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## **Final Project Evaluation**

# **Hope for the Victims of Conflict in Pakistan**

### **Funded by:**

European Commission's Humanitarian Aid department (ECHO)

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HOPE 87- Hundreds of Original Projects for Employment

### **Project Duration**

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### **Conducted By:**

Mohammad Israr Khan Khattak  
Independent Development Consultant

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## **Abbreviations:**

BHK	Basic Hygiene Kit
BoQ	Bill of Quantity
CBO	Community Based Organization
CFW	Cash for Work
CHK	Consumable hygiene Kit
CLTS	Community Led Total Sanitation
DWSS	Drinking Water Supply Scheme
EIC	Education, Information and Communication
GI	Galvanized Iron
HHD	House Hold
LHV's	Lady Health Visitors
LHW's	Lady Health Workers
M&E	Monitoring and Evaluation
MT	Mobile Trainer
NWFP	North West Frontier Province (since April 2010 "Khyber Pakhtunkhwa")
PHED	Public Health Engineering Department
RNA	Rapid Need Assessment
TBA's	Trained Birth Attendants
UC	Union Council
WASH	Water, Sanitation and Hygiene
WSE	Water Storage Equipment

## **Definition:**

ECHO	European Commission Directorate-General for Humanitarian Aid
HOPE'87	Hundreds of Original Projects for Employment
UQAB	Umeed – e- Qayam – e – Aman – o – Bahali
WFP	World Food Program
IRC	International Rescue Committee

## Executive Summary:

### Introduction:

This report presents results of the evaluation of the completed November 2009– April 2010 Water, Sanitation and Hygiene (WASH) Project “Hope for the victims of conflict in Pakistan”, financed by the European Commission’s Humanitarian Aid department (ECHO), bearing the ECHO project code Nr. 09.22251. The project was implemented by HOPE’87 in collaboration with local partner UQAB in Tehsil Charbagh of District Swat.

An evaluation consultant was hired to design and implement an independent external project evaluation. The purposes of the evaluation were to assess the performance and output/results of the project with special emphasis on the impact of the project on the target beneficiaries, the challenges encountered during implementation, the weaknesses and strengths of the project, and documents the lessons learned for future direction. The evaluation commenced during the first week of May 2010 and actual field visit was conducted from 9<sup>th</sup> – 12<sup>th</sup> May, 2010 by an independent consultant. The field visit was kept short due to fluid and unpredictable security situation, particularly in the project implementation area.

Qualitative and quantitative data were gathered to assess impact of the project in the above enumerated project—consultancy—purposes. Data were collected through review of key project documents, key informant interviews with partners’ staff and beneficiaries and focus group discussions with mobile trainers/hygiene promoters. Besides, direct observation of the completed construction work—latrine, water supply schemes and general hygiene condition of the streets—that the project carried out.



Information gathered were analyzed using specific evaluation criteria including output level achievements, effectiveness, impact, and sustainability. Key findings and preliminary conclusions and recommendations of the evaluation were also presented at de-briefing session to Ms. Judith Stemerding-Herret, the Director Humanitarian Aid, HOPE’87 Austria.

### Project Achievements:

During the project implementation, Drinking Water Supply Schemes (DWSs) have been constructed and/or rehabilitated. As a result, 2,210 households (about 17,000 persons, over 9,000 being women) were benefited to have access to safe portable water through 1,782 meter lengthy GI pipes.

The sanitation and hygiene interventions provided 160 household (19,619 individuals) with shared latrines (2,434 HHDs) and 56 disaggregated latrines to 3,550 students in 25 schools.

On the whole 4,200 households in 63 villages were provided with water storage equipments and Basic Hygiene Kit (BHK) once during the project life. The Consumable Hygiene Kits (CHKs) were distributed 5 times during the 4 month period (because of bad weather condition in December it was distributed from January to April) to each of 4,200 households.

The project has efficiently enabled 34,019 people to bring these hygiene kits in their permanent use. On the whole 34,019 individuals—including 7,552 women, 10,410 girls and 9,866 boys—are direct beneficiaries of this facility.

**Impact:**

The community members being interviewed during the field visits were satisfied with the performance of the project and appreciated the sanitation facilities, hygiene kits and hygiene promotion session carried out with them. They have been observed to have been making good use of hygiene kits. Majority of the community members were aware of the fact that proper utilization of safe drinking water alone has tangible benefits and impacts on people’s health, especially among children. The impact has been observed by reduction in diarrhea cases in the area. According to a senior female Mobile Trainers (MT), the domestic hygiene situation has improved to almost 60 per cent. The household level data collected by the MTs also reveal marked improvement in the hygiene practices of the people. The baseline data provided by need assessment survey compared with the primary data collected from women, men and children



also show improvement in personal as well as domestic hygiene.

**Sustainability:**

It has been noted that communities were sufficiently involved through active participation of CBOs in the process of project implementation. The whole project turned into community oriented project as the needs identification, vulnerability criteria formulation, identification of target group and selection of MTs, etc. all were carried out with community’s participation to a considerable extent. The community driven project usually sustain for longer period of time due to ownership by the community. The latrine facility provided to community is likely to be replicated as the facility has got appreciation of the majority of the people by terming it a very useful intervention. However, latrines models made up of locally available material would have expedited the chances of replication of constructing such sanitation facilities (recommendation). There is a cautiousness regarding the repair and maintenance of some of the shared/public latrines which may become a problem in future. It is because these have been constructed on communal place although O&M role has been assigned to the CBO of the area.

**Capacity Building:**

With the training of over 700 MTs in hygiene practices, the project has provided a trained human capital and is now available to share their knowledge voluntarily to the community at any time. The only missing part of the project is the exclusion of school children in hygiene

promotion intervention (recommendation). However, it was encouraging to note that about 50 school teachers have been provided training session on health and hygiene. One of the indicators of project sustainability is the capacity of local partner UQAB. The organization has optimistic chance to learn various kinds of human skills such as administrative, financial, monitoring, reporting, record keeping, presentation and communication, community mobilization, etc. This had sufficiently benefited the local partner to become self reliant for future interventions. As per the CEO of the local partner they can now handle a complete project as their gaps have sufficiently been reduced during this project.

There had been community meetings in 63 villages of the Tehsil Charbagh. Introductory meetings followed by village profile exercise and formation of CBOs have also built the capacity of the people at grassroots level to understand and participate in the humanitarian and developmental interventions for their uplift.

**Main Conclusion:**

It should be noted that the project “Hope for the Victims of Conflict in Pakistan” has made contribution in terms of increasing access to safe water supplies and sufficient progress in provision of sanitation and hygiene services in the target areas. There are also some good beginnings of the project outcomes that contributed positively to the improved health and education of beneficiaries. It cannot be concluded that all the water and sanitation problems have been resolved due to this intervention; however, the project has paved a route for private investment/contribution in WASH sector, “the ice has started to melt”. The community has been sufficiently mobilized through MTs and other project staff that water and sanitation are among important priorities for them.

There has been a strong professional commitment involved in the implementation of the project. Some recommendations, however, have been provided in the document in order to improve the expected and unexpected results of the project even further.

## 1. Introduction:

### 1.1 Purpose

The final evaluation is to review the achievements of the project's results and indicators, the short and medium term impact and the efficiency of the implementation process to receive lessons learnt with the aim to improve future actions. The final evaluation to be conducted by an external consultant will have to ensure involvement of an appropriate degree of all stakeholders.

### Key Evaluation Question

The evaluation is to focus specifically on results and impact. It is to be a desk and field study with recommendations and lesson learnt for future interventions.

### Evaluation Criteria:

#### Relevance (appropriateness):

- To what extent did the intervention conform to the findings of the need assessment?

#### Effectiveness:

- To what extent the project was successful in achieving the specific objective “The victims of conflict in Pakistan have access to and make optimal use of rehabilitated water and sanitation facilities and take action to protect them against water-related disease transmission”.
- To what extent the project results have been accomplished?
- To what extent the implementation was effective and the project staff used mitigating measures to overcome any change?

#### Efficiency:

- Is the relation between input of resources and results achieved appropriate and justifiable?

#### Impact (effects):

- Analyze the impact of the project in terms of knowledge in hygiene practices among the communities.

#### Sustainability:

- To what extent the capacity of the local partner has been built or strengthened through the intervention?

#### Participation:

- How did HOPE'87 harmonise and coordinate their interventions with partners and stakeholders?

The evaluation is to document the outputs/outcomes, lessons learnt, challenges encountered, and the result of the project's contributions towards the identified needs of the people in terms of water and sanitation.

The evaluation identified the major achievements, challenges, and lessons learnt. To the extent possible, it also identified the impact of the water and sanitation program in achieving the above objectives based on available primary and



secondary data. The evaluation analyzes the main findings and reflects on the performance of the project as a whole and offers practical recommendations for possible improvement.

## 1.2 Background:

In 2009, after the return of the internally displaced people of Malakand Division, especially District Swat, relief and rehabilitation were the biggest challenges for the Government of Pakistan as well as for the Provincial Government of the Khyber Pakhtoonkhwa. The gaps were tried to be filled in by a rapid response from national and international humanitarian organizations. All the security sensitive areas of district Swat were given clearance by the Pakistani military, however, due to remoteness of some of the areas such as Tehsil Charbagh, only a very few organizations could managed to start their operations.



In order to help the victims of conflict HOPE'87 conducted a "Rapid Needs Assessment (RNA)" in August 2009 and based on identified needs, developed a project targeting WASH activities in Tehsil Charbagh district Swat with the financial assistance of European Commission Humanitarian Aid Office (ECHO).

The primary focus of the assessment is to evaluate the existing social, economic, security, food security, water & sanitation and health & hygiene situation before and after the crisis. Besides, providing statistics and simple analysis, this document also presents key issues related to the needs and expectations of local residents.

In addition to that, low income, being one of the major prevailing menace, there are other problems regarding water, sanitation and hygiene that have been identified during the need assessment survey. About 96 per cent of the respondents have access to water. However, a majority of the respondents (up to 80 per cent) either don't know about contamination of water or of the opinion that they use contaminated water. Only 0.5 per cent of the families were using filtered water. According to the need assessment survey 98 per cent of the respondents do not boil water before drinking for the above reasons. Similarly, 83 per cent of the households are using only water to wash their hands before food preparation, eating and after latrine use, whereas 15 per cent of the respondents are using water and soap to wash their hands. Almost 81 per cent of the households were using family and shared latrine facilities, whereas 31 per cent of men being using open field for defecation in the rural areas. Diarrhea, skin rash, cold/flu, fever and respiratory problems were the most common health problems faced by the respondents within the last 15 days.





The project evaluation is to be carried out to assess the project progress and performance as described in the earlier section “the purpose” of this documents.

### 1.3 Methodology:

HOPE’87-Pakistan, Islamabad office staff and Monitoring Officer with support from local partner UQAB, are assisting in coordinating the field visits and meetings with beneficiaries, stakeholders and relevant authorities/agencies with the external evaluator.

The work plan was as following:

- Briefing in the office of HOPE’87-Pakistan in Islamabad with analysis of project secondary information i.e., grant agreement, project proposal, interim progress reports, training reports, ECHO and HOPE’87 guidelines etc. (about 3 person-days)
- Development of detailed checklist for each key evaluation questions (about 1 person-day)
- Meeting with staff/field visit to Charbagh (about 3 person-days). The consultant will meet with stakeholders and visit the project area.
- Post-evaluation de-briefing to the Director Humanitarian Aid of HOPE’87 Headquarters in Austria during her monitoring visit in May (calendar week 20) (about 1 person-day)
- Drafting evaluation report against the evaluation objective (about 3 person-days)
- Finalization of report after receiving feedback and comments from HOPE’87 Headquarters Austria (about 2 person-days)
- Presentation and submission of the report (about 1 person-day)

The evaluation exercise has been completed within the calendar period of 2<sup>nd</sup> May, 2010 and 25<sup>th</sup> of May, 2010. The final report is being submitted by the consultant during June 2010.

The consultant reviewed the Single Form, Intermediate report, need assessment report, monitoring tools, IEC materials, training manual, agreements with the local partners “UQAB”, visibility toolkits, general conditions, etc. All required documents were provided at the time of signing the agreement. The consultant produced the basic deliverables such as evaluation framework, itinerary for field visit to Tehsil Charbagh, project performance and progress sheet, primary data collection questionnaires from Men/Women, Children and project staff. Group interviews were conducted with Male and Female mobile trainers and representative of Mercy Corp (international rehabilitation organization).

#### 1.3.1 Sample Selection:

Table 1: List of different stakeholders contacted / met for interviews

#	Stakeholders	Sample
1	Male community members	10
2	Female community members (interviewed by female MTs)	10
3	School Teachers	3
4	School Children	15
5	Male Mobile Trainers	15
6	Female Senior Mobile Trainers	3
7	Project and Hope’87 Staff	5
8	CBO Chairmen (village Landaki UC Charbagh and Rorya, UC Kishwara)	2
9	Nazim Village Toha, UC Teligram, Tehsil Charbagh	1
10	Community meeting village Rorya, UC Kishwara (25 participants)	1

### 1.3.2 Field Visit:

The field visit was carried out to following project sites:

1. Village Dakorak, Tehsil and UC Charbagh
2. Village Toha, UC Telegram Tehsil Charbagh
3. Mohallah Hafiz Abad and Noorani, Village, UC and Tehsil Charbagh
4. Village Rorya, UC Kishwara Tehsil Charbagh
5. Village/Mohallah Ala Abad, UC Gulibagh
6. Village Malalay, UC Charbagh



During the consultant's visits to the above mentioned project areas a total of 7 schools with 21 toilets, 6 shared latrines and 4 family latrines were examined. The water supply schemes were mostly found a replacement of the old pipes laid down by the public sector department—PHE. The pipes have been found buried under the ground on the old channels which were damaged. But, when the community was consulted, they appreciated the quality of pipes and rehabilitation work. Nevertheless, one of the water supply schemes, DWSS-Dakorak, was thoroughly examined and the quality of work was verified.

Men, women and children were separately interviewed and their views were collected on a questionnaire. Children were not the direct beneficiaries of the project; however, they were selected for the evaluation in order to find out the outcomes of the knowledge and practices recently learnt by the adults of the family. Male and female senior mobile trainers were interviewed in groups. One community meeting was carried out in village Rorya, UC Kishora in which about 25 people including the elders of the village participated.



Table 2: Names of the schools visited during field visit of the consultant:

#	School Name	No. of Latrines
1	GPS No. 1 & 2 Toha, UC Telegram	2
2	GGPS Rorya UC Kishora	2
3	GGPS No. 1 Village Noorani, UC Charbagh	2
4	GPS Malalay Charbagh	6
5	GGMS Ala Abad Gulibagh	6
6	GMS Kot Charbagh	3
<b>Total:</b>		<b>21</b>

### 1.4 Limitations:

Efforts were made to clarify the ToRs of the evaluation study in prior and at the time of signing the agreement to allow the evaluation consultant to focus on the issues that were most important to ECHO and HOPE'87, in both, the assessment of the current program and for providing guidance on future project directions. The evaluation was constrained by time. Only three days were available for fieldwork at the project sites due to unpredictable security situation. Nonetheless every possible effort has been carried out by the consultant to meet

multiple stakeholders for gathering their views about the project and its impact on the lives of the vulnerable people.

The other limitation of this evaluation relates to the assessment of impacts. Evaluation of long-term impacts is, partly, difficult because of the fact that the project ended on 30<sup>th</sup> of April, 2010 and implementation of sanitary work and digging of ditches/pits finished only recently in some places. The intermediate report describes heavily the accomplishment of planned or achieved targets at the level of outputs (in terms of number of schemes and latrines built, mobile trainers hired, number of people trained, and access created, with little reflection on actual utilization of facilities).



Methodologically, it could be possible to evaluate project's impact on the basis of presumed indicators of impact level which are formulated at the time of project inception. However, due to time constraints, the evaluation focused on immediate benefits and changes as witnessed by stakeholders and evaluation consultant during field visit. The impact level baselines information include such as data from health practitioners regarding prevalence of various epidemics due to none hygienic practices. This is not feasible because the project has not cover 100 per cent of the population and only 4,200, most vulnerable, families were targeted. Thus impact level baseline data of the whole area can be misleading if compared with a small portion of population. However, impact level indicators can also be the overall hygiene situation in streets and villages, sale and demand of various personal & domestic hygiene related items with shopkeepers, sewerage system inside and outside homes, personal hygiene of children, etc. In addition to review the project objectives and targets, the qualitative analysis of this evaluation thus relied mainly on beneficiaries' perceptions of the situation before and after project interventions.



## **2. Lessons Learnt:**

### **2.1 Project Implementation:**

- Focusing on the family size, family income, being widow and incident of disaster suffering as the selection criteria is very helpful in assessing vulnerability.
- Engaging and organizing community meetings and forming CBOs is helpful to have responsible forums with adequate plan of action for boosting project implementation and avoid community related risks.
- Involving the local partner in the project implementation in a way that they had a chance to learn standard practices by regular guidance from the implementing partner is helpful in enhancing the capacity of the local partner. There is a working differentiation level of management arrangements (delegation and control) with the local partner.
- The Cash for Work interventions appear to have offered significant advantages over food projects and are worth continuing during relief phase. However, payment of large amount under CFW was made to each MT i.e. cumulative salaries of more than one month through bank made the process cumbersome.
- Cash for Work intervention has involved and empowered women in a very decent way without affecting local norms.
- Paying beneficiaries through CFW rather than arranging for people's needs has enabled them to choose how to spend the cash whether on food or on non food items depending on their needs. Injecting so much of money in local economy has boosted the livelihood of so many people in Tehsil Charbagh.
- There is a need to utilize CBOs as participatory monitoring and learning groups with clear M&E framework and reporting on project results on regular intervals.

### **2.2 Access to Safe Water Supply:**

- Safe water utilization in the household, such as hand-washing and proper latrine use are included in this safe water project.

### **2.3 Improved sanitation facilities:**

- Use of low-cost technologies and materials enhances implementation, replication and the acceptance of sanitation facilities among communities.
- Households decide the preferred sanitation technology options to ensure continuity. This implies the fact that people are put at the center of development issues and are assisted to analyze their social and economical situations and define their own priorities.

### **2.4 Increase community awareness:**

- Application of Community-Led Total Sanitation (CLTS) following participatory rural appraisal enhances community-wide action.

- Establishing O&M committees and sharing community water schemes with government department results in an increased sense of ownership about existing schemes and increased community contribution.
- In a conservative society where women's mobility is restricted, use of grassroots government structures, such as LHVs, TBAs and LHWs accelerate community based interventions because of their local knowledge and relationship with the community.

## **2.5 Promote Safe Hygiene Practices:**

- The posters and leaflets cover a lot of topics to highlight the importance of personal and domestic hygiene. However, supplementary health education efforts are required to cultivate hand-washing with detergent and soap even in emergency situations. Additional health education material includes "F Diagram", dehydration due to diarrhea, parasites, water-borne diseases, etc. The EIC materials developed by the project were placed in schools and public places. Each family was given two leaflets each, one for men and the other one for women of the household.
- Households with no direct access to water or only from springs have to ensure safe water storage & handling.
- Safe hygiene practices of a household can be determined by its surroundings i.e. open defecation, stagnant water, unpaved streets, open sewerage, bad smell, flies, mosquitoes, solid waste, etc.

### **3. Prioritized Recommendations:**

#### **3.1 Programmatic:**

1. With limited number of MTs the task of hygiene promotion can be carried out without going into too much human resource management. In that case project focus will remain more on the outcome and impact of the intervention.
2. Children are the biggest change agent and means of communication channel in hygiene related messages and practices. Their involvement in such hygiene promotion project is therefore essential. Although children were the indirect beneficiaries in the project, also received hygiene promotion messages. But specific interventions such as child to child approaches at school level can produce the best result.
3. Other types of interventions such as construction of clothes washing basins and hand-washing facilities, drainage system inside and outside homes, etc. to encourage personal and domestic hygienic practices might be useful.
4. CFW for very poor and illiterate people for example as daily workers should also be considered in a relief situation.
5. The project design didn't allow for hand washing facility outside and adjacent to the latrines especially in the schools which could have provided an instant direction of washing hands with soap immediately after using the toilet.

#### **3.2 Operational:**

6. Project M&E system should have outcome and impact level indicators to evaluate the long-term quality of the intervention and its effectiveness on regular basis for the purpose of cross checking and ensuring bigger purpose of the project.
7. Cross checking on the basis of outcome and impact level indicators help project supervisory staff to immediately take corrective measures if necessary. Although there was a monitoring and evaluation system, which worked well but it didn't fully focus on broader level impact results.
8. A system by which shared/public toilet users contribute money or pay fees for the service has not been introduced to cover future costs of repair and maintenance in some of the cases. A few community based organizations (CBOs) have been given operation and maintenance responsibilities at the moment; however, they may devise strategy for future in terms of collecting pay fees.
9. Some water supply pipes in the streets should be covered with some adhesive material like non-permeable masking taps, plastic sheet, etc. to protect it from any seepage from the nearby sewerage.

#### **3.3 Future Direction:**

10. The project is a successful model and can be replicated in any other populated areas of District Swat, but it will be an up-scaled phase project with certain changes in project design such as introducing CLTS approach with some appropriate modification so as to ensure sustainability in the long run.
11. In order to provide immediate financial help to the vulnerable community, the cash for work may be carried out for small activities through marginalized groups such as illiterate

people who can only do labor work in emergency as well as relief projects. Small tasks include rehabilitation of sewerage or drainage, street cleanliness, common solid waste disposal, etc. This approach is quite similar to community based conservation where environment is integrated into water, sanitation, health & hygiene. Small tasks could also involve the labor class of the society as well and payment of daily wages won't require lengthy bank procedures.

12. The use of local available low cost material in the construction of such sanitation facility should be promoted in order to make easily replicable models for the people.
13. User-friendly toilets for physically challenged people shall be designed for specific needs of the identified disability. The project has in some instances taken notice of this and provided ceramic toilet chair/English commode at some schools and even at private household level.
14. Sanitary survey i.e. laboratory testing of samples of drinking water, quality of water pipes, sewerage pipes/drains, and water contamination by seepage from non-hygienic source at household level is recommended.

## 4. Findings and Conclusion:

### 4.1 Relevance – Project’s Conformity with Need Assessment

As per the need assessment report the problems and risks for the next 6-8 months have been found to be food security, drinking water and income generation/employment. While household priorities would remain to be food, health and water, and hygiene kits. The assessment report reveals that 55 per cent of the respondents were of the opinion that they were using contaminated water and 40 per cent respondents were not aware of the hygiene related issues associated with water. World Food Program (WFP) was already present in the area for food distribution and has just recently (May 2010) stopped the food distribution as they say that the relief phase was over now. During the relief phase the only activity undertaken by HOPE’87 was water, sanitation and hygiene promotion as the implementing partner had sufficient expertise in this particular sector.

People are very happy that the most vulnerable have been given chance to get benefited. The intervention was very necessary as the focus for people was more on security, income, health and education. Hygiene and preventive measures was no where in people’s priority list. The project has really earned the confidence of the people.

Mr. Rahmat Ali  
Head Master, Govt. Primary School Malalai,  
Charbagh

A Water, Sanitation and Hygiene (WASH) project was designed and implemented in response to the forecasted problems and household priority of the people in District Swat. The project has three results: first: water supply, second: construction of latrines, and third: hygiene promotion.



As per the beneficiaries of the project, it was a very necessary intervention. The people, due to the prevailing insurgency for almost 3 years were forced to shift their priorities away from hygiene and only to think about their life safety. These activities were pushed into the backyard. However, they appreciated the project in hand by saying that the intervention was very innovative for the people of this area in terms of defining priorities and providing immediate relief.

### 4.2 Effectiveness – Project Progress / Achievements vs. Project Results:

All the activities of the three objectives of the project were achieved except one i.e. rehabilitation of sanitation facility. It can be said that objective 2 has been partially achieved because making toilets operational was still a concern. There were few toilets without pits and due to sanitary work the toilets were not 100 per cent operational. Details of each result have been provided in the following sections.

#### a. Safe Drinking Water is Available and Used:

The interventions carried out under objective one (01) of the project agreement included distribution of water storage equipment and rehabilitation of Drinking Water Supply Schemes (DWSSs), which were identified in consultation with Public Health Engineering Department



(PHED), District Swat and the respective communities in Union Council (UC) Gulibagh Tehsil Charbagh. These Water Supply Schemes mainly focused on installation of Galvanized Iron (GI) pipes of 3", 2", 1½", 1¼" and 1" sizes and thus rehabilitating the damaged water supply lines. Out of the total 5 rehabilitated water supply schemes, 3 belonged to PHED and 2 were community schemes. As per the project's intermediate report 1,782 meter of piped water supply schemes have been rehabilitated.

Site visits to 3 of the water supply infrastructures were carried out. The quality standards as per PHED have been maintained and it has been ensured to fix pipes in the existing ground channels where the pipes got damaged. At the time of the field visits, all the visited facilities were productive and functional, serving the targeted population. The PHED water supply scheme DWSS Dakorak was thoroughly examined where two different types of water pipes 3" and 2" from the water tank were supplying water to 660 households through small diameter pipes. The only apprehension noted was that household connection pipelines were very close to street drainage, which may contaminate the water in the pipes by virtue of rusting over a certain period of time.



It was observed that the facilities were being used well by the beneficiaries. The beneficiaries informed the evaluation consultant that access to drinking water had not been a big problem. The actual problem is, however, the availability of clean water when these pipes got damaged. But when they have been repaired the contamination problem has been resolved to a greater extent.

Table 3: Project accomplishment in provision of access to safe water through supply schemes

Water Scheme Names	Length (meters)	3" Pipe	2" Pipe	1" Pipe	HHDs	Women	Men
Ala-Abad	444	444	0	0	1,105	4726	4225
Karam Dairi	426	0	78	348	90	385	344
Dakorak	420	132	72	72	660	2823	2523
Kalay	258	0	0	144	275	1177	1051
Gulibagh	234	6	0	228	80	342	306
<b>Total</b>	<b>1782</b>	<b>582</b>	<b>150</b>	<b>792</b>	<b>2,210</b>	<b>9,453</b>	<b>8,449</b>

The 3” and 2” diameter pipes were used for rehabilitation of main water supply lines and were fixed to carry water from a tube well to a water storage tank or in some cases from one water tank to another water storage tank, which further distributes water through 1” pipes. The pipes with bigger diameter have been used in the main supply lines from water sources to communities to transport large quantity of water. While the pipe with smaller diameter have been used in the water network within the communities and thence to a household area depending on the number of households. The number of population benefiting through water supply schemes also depends on the density of the population in a village. The project has been successful in benefiting 2,210 households (about 17,000 populations, over 9,000 being women).

**b. Improved Sanitation Facilities:**

The prime focus of the sanitation component of the project was the promotion of construction model and toilet practices at household as well as school levels. On the whole, 216 latrines have been constructed in the 6-month project. 160 family and shared latrines, for the most vulnerable families, have also been built. The basic motive behind it was to use it as a demonstration so as to motivate other community members to replicate such hygienic practices on their own. 56 latrines have been constructed in 25 girls and boys schools on the basis of defined criteria such as high enrollment, poor sanitation condition and surrounding community vulnerability, etc.



During the field visits 4 latrines, two (02) in schools, one family and one shared latrine, were observed without pits available. However, it should be the responsibility of either of the school administration or the community to do the remaining necessary work, as a token of their participation, and to make them operative. The construction of the super structure of all 216 latrines was completed by HOPE’87 before 30<sup>th</sup> of April, 2010, whereas some of the latrines could not be operational as the community got busy with wheat harvesting which caused delay in the finishing work. It was shared by the project staff that the BoQs for latrines varied at different places i.e. some of the latrines were approved with and some without pits. The responsibility of digging pits, if not approved in the BoQs, had been with the school administration with the help of the community or with the benefiting household.

On the whole 21 school latrines were visited. Only 08 latrines were found functional. Others were in the final stages of completion with some petty sanitary works. The one, central work, has been their flush connectivity with the public water supply scheme, which is appx. 90 per cent complete. The construction of toilets began during March 2010, which is sufficiently late than the planned, but this is because of lengthy procurement procedures which have completely been followed by HOPE’87 as well as the local implementing partner. The project staff was found unanimous in the approach that all the latrines would be made fully operational by the end of May 2010. It was satisfying to note that all the latrines were being

constructed exactly on the same specification from one corner to the other distant area of the project.



Also the vulnerability of physically disabled persons was addressed and toilets of special structure, like latrines with ceramic seats/English commode, support handles on walls on either side of the commode, ground level of the latrine, etc. have been provided for such people in some cases at schools as well as at household levels in order to facilitate them as well. This is a very important issue and has seriously been addressed.

The evaluation consultant observed that where these facilities are operational, the household as well as school toilets have been using them effectively and properly. Direct and indirect community beneficiaries, and especially the children interviewed told the consultant that they were satisfied from the sanitation facilities provided by the project. The facilities are clean where operational and managed. Establishment of school sanitation proctors or classes assigned to manage it under the close supervision of designated teachers would be a good idea for sustaining the cleanliness of these toilets. The project design didn't allow for hand washing facility outside and adjacent to the latrines which could have provided an instant direction of washing hands with soap after using the toilet.



Table 4: Project accomplishment of sanitation facilities at HH, shared and school levels

Union Council	Family Latrines	Shared Latrines	Beneficiaries	School Latrines	No. of Schools	Beneficiaries
Charbagh	30	15	8,019	11	8	936
Gulibagh	92	16	9,152	25	4	1,091
Kishwara	2	5	2,448	15	10	1,327
Telegram	0	0	0	5	3	196
<b>Total</b>	<b>124</b>	<b>36</b>	<b>19,619</b>	<b>56</b>	<b>25</b>	<b>3,550</b>

The table above shows that 160 family and shared/public latrines under sanitation intervention of the project were constructed and are benefiting 19,619 individuals (2,434 HHDs). A total of 25 schools have been the target against the planned 20 which is 25 per cent above the target. 56 school latrines are benefiting more than 3,500 students (girls/boys) in the target 25 schools. Originally it was planned to construct 40 latrines, but due to project's criteria in line with SPHERE standards the number of latrines



exceeded the target number. According to the project staff, after achievement of the target of 20 schools within the available budget line, saving occurred and the management decided to that the saving should be used for the construction 5 additional latrines in 5 new (not included in the original plan) schools. These additional latrines were constructed in schools at UC Telegram which were dropped in the final selection as mentioned in the project's intermediate report. However, the decision was reconsidered and was being selected, again later on. The organization, no doubt, realized that this saving should have been utilized for construction of household toilets in the mostly needed area of Mohallah Noorani UC Charbagh where 28 vulnerable households were waiting for the provision of the facility, instead of constructing school toilets. Fortunately, these two toilets were also then constructed for shared/public use as per newly formed CBO consensus decision.

Some of the shared toilets have been constructed in mosques and some in public places. Latrines at public places have ownership and management concerns. To address this issue these latrines have been given in-charge of groups of user households for their exclusive use and routine maintenance. The groups have informal by-laws and one elected person is responsible to ensure the use and maintenance according to the by-laws. Nevertheless, there is a concern that the latrines were built on no man's land. This entails problems of sense of ownership of the facilities and long-term management responsibility by present users. In addition, a system by which users contribute money or pay fees for the service has not been introduced to cover future costs of major repair and maintenance.



### c. Improved Hygiene Practices:

Under this component of the project, the following interventions were carried out:

- Distribution of basic and consumable hygiene kits to the selected beneficiaries
- Awareness raising about personal, domestic, food and environmental hygiene promotion through community training sessions, household visits and distribution of printed information material

The interventions mentioned above may seem to be overlapping among result 1, 2 and 3 with reference to project log frame. Nevertheless, these were the project activities exclusively related to hygiene promotion among the community. The project's hygiene promotion and health education component has sets of participatory tools and materials (such as Training of Mobile Trainers (MTs), EIC, hygiene kits and household meetings) developed and distributed. There has been no in-depth analysis of what combination of communication approaches really work in District Swat's post-disaster contexts. However, as a communication model, the existing strategy of the project of cascading learning to household levels through MTs in behavior change negotiations seems good and effective in prevailing cultural context. The only problem one can see is the shift of the project focus from behavioral change among



community towards processes such as human resource management (over 700 MTs).

This is a known phenomenon that adults learn more through doing personally and learn less through listening. This has to be kept in mind that mere awareness is not behavior. Therefore, if the adults are aware of pros and cons of the hygiene then relevant appropriate action in daily life as a habit will determine the behavior. The eight consecutive MT visits to the households and the provision of hygiene kits helped to establish a change in habit. Whereas, the children learn from teaching, mimicking, playing, peer-to-peer communication, such approaches, as the project has tried to promote, are worthy of bringing of positive behavior change.

The project has covered the adult part and appointed MTs to meet households, male and female family members separately, every month, to revise practices by using hygiene kits. However, communication approaches by involving school children has been found a missing component of the project. Awareness is only a portico to behavioral change. Having said, it necessitates knowing the outcome or impact of the project, monitoring the actions of the people are essential parameters/indicators of successful delivery of a WASH intervention. Studying behavior by observing the adults was difficult as the adults have to keep themselves neat and clean in order to fulfill daily religious obligations. The children on the other hand can give a slight idea of how hygiene practices are adhered to at their homes. The situation on the streets in terms of sewerage system, human faeces, stagnant water etc. were some of the impact assessment criteria used to perceive change of hygiene practices.

The project has been able to distribute a huge quantity of Water Storage Equipment (WSE), Basic Hygiene Kits (BHK) and Consumable Hygiene Kits (CHK) at the door steps of the selected beneficiaries' home through project staff and mobile trainers. The process of identification of the beneficiary was good and priority was given to those who were found most vulnerable as per the set criteria. The criteria were discussed with newly formed CBOs. The establishment of village profiles, household basic information and other necessary information through participatory reflex action exercises was a very effective mechanism adopted by the project staff.



Table 5: Distribution of hygiene related materials to various households

Union Council	Water Storage and Hygiene kits distributed			Coverage		Beneficiaries				
	WSE	BHK	CHK	HHD	Villages	Women	Men	Girls	Boys	Persons
Charbagh	2,025	2,025	10,125	2,025	34	3,641	2,985	5,019	4,757	16,402
Gulibagh	2,058	2,058	10,312	2,058	20	3,701	3,034	5,101	4,834	16,670
Kishwara	117	117	585	117	9	210	172	290	275	947
<b>Total</b>	<b>4,200</b>	<b>4,200</b>	<b>21,022</b>	<b>4,200</b>	<b>63</b>	<b>7,552</b>	<b>6,191</b>	<b>10,410</b>	<b>9,866</b>	<b>34,019</b>

According to the table above, 4,200 households were provided with water storage equipments and a Basic Hygiene Kit (BHK) in a one time distribution during the project phase. The

consumable hygiene kits were distributed 5 times during 4 months duration to each of 4,200 households. The project has sufficiently enabled 34,019 people in 63 villages to bring into use the hygiene kits in order to get hygiene practices habitual. As per the interviews with women, men and children there has been marked improvement in the use of tooth brush on daily basis and this can be verified most appropriately by the number of sale of tooth brushes with shopkeepers after at least 3 months of this project. As a result 34,019 individuals are benefiting including 7,552 women and 10,410 girls.

Table 6: UC wise number of MTs and corresponding households

Union Councils	Male MTs	HHDs	Female MTs	HHDs	Senior female MTs	HHDs
Charbagh	202	2,025	162	1,620	9	405
Gulibagh	207	2,058	168	1,680	7	378
Kishwara	11	117	0	0	2	117
<b>Total</b>	<b>420</b>	<b>4,200</b>	<b>330</b>	<b>3,300</b>	<b>18</b>	<b>900</b>

As per the table above the number of male and female MTs in each union council reveals that each MT has to visit at large 10 households except for female senior MTs who were supposed to visit 50 households. This approach makes the task very easy for MTs who were hired for Cash For Work (CFW) to interact only with few households with specific messages while focusing awareness raising regarding health and hygiene. The whole approach focused the adults but the children were left aside.

The sale of tooth brushes has increased in the local stores after the project has sufficiently created awareness among the community. In my opinion there has been 70 per cent of visible change in hygiene practices of the people.

Mr. Barkat Khan  
Chairman, Al-Khidmat – CBO, Village Landaki,  
Charbagh

#### 4.3 Efficiency - Appropriateness of Inputs vis-à-vis Achieved Results

The project intervention as well as the interviews with various project stakeholders reveals that the project was very much needed and it addressed the immediate concerns of the target population. The other needs identified in the need assessment report were taken care by WFP, Sarhad Rural Support Program (SRSP) and WASH sector requirements were arranged by IRC, Mercy Corps and HOPE'87. The mandate of work by IRC was very limited and Mercy Corps was only active in those areas where resources didn't permit HOPE'87 to reach the vulnerable. To put it in other way, due to close coordination with WASH sector at District Swat level as well as with Mercy Corps, HOPE'87 was able to reach as many vulnerable as possible.

The project resources' efficiency was satisfactory as the quality of water supply pipes and latrines super structure was very good. Comparing the current development practices in WASH sector, during a relief phase the establishment of such facilities are usually preferred in development phase. Therefore, it is quite easy to conclude that the structures and work carried out are not of transition in nature rather they can be utilized for a long period of time. Hence the resources incurred will pay back effectively after due course of time due to its utilization by the beneficiaries.

#### **4.4 Impact (effect) – Community’s Hygiene Education:**

The impact of a project, which is meant for changing behaviors through awareness raising is very difficult to be measured right after its completion. The task became even more difficult when outcome and impact level indicators were not provided by the project document or log frame. However, it has been tried to find out the currently prevailing knowledge and practices among the community in order to forecast on the impact and sustainability of the project in the long run. Therefore interviews of the community members including men, women and children were being conducted. It was also looked into whether output level indicators have been effectively met or not.

The project has generally brought positive impacts in the lives of participating communities i.e. the project staff, CBOs, targeted beneficiaries. About 17,000 people have gained access to safe water, which most of them had it before the crises, but through damaged water schemes the chances of water contamination were almost 100 per cent. One of the proofs of this was the prevalence of Hepatitis B and C in village Ala-Abad, UC Gulibagh where 80 of hepatitis cases were being reported, the project staff shared. The benefiting households particularly reported experiences of reductions in the incidence of diarrhea among children, however, women respondents have shared that malaria, skin-rash and loose motions are the common prevailing diseases.

With the training of over 700 MTs in hygiene practices, a trained human capital is now available to share their knowledge voluntarily to the community at any time. The expertise can also be utilized by other formal or informal association in the project area for the betterment of the people.

According to women beneficiaries interviewed, it is revealed that they have been using hygiene kit items on regular basis because they are easy to use. They wash their own hands, especially, before taking food and after defecating and their children’s hands more often than before with soap. A considerable number of these rural women (60 per cent) shared that they are changing their clothes after 4 to 5 days, whereas they brush their teeth daily.

Similarly domestic hygiene has also improved after undergoing into so much of discussions with Mobile Trainers. 80 per cent of women reported that domestic hygiene practices have improved from an average level to above average level. For instance, human excreta to be seen on ground around homes and standing water, as was in the past, have been reduced.

A majority of women beneficiaries replied that 80 to 90 per cent of the drainage systems outside and inside homes are not properly cemented. It causes water to stand in these drains inside and outside homes which results in giving birth to various diseases. The consultant personal observations also shows that in the wake of so much social mobilization by the mobile trainers there should have been more instances of self motivation of the community members to have made street drainage proper or at least cover it with wood planks so that flies could not gather around it. Another experience, which the consultant had in the field, (Mohallah/village Hafizabad, UC Charbagh) is the solid waste piles outside the homes. This shows a lack of commitment at the community part that if they cannot clean the exterior of the house then again the sanitation problem will persist as flies and mosquitoes will reside near and cause diseases. 90 per cent of the women respondents have also revealed that they dispose off their solid wastes openly in the surroundings of their homes. Solid waste

management was not an intervention of the project, however, the consultant took it as one of the indicator for perceiving the overall situation in this particular village.

The consultant compared two villages during his visit, village Hafizabad, UC Charbagh and another village called Ala-Abad, UC Gulibagh to confirm the remarks of the mobile trainers and community members that there has been 60 to 70 per cent change in the hygiene situation due to the project intervention.

Village Hafizabad was a typical rural village with congested houses and improper street pavement and sewerage/drainage system. There was also garbage scattered on different places in front of the houses in the streets and in a nearby stream. Whereas Ala-Abad was a neat and clean village with proper drainage system and presenting a very satisfactory picture of household hygiene practices. One of the reasons for such a dismal situation in village Hafizabad is, first, the high poverty and second, overpopulation. Bringing in visible changes in such place was no less than a challenge. However, with 10 male and 10 female MTs the challenge could be addressed appropriately.

The project also increased access to sanitation through construction of 160 family/shared latrines and 56 toilets in 25 schools. The construction of these toilets has started in March 2010, much delayed than the planned because of the lengthy procurement procedures. Anyway almost 90 per cent of work is complete. However, a majority of these facilities have been found non-operational mainly due to on-going sanitary work or pits' digging work. It was satisfying to note that all the toilets that have been visited by the evaluation consultant were of the same and exact specification. The quality of the work was no doubt very good and up to the mark. The only apprehension was about those latrines which are still without pits and would apparently take longer time to start. Another matter of concern is about the some of the shared/public latrines that may have ownership problem and hence may get redundant after some time. As per the consultant's view the UC Charbagh villages are comparatively more vulnerable than in UC Gulibagh. Therefore, more household level latrines may have been provided to Charbagh (30 latrines provided) instead of Gulibagh (92 latrines).

As acknowledged by HOPE'87 and UQAB staff members, that progress in construction of sanitation facility has remained comparatively slower than the water system development. Therefore, the coverage in sanitation facilities and/or use remained lower. In the interim report sanitation coverage figures generally focused more on the number of latrines built than on their proper utilization. The main benefit of the hygiene and sanitation efforts has been the introduction of the practice of latrine construction and use.

In schools, the provision of toilets has significantly contributed to environmental cleanliness. School girls have particularly enjoyed privacy in using the latrines. Similar benefits are accrued to toilets in poor rural areas. Access to improved sanitation has effects beyond reducing the health impacts of open defecation. In rural villages, according to customs, women shall defecate only during the hours of darkness, as customs look down upon them to attend the natural calls in the daylight. Therefore according to women informants, having a private, convenient, and clean place to attend for personal hygiene is particularly beneficial to them.

As per the interviews of children, 33 per cent wash their hands with soap before eating and after defecating. All the children interviewed had properly cut fingernails. 60 per cent change



their clothes after 3 to 4 days. A majority of 80 to 90 per cent replied that they don't have proper drainage/sewerage system inside and outside their houses. Solid waste disposal is mostly outside the house in the open place due to no public or community mechanism available in this regard. A small size of 10 per cent of the children shared that they use boiled water in their homes.

#### **4.5 Sustainability - Capacity Development of the Local Partner**

The capacity of the local partner has certainly developed in the sense that they now have got the skill of understanding how projects are conceived and how they are implemented. The project staff hired under UQAB, the local partner, was responsible for community meetings, monitoring and supervising MTs, development of training manual and conducting training for MTs on hygiene promotion. All these activities have certainly enhanced and developed their capacity of managing and developing people. Besides, there has been a great deal of administrative responsibilities involved such as compliance with financial procedures and proper documentation. This was the first ever chance for the local partner to be involved in such huge behavior change project. Keeping in view their indigenous management potential, the project's whole responsibility could not be handed over to them. Thus an M&E Officer was appointed by HOPE'87 who used to work in the office of UQAB in order to insure compliance with rules and regulations, compliance with financial procedures and a close monitoring of the achievement of project results in due course of time. The consultant gathered few observations which show that HOPE'87 was on the driving seat whereas UQAB was on the back seat for project implementation. Traditionally the people in rural areas of Swat prefer and honor guidance from the guests such as HOPE'87 who took initiative to help the vulnerable community through this very project. Therefore interaction with the community by HOPE'87 was much accepted among the target beneficiaries. Nevertheless, visibility of UQAB was ensured by displaying their name and logo on sign boards, training manual and banners. As per interview with the CEO of UQAB the capacity of the organization has enormously developed and that they have now the potential to handle any future project on their own.

Community Led Total Sanitation (CLTS) approach is very much feasible in water and sanitation projects as this approach requires a great deal of community mobilization and participation. Therefore CLTS can be considered as one of the strategies to implement water and sanitation project in the up-scaled phase.

#### **4.6 Participation - HOPE'87 Coordination Mechanisms**

There has been sufficient coordination with all the stakeholders by the implementing partner HOPE'87. The stakeholders include WASH cluster, national and international organizations such as IRC and Mercy Corps, PHED, CBOs, target community members, military administration, former Nazimeen (mayors), etc. Working relationships were established with IRC and Mercy Corps representatives and ensured so that duplication of resources and efforts may not happen. Water supply schemes were carried out with the support and approval of PHED and later on handed over to PHED for their records and information. The project was never seemed to have a solo flight, rather after interviewing so many people involved, it was realized that the project information was made available at every forum so that the desired result could be achieved and a holistic program approach could be maintained by involving other relevant humanitarian actors.

