESS AND IMPACT INDICATORS

Process monitoring focused primarily on collecting beneficiary and vendor satisfaction, use and quality of water provided and prices of the water. It allows addressing issues on a time manner. This was reinforced by the presence of the field monitors in the field and the feedback mechanisms (See accountability).For examples:

- Truckers mentioned that at the beginning beneficiaries wanted to receive water from other Households, which creating some tensions. OXFAM with water vendors and the local committees hold meetings to explain the process and this resolve the problem immediately.
- List of beneficiaries was updated with new arrivals, or household moving out



Being a project pilot, some additional impact indicators could be measured to highlight risks and additional impact (See impact session). Amongst them:

- Indicators based on CASH based intervention (socio-economic) and impact on the market.
- The changes in hygiene behaviours regarding with water handling and storage, as it is a strong component of the hygiene promotion and success of the program.
- The impact of the voucher on gender and household dynamics
- Including interviews with non-OXFAM beneficiaries to assess the exclusion error and the impact of awareness sessions on water quality

## COST EFFECTIVENESS

The cost effectiveness is really difficult to analyse at this stage, because there is few data for comparison.

ANNEX 6: Summary budget

	USD	ILS
<b>Total Cost per beneficiary (duration of the project)</b>	29	107
<b>Total Cost per beneficiary per month</b>	7.25	27
<b>Total Cost per beneficiary / Direct Cost (duration of the project)</b>	25	92.5
<b>Total Cost per beneficiary per month / Direct Cost</b>	6.25	23

## 6 EFFICIENCY

### COMMUNITY PARTICIPATION: CBO, LOCAL COMMITTEE

CBO were inexistent in AL MALALHA and AL MOGRAGHA. They represented themselves through local committee to humanitarian aid in previous project, but OXFAM with YEC support facilitated the election of new local committee, to ensure transparency and redynamise them. Local committees were involved in different phases of the project from targeting beneficiaries, distribution of water tanks, feedback mechanism, information sharing, water quality monitoring and interface with the water vendors.

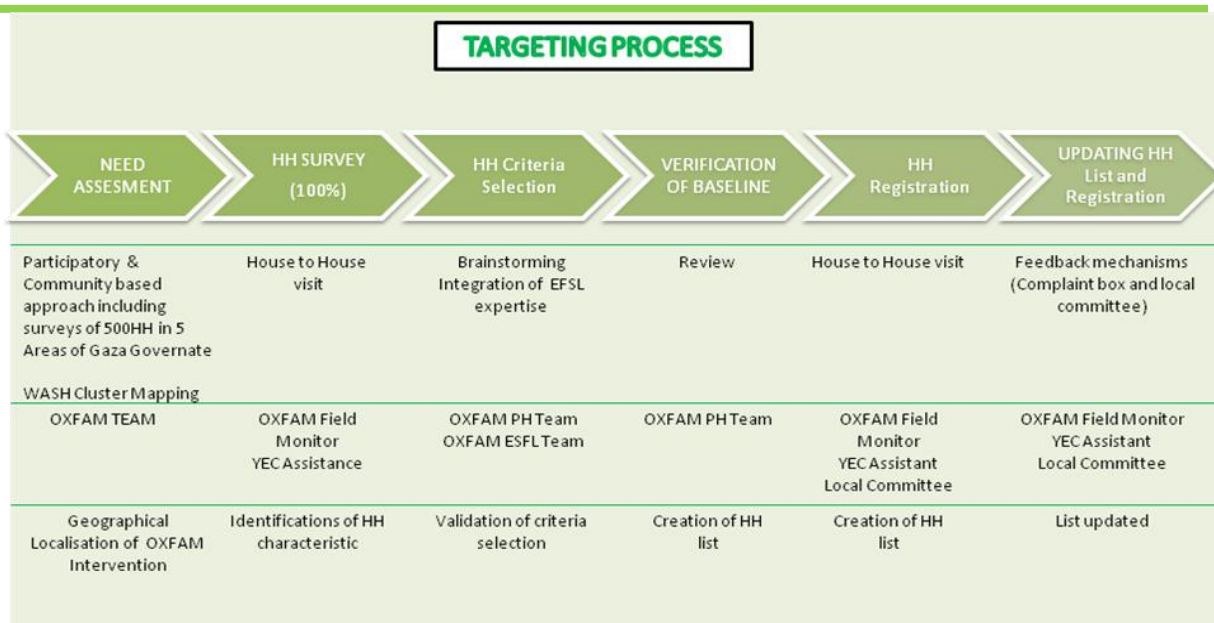
### TARGETING EFFICIENCY

Targeting was a time consuming process and took more time than planned, 6 weeks instead of 2 weeks. It includes undertaking the targeting process with the local committees, then partial verification, then 100% verification and finally the list of beneficiaries.

Challenges were 1) explaining to CBO the criteria as they were not involved in the selection criteria design, 2) the risks of political targeting in one of the area, and 3) the lack of census in Bedouins communities particularly. To reduced inclusion error and insured the efficient use of resources, clear targeting criteria and community-based targeting, required a verification process which was undertaken in coordination with OXFAM and local committees and CBO (good practice). One lesson learned is the importance of the needs assessment and identification of appropriate objectives, including target group and targeting methodology to reduce targeting errors. However this is not unique to voucher programmes. (See targeting effectiveness.)

The extent to which the water vouchers project uses the least costly resources possible in order to achieve the desired results. This included the labour intensive components of the project including the targeting exercises, distribution of the vouchers and water tanks, and their redemption both by beneficiaries (for water) and vendors (for cash), management and monitoring. (water quality and quantity)





## TIMEFRAME

The timeframe of the WASH project was one year but for several reasons, the majority of the activities were rescheduled, because of internal and external delays. The distribution lasted 5 months instead of the 12 planned.

The team having prepared a very detailed activity timeframe from the beginning (good practice). Therefore, it was easiest to plan ahead when the workplan was disturbed. This tool should be use in the future as it helps to have a smooth coordination at internal and external level, as well as being accountable to our counterparts. External factors which slow down the project have been late signature of ECHO contract (in August when instead of April 2012), and in this context, it was a challenge to start because of legal reasons, and exemption of taxes. Then the security situation in GAZA being volatile, with lots of restricted movement in June and October, and the conflict of November 2012 (the OXFAM office was closed and the communities was affected and needed time to cope with the situation).

## MONITORING EFFICIENCY

### Budget monitoring

The budget was over estimated for 2 main reasons: the timeframe decreased and the actual cost of the water m<sup>3</sup> was less than planned. This could be solved next time by assessing and monitoring the market prices. This over estimation benefited to increase the number of household from 500 to 696 and 3 field monitors recruited to increase quality control.

### Project monitoring

A MEAL plan (Monitoring, Evaluation, Accountability and Learning) was agreed and followed by the entire PH Team. It includes different methods, from KAP survey, chemical and bacteriological testing, and monthly household interviews. It is quite exhaustive and complete to respond to the LFA indicators, but it could be extended to measure others impacts, as it is a pilot project. (See effectiveness)

The water quality monitoring is impressive, and it is looking at the whole water chain and includes also triangulation of the information and it is worthy to describe it, as it should be replicated as a good practice. (See water quality process chart previously)



- CMWU has been contracted to conduct 3 rounds of test, before and after OXFAM intervention, and at mid term. It includes chemical and bacteriological test at the source level, after treatment and in the storage. Finally 110 samples are taken randomly from the household benefiting the water vouchers and bacteriological test are conducted, an FRC measure could be done at this time, to have a better understanding of the FRC life expectancy and role.
- Local committee with the OXFAM field monitors checked FRC in 100% of the truck delivering water to the project
- Finally, each household received 50 chlorine tests (colometric test by strips) to responsabilize them, which is a good practice to empower the household and addressing this water quality issue. However, keeping in mind the sustainability component, it will be interesting to develop community indicators in the future, eg. Odour.

## WATER VENDORS

The effectiveness of the programme relies on a certain degree of compliance by vendors to provide the agreed upon commodities in adequate quantity and quality.

The beneficiaries were consulted to identify the companies which were covering the targeted areas.

A technical assessment of eight desalinations plants (belonging to five companies identified) was conducted in August 2012. The assessment evaluated productivity, capacity, availability of license and registration, and feasibility of involvement in programme implementation.

2 companies were selected at the end of the selection process:

AL RAHMA company                      AL MALALHA and AL MOGRAGHA  
E-NILE Company                        AL ZARGA

Both companies were visited during the evaluation, and although they mentioned that it was difficult as the beginning, they were very satisfied with the professionalism of OXFAM from all perspectives:

- Truckers were accompanied with OXFAM field monitors, who identified the household with them
- Clear monitoring system with the intrusion of a serial number and the delivery of a distribution plan and list of beneficiaries to the companies
- Paper work was not too intensive. Field monitors are the one making the verification of vouchers one- by-one
- Payment done on time

## THE VOUCHER DESIGN, DISTRIBUTION AND REDEMPTION

Poor design of the voucher itself can result in the failure of the project to achieve its objectives. The voucher was modified during the course of the programme; problem was merely a matter of convenience. Team introduced a serial number to each household to make easier the identification of the beneficiaries. The trucker had a list with the serial number which matches with the ID of the head of household that should be verified.

The adequate value of the voucher was also essential and demanded both market monitoring and beneficiary monitoring to understand how long the voucher lasted (good practice). 84% of the

### **BOX 4: SELECTION CRITERIA FOR WATER VENDORS**

To be licensed with PWA  
Accept to chlorinate the water supplied  
Water provided meet Palestinian and WHO standards  
To work within the areas of intervention  
Capacity to increase its customers/or beneficiaries part of it already  
Financial and administrativ compliance



beneficiaries are satisfied with the amount that they received, although they highlight the need to increase the amount during summer (June and August).

Vouchers were distributed every month, and depending on the participation and willingness of the local committee, OXFAM field monitors were doing the vouchers distribution household by household or just accompanied them. This was deciding through consultation of committee and beneficiaries.

There was intensive monitoring and financial accounting due to the novelty of vouchers and low technologies used to both distribute and reimburse vouchers. Vouchers were distributed manually and once redeemed, manually counted multiple times. Discussions were held between the team to introduce electronic cards, as in food vouchers program. Indeed, it does reduced the paper work, and minimise corruption. Introducing this technology is more suitable for long-term distribution because of the investment cost, and corruption seemed to have been very low in this project because of high accountability system.

Finally, finance highlighted the weakness of the identification process by signature, as most of the people who reception the water, women or children, do not know to sign. Alternatives should be considered to ensure financial control, e.g thumbs print.

## HUMAN RESOURCES

Staff costs are an important budget item, 25% of the direct cost. The team composition dedicated to this project was 1 PH field officer and 3 field monitors (1 per community), with the support of the complete PH team and support department. The field monitors played a crucial role in the implementation of this project. Their presence on the field ensure an effective monitoring and accountability systems, as they were the one representing the organisation and shared information, feedback the management team. Furthermore they allow women to express themselves and finally, they are the one dealing with the paper work and doing the verification to process to the payment and vouchers distribution every month. Field monitors were not budgeted at the beginning of the project, but as identified with the management team, this position is crucial for the effective implementation of such activities.

The support department already deal with cash based intervention and was an essential support to ensure transparency and follow-up on the procedures. This should be taken into consideration if new office/actors or partners would like to set-up such project, as special expertise are needed to undertake such project, in terms of logistic, finance and administration.

## 7 IMPACT

### PUBLIC HEALTH RISKS

Referring back to the original objective Targeted men, women and children are less vulnerable to water and sanitation related illness, the water vouchers project contributed to reduce the public health risks, with the achievement of 90% of the household drinking and cooking with water free of fecal coliforms.

The extent to which the water vouchers project produced positive and negative changes by, directly or indirectly, intended or unintended.



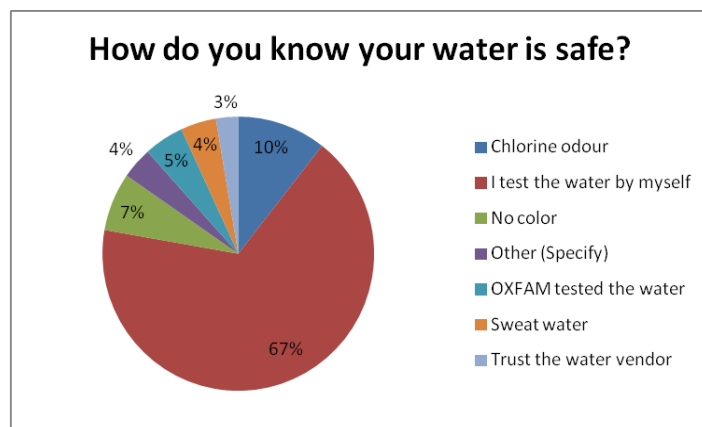
## CHANGES IN KNOWLEDGE, ATTITUDE AND PRACTICES

As explain at the beginning of the report, the water vouchers distribution went along with awareness sessions on chlorination and safe water chain.

In all FGD, women and men were satisfied with the water quality and 90% of the person interviewed knows about the chlorination treatment, knows that they have to separate municipal water and chlorinated water, and the need to clean the water tanks every months.

But the most impressive success of the project is the acceptance of chlorine taste and the increase of chlorinated demand. Water vendors acknowledged that the population (non-beneficiaries of OXFAM) living nearby the OXFAM beneficiaries, demand for chlorinated. And the opposite happen when the water vendors sent a truck with chlorinated water in non OXFAM areas of intervention, the population refused it.

The vendors also mention that they are expected the OXFAM beneficiaries to demand for chlorinated water after the project. This is of course depending of the willingness of the provider to continue to chlorinate water without OXFAM control, and the capacity to purchase.



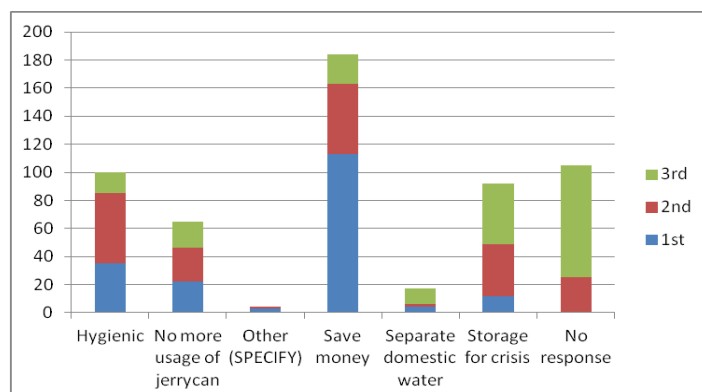
## UNINTENDED IMPACTS

### Increasing the storage capacity

The water tank distribution has been as an opportunity to save money, to have the capacity to store water in a more effective way and the capability to store water during crisis (e.g.: November war). The water price is lower with buying a larger quantity.

### Better understanding of the risks of contamination from source to household

The water quality test undertaken by OXFAM for the water quality monitoring allows also getting some information of the key areas of contamination throughout the water chain, which will give an entry point for PWA to strengthen their regulation and control. Furthermore, it will contribute to feed the water quality analysis undertaken by UNICEF in all GAZA strips, which has the aim to highlight the water quality situation, and to identify roots causes of contamination and pattern of propagation.



### Empower marginalised people

There are some areas where before the water vendors were not reaching because of marginalisation of the community or because of narrow streets. One woman said “Before I was requesting the water vendor to come to my house and he always refused because I am living at the end of a narrow street, and I had to walk every day to buy jerrycans. Now that OXFAM arrived, the same vendor arrived to my house and is distributing water”. Although this cannot be monitored yet, it is expected that the water vendors will continue. Local advocacy, and raising the voices of the most marginalised people to access the private sector, is also an important component of this project.





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## **DISTURBING THE LOCAL ECONOMY**

### **The water vendors: Productions and trucker**

The 3 companies that were not selected are not working anymore in the OXFAM areas of intervention, and 10% of the HH interviewed would have prefer to have choice between different vendors. Although the 2 selected companies had the capacity to increase their customers, and are still delivery their previous customers, there is a risk that the water vendors would not continue to deliver on systematic manner, which will create some gaps. Water vendors that were not included in the selection are often because they were not interested in the project, and they did not fulfil the requirements. This being also the first water voucher project in GAZA, it could be understood that some providers did not want to take the risks. However for future project, it will interesting to show the success of this project and propose some exchange visits to the suppliers that OXFAM selected, and some visits with the potential new “customers”.

### **The resellers of water**

During field visits, some person mentioned that they will come back to their previous practices and will go to the shop to buy jerrycan of water. In most of the cases, people not having sufficient money to fill their tanks and the local shop was selling water from one or two tanks for 1 ILS one jerrycan. During the OXFAM project, this local shop lost his customers. One shop owner was visited and was not frustrated with the project because 1) he was a beneficiary; 2) he thinks that people will come back to their previous practices and will buy jerrycan of water. He even said that he is thinking to buy a new tank to increase his storage capacity, as he thinks “I will be the only one selling chlorinated water”

This demonstrates that a market analysis is needed to have a better understanding of the water market. It could help to propose different solutions / commodities.

## **8 CROSS CUTTING ISSUES**

### **ACCOUNTABILITY**

In all OXFAM humanitarian responses, mechanisms for community participation, information sharing, feedback and positive staff attitudes and behaviour should be put in place. (OXFAM, Minimum Requirement).

#### **Participation**

OXFAM with the implementing partner YEC supported the election of local committee in 2 of the 3 communities, for the purpose of this ECHO project, with women and men representation. Local leaders have attempted to pressure OXFAM to use a particular company but field monitor shared information with management. The CBO we are working with is known to have political implication.

Furthermore the beneficiaries were consulted at different steps of the project. Eg: Selection of the water vendors. Finally, beneficiaries have been included in the monitoring system, as they receive chlorine strips tests, to evaluate the level of FRC of the water received. This has empowered the community and enables them to be responsible to their own water.

#### **Information Sharing**

The PH Team shared information with the communities about the water voucher project through community meetings, separated by gender to allow women to ask questions, through the local committee and mostly through the OXFAM field monitors that were present on the field, and did house to house visit. The presence of the field monitors have been acknowledged in all focus group discussions and played an important role in sharing information about the delivery of the project. 95% of the population responded to have received enough information about the project, and 75% of them knew about the end of the water vouchers distribution. Information that the communities



requested was about the food vouchers project. Visibility, (sign boards in the communities, Stickers on the trucks,) and hygiene promotion sessions with different targeted groups were complementary and reinforce the acceptance of OXFAM in the area of intervention. (See Box 5)

The water vendors, included the truckers interviewed, reported being well informed about the program as they were involved from the beginning, with the inception workshop and again because of the high presence of OXFAM in the field (field monitors and PH field officer). Contracts also increased involvement, transparency and help to clarify and manage expectations and responsibilities.

Regarding the selection criteria, only AL ZARGA is concerned, blanket coverage being done in the two other communities, and because this evaluation did not include the non-beneficiaries, it is difficult to conclude, but it looks that for further project, this aspect should be developed, and information should be shared with the all community to avoid confusion and exclusion errors.

### Feedback and complaints mechanisms

OXFAM set up from the beginning of the project a simple and known feedback mechanisms that could be distinguished with the “Suggestion/Complaint box” and the “Presence of the field monitors”. Complaint box is an existing system in GAZA for others humanitarian project, and especially for the food vouchers. OXFAM PH Team replicated this good practice, and installed boxes in shop and kinder garden after the consultation of beneficiaries. 90% of the population targeted in AL MALALHA and AL MOGRAGHA knew about the complain box (women and men), when 80% from AL ZARGA.

The local committee opened the box and the complaints every week with OXFAM. Then OXFAM PH team registered the letters and respond to them in a one week time, in a systematic manner. (Good practice). In FDG, women and men that did send a complaint received an answer in a one week time, positive or negative. Nominative complaints were answer directly to the complainer. For the chlorine taste, PHP Team and field monitors hold some hygiene sessions, ensure that the FRC was less than 0.5 mg/l (taste accepted by the population), and undertook chlorine test with the committee, and beneficiaries.

The local committees admitted that it was a large responsibility to be in charge of the complaints and that their role and responsibilities within the communities were increasing as complaints for other communities needs and problems were submitted to them. This can be an opportunity, to strengthen the local advocacy, but also a risk in the future to overburden them, and disturb the current dynamics. This could be monitor in future project. It is good practice to agree a MoU or action plan with the affected community.

Illiterate people and/or women did not feel excluded by the feedback mechanisms, as they find the local committee or OXFAM field monitor to be effective in managing their complaints, in answering directly or submitted a complain on their behalf.

#### **BOX 5: TYPE OF COMPLAINTS RECEIVED**

##### **ALL of the communities:**

- Chlorine Taste
- Water quantity received not appropriate (more or less)

##### **AL MALALHA:**

- More water for domestic use, (in limited cases) as they do not have enough domestic use water (50% of community only have access to domestic use of water)

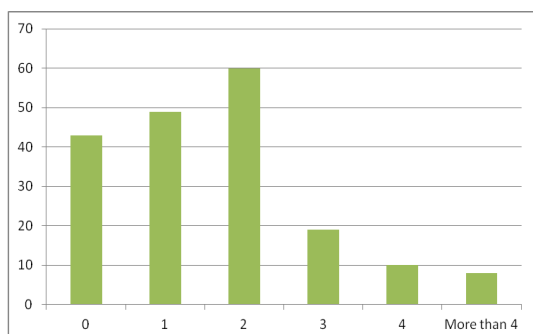
##### **AL ZARGA:**

Non benef complaining about the selection criteria



## WORKING WITH CHILDREN

Years	Male %	Female %	Total
0-4	9.5	9	18.5
5-9	8	7.8	15.8
10-14	7	6.5	13.5
15-19	6	5.7	11.7



Although the project did not have a specific focus on children, here are some data observed during the evaluation which should be reflected in the project design:

- The population of GAZA is a young population with 47.6 % of the population being 14 years old or less.
- 50 to 70% of diarrhoeal cases reported are for children under 5 years old, and UNRWA is monitoring acute watery and bloody diarrhoea for children under 3 years old.
- 21% of the targeted population of the water voucher project is less than 5 years old.

During this project, OXFAM with its implementing partners was working with children with hygiene education and psycho-social support at school or kinder-garden level. Although the evaluation was not focused on this section of the project, 2 of them were visiting and small sessions were conducted with children, and they recognised YEC and OXFAM the agencies” helping them to wash their hands, and drink sweat water”. Women also highlighted the difficulties for children to drink chlorinated water at the beginning because of the strong taste; the sessions at school level reinforce the messages given by their mother at home. In case of not specific WASH in school project, there is a need to find space and approaches to empower children participation in the project: child-to-child, children brigades...as including hygiene promotion sessions to care takers.

Finally, the impact of the water vouchers on the reduction of the time consuming to fetch water by children should be monitored in the future. (See further sessions)

## GENDER MAINSTREAMING

In the past years, OXFAM increased his knowledge on gender dynamics by making gender and power analysis and learning by doing. The OXFAM PH project in GAZA was evaluated to be strong in gender from the last external evaluation because of the good practices to disaggregate data, separate meetings for women and men, and identify hygiene promotion approaches (IEC material, messages) for men and women according to their different roles and responsibilities at household level, and community level. These good practises were implemented also for the water vouchers project, as to engage women in decision making through the local committee and CBO. The configuration of the team of also ensuring a balanced representation, appropriate for the field with female staff doing house to house visits to ensure that the women voices were taking into account. In the survey conducted, they were no difference in the answers from women or men, and the feedback system was appropriate for both, for example.

However, OXFAM did not collect any indicators on gender dynamics and decision making in the household regarding this specific project. It should be considered when the EFSL evaluation on cash based interventions, is highlighted the need to understand changes of responsibilities for accessing resources due to the blockade, and potential psychological impacts. In FGD, the women did mention



*ISLAM, 8 years old, lived in Al Mogragha neighborhood, in GAZA city, with her family. “I like OXFAM water because It is SWEAT and I can drink it At home and at school”*



the fact that the water vouchers project reduced their or their children time to fetch water (either from the shop or agricultural wells). For children, the time to fetch water was apparently taken from the studying time and women said that they to have more time to take care about their children and to clean the houses, and other hygiene practices. The impact of the voucher on gender and household dynamics must be systematically included. This is good practice for all cash-based interventions

Finally, OXFAM supporting their implementing partners to assess their gender approach. The final report was not yet available at the time of the evaluation

## 9 SUSTAINABILITY AND LINKING WITH LONGER TERM PROGRAMMING

Populations who suffer from chronic poverty, and unless underlying causes are addressed, short-term programmes such as emergency vouchers seldom result in sustainable changes. And in GAZA, these questions needed to be answers “Is the cause of low water quality consumption **an economic or knowledge, aptitude and practices (KAP) problem or a lack of regulation of the private sector?** Or two or the 3 reasons?

If it is economic, until families have sufficient means (either through recovery or development) to access safe drinking water as the voucher acts as an income transfer and the benefits will cease when the project ceases.

If it is a KAP problem, until families appreciate chlorinated water and have the means to access to it.

If it is a regulation problem, until the PWA with the MOH have good governance, and the capacity to execute it.

Sustainability is concerned with measuring whether the benefits of the water vouchers project are likely to continue after donor funding has been withdrawn. Project need to be environmentally as well as financially sustainable.

### EXIT STRATEGY

Being a pilot project, the exit strategy was not specifically designed and because of the late start and the early findings, OXFAM is proposing to continue the water voucher distribution for the next financial year, with the same beneficiaries and for 500 new HH. The next project should include an exit plan from early stage which should include monitoring of key impact indicators; identifying alternatives for long-terms approach (See opportunities) and continuing the community ownership by involving local authorities, vendors, committees, and beneficiaries at all stages of the project.



## OPPORTUNITIES

From the various meetings hold internally and externally, with key stakeholders, this initiative had broader expectation for the WASH humanitarian community in GAZA strip and there is a real desire to get more information and recommendations from it. This evaluation did not address all this questions, and further studies, analyses, and evaluations will be required in the future. Those have been summarised on the following table.

Areas of interest	Purpose	Gaps/ Challenges	Recommendations Opportunities
<b>A targeted approach “ the poor of the poorest”</b>	To ensure that the most vulnerable household (marginalised, public health risks, low income...) are reached by the WASH humanitarian intervention Scope to reinforce prioritisation	There is no common vulnerability criteria amongst the humanitarian sector, neither in the Wash sector There is no standards for domestic and safe drinking water quantity	See targeting efficiency and effectiveness Household economic approach and assessment undertaken from the humanitarian sector. OXFAM is involved in the process Need to highlight priorities areas Identify standards
<b>Opportunities to work with the private sector</b>	To inform WASH Stakeholders on the experience to work with private sector to consider a broader range of response To feed the response analysis and design of the WASH response in GAZA strip To identify possibilities to scale-up in acute emergencies by supporting the private sector	There is no documented information on the water market capacity and mechanisms:	A water market assessment will help to have a better understanding of the water market to make better use of existing market actor capabilities, while understanding the risk
<b>Addressing the problem of Water quality at household level</b>	To highlight key areas to focus on for further research in water quality from production to household level, for the private sector	Risks analysis on water quality and roots causes are not identified Public health risks at short-term and long-term are not identified Supporting local authorities under the donors regulation	See monitoring effectiveness Support PWA in the execution of the regulation frame Water quality working group at cluster level UNICEF study on water quality: roots causes of contamination



### ADVOCACY: FROM LOCAL TO INTERNATIONAL

Advocacy is a central component for the OXFAM intervention in GAZA. Methodologies involved different levels from raising the voices of the “poor of the poorest” to influencing policy and decision makers and the technical bodies are coordinated at internal level, to ensure that field work is included and adapted into the strategies.

Vulnerable groups have been empowered to influence practices changes through knowledge and awareness raising (about the importance to chlorinate water and the obligation of private vendors of treating it) and by becoming aware of their power as consumers. Similarly, they could be empowered to demand local authorities to enforce the regulation.

From the design of the project local authorities have been following this innovative market based approach, meanwhile OXFAM was also a key player in the WASH Cluster, and EWASH platforms. Both are essential networking opportunities to advocate good practices and highlight the need of reinforcing, supporting or at least considering the private sector as a crucial actor in the water supply chain. The “Water Quality” Technical Working Group will also benefit from this pilot project.

### CAPACITY BUILDING: ENFORCE REGULATION AND LAW

Although Oxfam is limited by donor regulations for resources transfer with Gaza local authorities, this initiative is giving results to PWA to enforce on regulation for water. OXFAM is willing to address gaps in the current framework for regulation of water quality for private water vendors through working with technical staff of PWA and CMWU, commercial water vendors and other stakeholders (including Cluster Members) to implement a comprehensive Water Safety Plan (WSP) based upon international standards.

By having empowered citizen’s awareness of the importance of chlorinated water and the obligation of water vendors to provide quality water, they can play an important role in the law enforcement by putting pressure and demanding to vendors and local authorities to implement the regulation. This is an area that should be considered in the design of forthcoming project to strengthen and support the customers to raise their voices, and the vendors to be accountable.

### LINK WITH NUTRITION AND FOOD SECURITY AND LIVELIHOOD PROGRAM

Although anaemia is below emergency levels of 40%, it is extremely high and constitutes a public health program (10% among Under 5 years old and 20% for Pregnant and Latent women). Anaemia could be included in the targeting criteria, and education sessions, with is the food security program which is a fresh food voucher project. This evaluation did look at the malnutrition aspects, but it could be also an area of interest for both departments, as water access could be one of the underlying causes.

Therefore, using food security data and analysis and finding synergy with income/food security projects for Oxfam with its own household food security projects has been considered during this project and should continue in the future.

### LINK WITH EMERGENCY PREPAREDNESS AND CONTINGENCY PLANNING

The conflict in November 2012 highlighted the need to increase OXFAM capacity to respond to water needs. The private sectors seemed to have been stopped only for 48 hours except for some restricted areas, despite the volatile context. Working in emergencies with the private sector, including distribution of water vouchers or through other commodities seemed to be an opportunity. Having a better understanding of the market, and mapping its capacity could ensure the delivery of safe drinking water to the population and could be included into the contingency planning and DRR activities undertaking by the OXFAM program.

