



EU-UNICEF FUNDED KLINPELA KOMUNITI PROJECT EVALUATION

Inception Report

Commissioned by UNICEF PNG Country Office

Mark Ellery & Rob Turare
markjohnellery@gmail.com & robturare@gmail.com

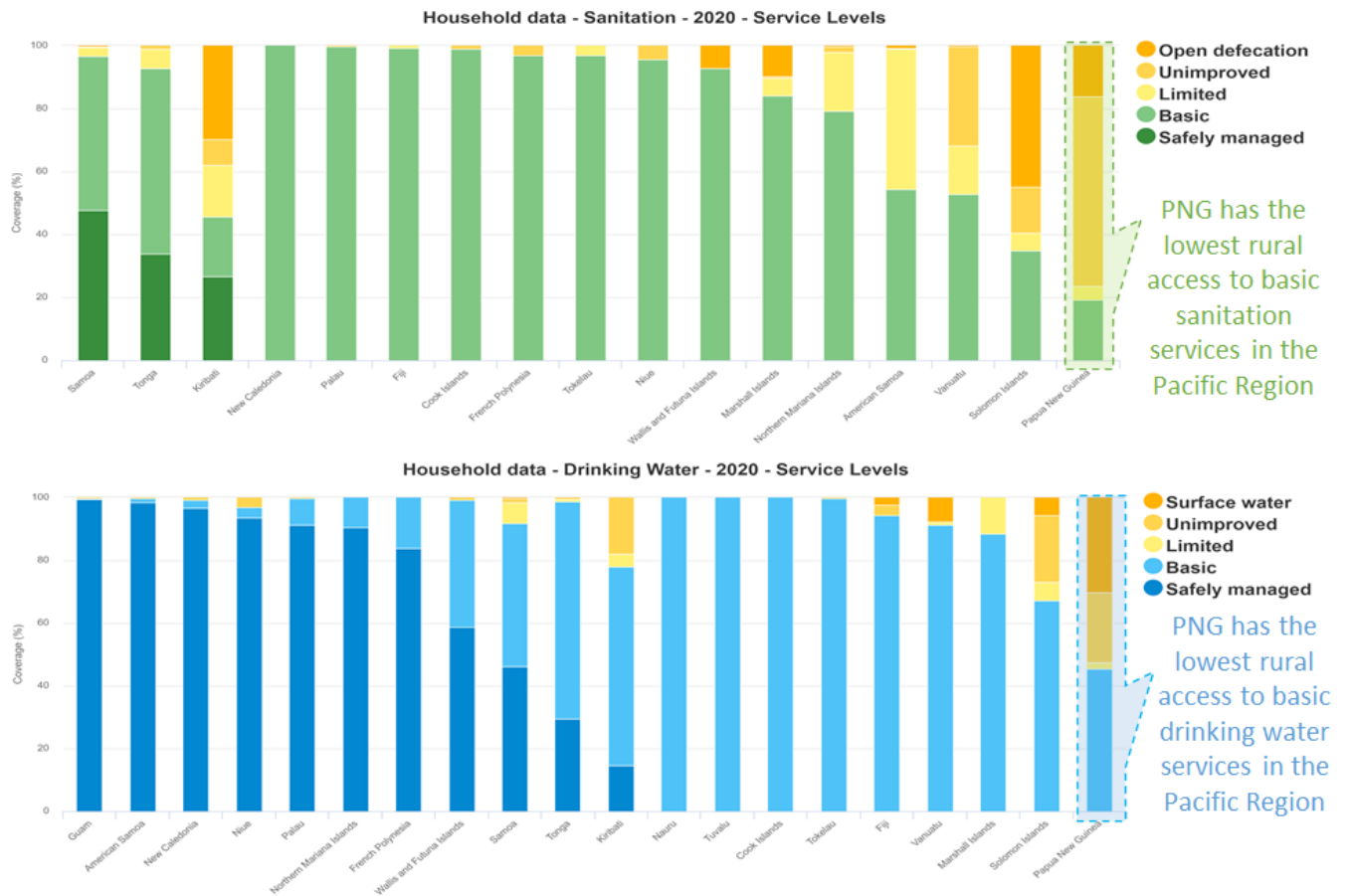
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1. Context

Rural access to basic drinking water and sanitation services in PNG is the lowest in the Pacific Region and amongst the lowest in the World. Rural access to basic hygiene services in PNG is also the lowest in the Pacific Region, of the five countries for which data exists. Improvements in WASH services, particularly in the rural areas where the majority of the PNG population reside, is not only crucial to the health but also the physical and intellectual well-being of the population, and ultimately the socio-economic development of the nation.

Rural Access to Basic Drinking Water & Sanitation Services in the Pacific



Drinking water in PNG

Less than half of the population of PNG have access to a basic drinking water service. According to the WHO/UNICEF JMP in 2020 in rural areas, it is estimated that only 39% of the population had access to a basic drinking water service of which only 30% is piped, while 60% is available on the premises and 60% is available when needed. There is insufficient data to estimate the extent to which water is free of faecal or priority contamination.

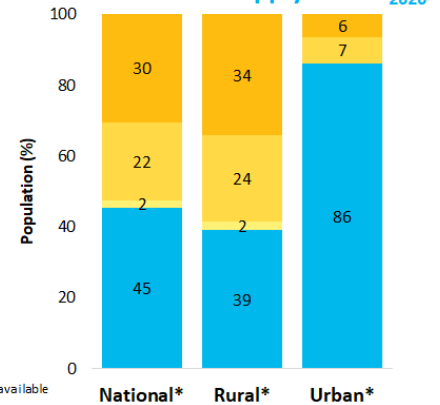
Sustainable Development Goal (SDG) 6.1

SDG Drinking Water Definitions

No service Drinking water from a river, dam, lake, pond, stream, canal or irrigation channel
Unimproved Drinking water from unprotected dug wells or unprotected springs
Limited Drinking water from improved sources which require over 30 minutes for a round trip including queuing
Basic Drinking water from an improved source provided collection time is not more than 30 minutes for a round trip including queuing
Safely managed Drinking water from an improved source which is located on premises, available when needed and free of faecal and priority contamination

Source: WHO/UNICEF JMP (2021) *No safely managed estimate available

PNG Water Supply Status 2020



Sanitation in PNG

Less than one in five people in PNG have access to a basic sanitation service. According to the WHO/UNICEF JMP in 2020 in rural areas, it is estimated that only 15% of the population had access to a basic sanitation service. While the practice of open defecation by 18% of the rural population presents a major faecal exposure risk, the prevalence of unimproved latrines accessed by 64% of the rural population is the greatest service delivery challenge.

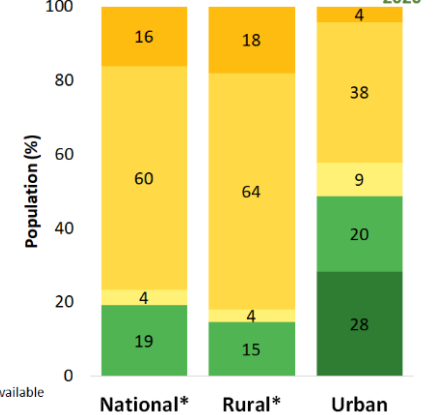
Sustainable Development Goal (SDG) 6.2

SDG Sanitation Definitions

No service (Open defecation) Disposal of human faeces in fields, forest, bushes, open bodies of water, beaches or other open spaces or with solid waste
Unimproved service Use of pit latrines without a slab or platform, hanging latrines and bucket latrines
Limited service Use of improved facilities shared between two or more households
Basic service Use of improved facilities which are not shared with other households
Safely managed service Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site

Source: WHO/UNICEF JMP (2021) *No safely managed estimate available

PNG Sanitation Status 2020



Hygiene in PNG

Less than one third of the population of PNG have access to a basic hygiene service. According to the WHO/UNICEF JMP in 2020 in rural areas, it is estimated that while 55% of the population had access to a hygiene facility, only 25% of the population had access to a hygiene facility with soap and water. While 80% of these hygiene facilities had water available, only had soap available. It is also generally well established that the access to handwashing facilities does not necessarily translate into routine hand hygiene behaviour.

Sustainable Development Goal (SDG) 6.2

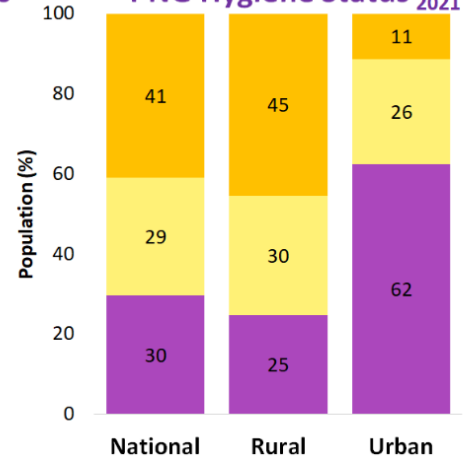
SDG Hygiene Definitions

No service No handwashing facility on premises
Limited service Availability of a handwashing facility on premises without soap and water
Basic service Availability of a handwashing facility on premises with soap and water

Note: Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents

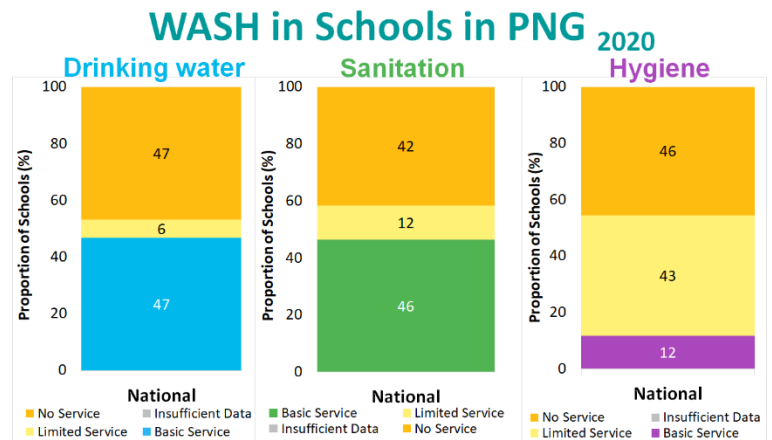
Source: WHO/UNICEF JMP (2019)

PNG Hygiene Status 2021



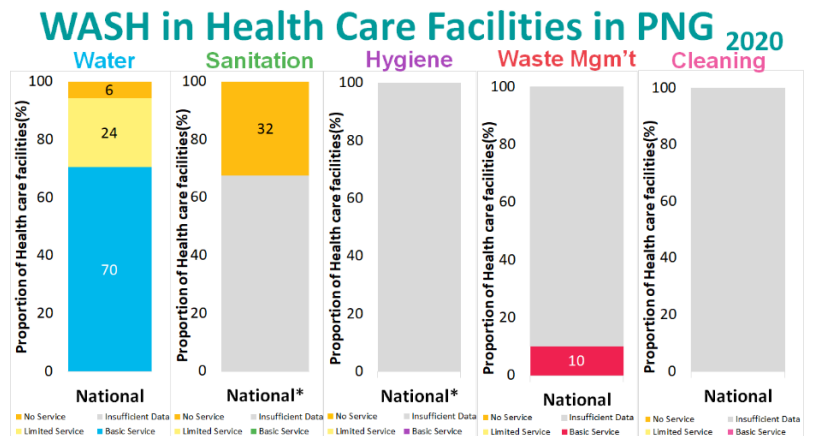
WASH in Schools in PNG

According to the WHO/UNICEF JMP in 2020, it is estimated that 47% of schools had drinking water from an improved source available on the premise, 46% of schools had improved toilet facilities were single sex and available while only 12% of schools had handwashing facilities with soap and water available. Almost half of the schools in PNG did not have any access to an improved water, sanitation or hand hygiene facility. The lack of WASH facilities in schools, as well as the poor quality of services, being a major cause for concern.



WASH in Health Care Facilities in PNG

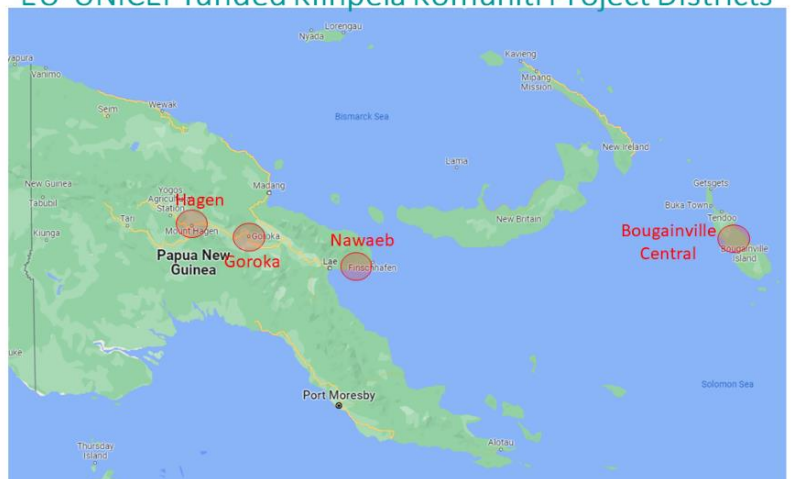
According to the WHO/UNICEF JMP in 2020, water is available from an improved source located on the premises in 70% of HCFs with a further 24% available within 500 meters. While there are no estimates of access to a basic sanitation service, an estimated 32% of HCFs have unimproved or no toilet facilities. Only 10% of HCFs have access to a basic waste management service (where waste is safely segregated into at least three bins and sharps / infectious waste are treated and disposed of safely), there is insufficient data to waste management in HCFs, including access to hand hygiene or environmental cleaning services.



EU-UNICEF WASH Project

The Euro 21.3 million EU-UNICEF water and sanitation project in Papua New Guinea was expected to benefit 160,000 people, including 40,000 children from 200 schools, 36 health centers and 800 neighboring communities by helping them achieve open defecation-free status and increase hygiene awareness. The project also aimed to strengthen systems and build capacity at the district level. The project is being implemented in four Papua New Guinea districts: Hagen Central in Western Highlands Province, Goroka in Eastern Highlands, Nawaeb in Morobe and Bougainville Central in the Autonomous Region of Bougainville.

EU-UNICEF funded Klinpela Komuniti Project Districts



The Project intended to contribute to the achievement of Sustainable Development Goal 6 - Access to clean water and sanitation - will support the Papua New Guinea WaSH Policy 2015-2030 implementation, including contributing to the strengthening of the WaSH Institutional frameworks.

The project implementation began in late 2017. The first phase of the project involved district selection and preparation of costed five-year WASH plans for project districts. The second phase of the project, the implementation phase, started in April/May 2019 in three districts (Central Bougainville, Goroka and Nawaeb) and in September 2019 in Hagen Central. The project is being implemented through international Civil Society Organisations (CSOs). On specific tasks, such as Community Led Total Sanitation (CLTS), expert agencies are hired by UNICEF to build capacity of the implementing partners and with a view to ensure uniformity in the implementation approach. The design of WASH service delivery arrangements (SDA) is led by a specialist consultant, who is guiding the District Development Authorities in institutionalising the mechanisms. The project was scheduled for completion by June 2022, but has been extended since.

2. Evaluation Purpose

By providing sound and credible evidence on what works, what does not work, how and why, this combined formative and summative evaluation aims to trigger UNICEF PNG Country Office and National Partners' learning, enhance accountability with respect to UNICEF's work with national and subnational institutions, provincial authorities, development partners, NGOs, civil society organizations, and other duty bearers on improving WASH for children (rights holders) and their families and to inform decision-making on national policies and budgets for WASH and for programme design for scale-up.

The primary audience of the evaluation are the WASH Section within UNICEF PNG and the EU donor. The secondary audience of the evaluation are relevant Government institutions and authorities in charge of WASH, future contracted project implementers and experts, and other UNICEF Offices.

3. Evaluation Objectives

The following are the four main objectives for the evaluation:

1. To assess the major factors enabling or constraining the achievement of project results;
2. To identify key lessons learned, including success and failures, good practices and innovations from implementation of the project;
3. To validate and reconstruct the project's theory of change, including its underlying assumptions and risks;
4. To generate a set of clear, forward-looking, and actionable recommendations logically linked to the findings and conclusions;

4. Evaluation Scope

The evaluation will cover the project period from 2017 until the time of data collection. The geographical areas to be covered by the evaluation are Hagen Central in Western Highlands Province, Goroka in Eastern Highlands, Nawaeb in Morobe and Bougainville Central in the Autonomous Region of Bougainville. The project supports three key results areas:

- Implementation of WASH services in 200 schools and 36 health facilities
- Increase hygiene awareness in 800 communities
- System strengthening and capacity building at the district level

All activities of the project under these results areas are within the scope of the evaluation.

5. Evaluation Criteria and Questions

The evaluation will provide answers to the following key evaluation questions (KEQ) cited in the ToRs and several additional questions necessary to fulfill the respective OECD/DAC Criteria:

Relevance

ToR Question: How do the stakeholders view the appropriateness of the project - and its planned results - to the local context, given the improving conditions in the country, and the remaining WASH challenges?	<i>Significant?</i>
ToR Question: To what extent did the project address the WASH needs of children, particularly those in the lowest wealth quintile, the remote populations and ones with the worst sanitation and hygiene conditions? to what extent did the implementation strategies of the project address gender, disability, and climate change issues?	<i>Needed?</i>

Effectiveness

ToR Question: How did collaborations with counterparts and implementing partners contribute to achieving the project outputs and outcomes?	<i>Outputs</i>
To what extent did the project help households climb up the sanitation ladder and improve children's access to improved WASH, particularly for girls, and children living with disabilities and special needs?	<i>Outcomes</i>

Efficiency

ToR Question: How well was the project implemented in terms of fidelity to the model, design, and plans, and management of costs and timelines? How did external factors – technical, financial, institutional, environmental, social - modify the level of achievement of outputs and outcomes?	<i>Modality</i>
ToR Question: What were the strengths and gaps in capacity of the implementation team composition (UNICEF and partners together)? How did they contribute to the timeliness and cost of the project?	<i>Management</i>

Sustainability

New Question: Can the toilets provided in schools / HCFs be emptied when they fill-up? Are the toilets cleaned and looked after? Are there provisions for the safe disposal of faecal sludge when this occurs?	<i>Technical / Environmental</i>
New Question: Are the behaviours necessary to sustain sanitation & hygiene facilities (i.e. water-wise management & routine cleaning) being practiced? ToR Question: Considering the emergency context and need for response under scenarios such as COVID-19, what are key programmatic adaptations needed to ensure handwashing practices, ODF status and the associated social norm sustain following certification?	<i>Behavioural / Social</i>

Coherence

New Question: To what extent was the KKP delivery model appropriate to the PNG context?	<i>Fit-for-purpose</i>
ToR Question: To what extent did the project align with implementation of the National WASH Policy 2015-2030? ToR Recommendation: And how can it better target its contribution to the WASH SDGs? New Question: To what extent did KKP outputs inform decision making by KKP and the government?	<i>Rational</i>

The evaluation embraces the views of all key stakeholders, including a fair representation of girls and boys, men and women, especially the most marginalized and disadvantaged.

6. Evaluation Methodology

The evaluation takes a combined formative and summative view, with an emphasis on the latter, drawing lessons to inform the next country program and potential adoption and scaling of the program approaches, while also assessing the merit and worth of the program interventions and their contribution to results (direct and indirect; intended and unintended). The evaluation is non-experimental, although whenever possible, a comparative and external perspective will be sought to assess the evaluation criteria, and identify potential variations in perceptions. The evaluation is utilization focused, providing continuous and rapid feedback to the primary users in the course of the evaluation process. As there is limited evidence available about the extent that the project is operating, an exploratory method is therefore warranted. Qualitative methods will be used, including key informant interviews, desk review, transect walks, and if relevant and feasible a quantitative survey administered to stakeholders.

Documents, databases, & secondary data

A list of documents, databases, and secondary data reviewed during the Inception Phase are summarized at Annex A.

Additional documentary evidence required from UNICEF for the evaluation are:

- NGOs to update mWater endline against the baseline for schools & health care facilities in the 4 Districts
- UNICEF to provide standard designs for WinS & WinHCF. NGOs to provide basic data of infrastructure provided in all 200 schools and 36 Health Care Facilities (including contact names & mobile numbers)
- NGOs to provide spreadsheet with basic data of all 800 ODF communities (including contact names & mobile numbers).
- UNICEF to facilitate access to the raw data from the baseline survey by Sustineo
- If not, community baseline data in mWater to be updated with mobile phone numbers
- UNICEF/NGOs to advise on any longitudinal monitoring of stunting (i.e. child height-for-age) or wasting (i.e. child weight-for-height) in the project areas.

It would be helpful if the NGOs could organize the data within their districts according to the respective LLG & Wards (along with names & contact numbers of LLG Ward members).

Partner interviews

Interviews with key project partners engaged in the implementation of KKP will inform the evaluation. These meetings prioritize both the current and previous senior management within UNICEF, as well as the implementing partners within the 4 Districts. In particular, in trying to understand the availability of data to assess progress, meetings also prioritize the agencies within PNG responsible for the management of mWater (i.e. the WASH PMU and WaterAid), the agency responsible for the District baseline (i.e. Sustenio) and the agents responsible for baseline / endline assessments of the Districts (i.e. Even flow Consulting). Table below lists the present list of focal points for interviews. While the interviews are largely unstructured, open-ended questions are used to frame the discussion (Annex B. Data collection tools). Verbal informed consent will be sought at the start of all interviews.

Area	Agency	Focal Point
Project Management	UNICEF	Martin Worth
	UNICEF	Nirakar
	UNICEF	Carlos Vanquez
	UNICEF	Pravin More
WASH SDAs	UNICEF	Mark Wolfsbauer
Baseline	Sustenio	Penny Dutton
mWater	WaterAid	Tim Davis
CLTS	Feedback Foundation	Ajay Sinha
Mt. Hagen	Care International	Justine McMahan
Goroka	Oxfam	Philip Kupo
	AT Projects	Arthur Layton
Naweab	World Vision	Clement Chipokolo
Central Bouganville	Plan International	Cosmos Piri
	World Vision	Clement Chipokolo
Covid 19	ADRA	Darren Yorio
WASH BATs	Even flow consulting	Mark Wolfsbauer
WASH PMU	DNPM PMU	Takale Tuna
	DNPM MIS	Benzi Madt
	DNPM Planning	John Nokue
WinS	NDOE	Avea Avaroa
WASH in HCF	NDOH	Ray Kangu

Proposed Field Visit Process

The process proposed by the evaluation team for the field visits to each the districts to understand the achievements and the approach adopted for the delivery of WASH services in the 50 schools, 9 health care facilities and 200 communities comprises of the following steps.

1. KKP partners to present the district achievements

This offers an opportunity for the KKP partner to set-the-scene on the achievements, challenges and the lessons learnt from their perspective in the implementation of the project.

2. KKP evaluation team to present the evaluation framework and questions

This enables the evaluation team to posit the key questions arising from the assessment of documentation available in the inception phase.

3. Visits to at least 2 schools, 2 HCFs and 2 community sites proposed by KKP partners

The KKP partners are requested to identify at least 2 schools, 2 HCFs and 2 community sites to visit that were supported under the project. In these site visits, it is proposed to:

- commence with introductions,
- followed by a visit to the sanitation and hygiene facilities,
- followed by key informant interviews (KII) with site owners (and users where practical)

Site Visit Description

Following an introduction by the partner NGOs to the owners / managers of the sites;

- For schools, this will be a school committee, or head teacher, or teacher responsible for WASH,
- For HCFs, this will likely be the head health practitioner or the site caretaker,
- For communities, this will probably be a village chief, or a motivator,

the individual(s) responsible will be given the opportunity to set the scene for the sanitation and hygiene situation prior to (and post) the implementation of the project.

The site owner / manager will then be invited to lead a visit to observe the design and the quality of the sanitation and hygiene facilities, their functionality (O&M) and their usage. At each of the key observation points in the transect walk, the site / owner manager will be asked to elaborate on the pros and cons of different aspects of the sanitation and hygiene facilities. During the transect walk, the discussion will focus on the very practical aspects of the operation and maintenance of the sanitation and hygiene facilities.

Where practical, KIIs will be requested with the users of the sanitation and hygiene facilities. These will be gender segregated broad ranging discussions elaborating on the user experience and preferences. Verbal consent will be sought prior to commencing the discussion. These KIIs will seek to identify the key enabling and disabling factors for both males & females that critically affect the hygienic usage of these (and alternate) sanitation facilities.

A concluding KII with the site owner/manager will be sought, to seek to understand the means deployed to operate and maintain the sanitation and hygiene facilities. Verbal consent will be sought prior to initiating this discussion. This will cover the roles of the supervisory officials at the LLG & District level, the management committees, the staff and the users. This will seek to gain an insight into the potential sustainability (technical, financial, environmental) of the facilities and the preparedness (strategies) for the mitigation of potential risks.

4. Meeting with the District WASH Committee

The hosting of a District WASH committee meeting presents an opportunity to assess the inclusion and sustainability of the district strengthening process. This meeting will provide a forum to discuss the assignment of roles for the delivery of KKP outputs and maintenance of outcomes.

5. Feedback on the site observations presented to KKP partners

The observations from the field visits will be collated, presented, and discussed with the KKP partners to validate the findings.

6. Training conducted for KKP partner teams on the principles of 'on-site sanitation'

Learning sessions will be made available to increase the capacity of the KKP implementing partners to understand the principles underpinning sanitation technology choices.

On return to Port Moresby, key informant interviews (KII) will be scheduled with the project counterparts from the National Department of Education (NDoE), the National Department of Health (NDoH), the WASH PMU within the Department of National Planning and Monitoring (DNPM), the National Department of Provincial and Local Government Affairs (DPLGA). Key informant interviews (KII) will also be scheduled with UNICEF staff and the management of the KKP project partners responsible for the oversight of project implementation.

Key Informant Interview (KII) Description

Following the site visits and the meetings with District officials, the purpose of the key informant interviews at the national government level will be to clarify the observations from the site visits to the four project districts. Verbal permissions will be sought for the KII with the responsible line departmental officers prior to commencing (some will be virtual). The KII will commence with an introduction to the assessment of the project and its intended purpose. The responsible officer will be invited to provide an outline of the role of their national department in the implementation of the project. Based on some initial feedback from the relevant site visits (i.e. the strengths and weaknesses of what has been observed in the field), the responsible officer will be asked to elaborate further. This will enable the responsible officer to define how certain strengths were achieved and why certain weaknesses occurred. Depending on the role of the national departments, this interview may focus on the institutional, or technical, or financial aspects of the delivery of sanitation and hygiene facilities, as well as the necessity of support for their operation and maintenance. The interview will seek insights from the national officers as to the replicability and scalability of the various aspects of the KKP service delivery model deployed in the four Districts.

Having interacted with UNICEF & KKP partner staff within the districts, KIIs will be sought with the WASH managers within UNICEF and the partner NGOs to provide some initial feedback on the achievements of the project and to clarify outstanding questions. Verbal permission will be sought prior to commencing the KIIs (some will be virtual). The interview will primarily seek to understand the challenges in the implementation of the project from the perspective of the partner NGOs and UNICEF and the viability of the KKP model for expanding access to sanitation and hygiene services. In addition, the KIIs with partner NGOs and UNICEF will seek to clarify the division of roles between the different government and non-government partners responsible for the implementation of the project.

Evaluation Matrix

The proposed guiding questions and their sources that will frame this evaluation are proposed below.

Main evaluation questions	Sub-questions	Data source / means of data collection
Relevance		
Significant	Did the KKP target a priority sector within the PNG development context?	JMP Data
Needed	Was the KKP targeting within the target districts appropriate to the development challenge and the highest needs (most needy) in PNG?	KKP data
Effectiveness		
Outputs	Did the KKP meet the project targets (to provide sanitation & hygiene facilities in 200 schools & 36 HCFs, hygiene BCC in 800 communities, WASH Plans in 4 Districts & national WASH protocols)?	KKP data

Outcomes	Are the KKP provided services being used (i.e. school & HCF sanitation and hygiene facilities, community hygiene BCC, District WASH Plans and national protocols)?	Site observations & KII
Efficiency		
Modality	Was the KKP modality efficient in the delivery of appropriate sanitation and hygiene facilities and behaviour change?	KII
Management	Was the KKP management model efficient in deploying the respective capacities of UNICEF staff and NGO partners?	KII
Sustainability		
Technical / Environmental	Can the toilets provided in schools / HCFs be emptied when they fill-up? Are there provisions for the safe disposal of faecal sludge when this occurs?	Site observations
Behavioural / Social	Are the behaviours necessary to sustain sanitation & hygiene facilities (i.e. water-wise management & routine cleaning) being practiced?	Site observations & KII
Coherence		
Fit-for-purpose	To what extent was the KKP delivery model appropriate to the PNG context?	KII
Rational	To what extent did KKP outputs inform decision making by KKP and the government?	KII

Data analysis

Interviewing will be completed after “substantive saturation” is achieved. The evaluator will thematically review qualitative data from interviews, desk review, and transects, connecting the data to the KEQs. Qualitative data will be triangulated, such that multiple sources of data will be used to substantiate findings.

Quantitative data from secondary sources will be analysed using simple descriptive statistical methods in Microsoft Excel and corroborated with qualitative analysis.

Evaluation standards & ethical considerations

The evaluation will be consistent with the UNEG norms and standards, the [UNEG Ethical Guidelines](#), the [UNEG Code of Conduct](#), the [Global Evaluation Reports Oversight System \(GEROS\)](#), the [UNICEF UNEG Quality Checklist for ToR and inception reports](#), the [Integrating Human Rights and Gender Equality in Evaluations](#), the [UNICEF Report Standards Checklist for evaluation reports](#), the [UNICEF procedures for ethical research involving children](#), the [UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis](#), and will ensure:

- Respect for rights of individuals and institutions: The evaluator will accord informants the opportunity to participate voluntarily while maintaining their anonymity, and to make an independent decision to participate without pressure or fear of penalty (informed consent/assent). Also, interviewers will assure respondents that information would be confidential and that reports would be written such that responses/contributions would not be traced back to them. Interview notes and any recordings will be accessible to the team members only.
- Respect for cultural identities and sensitivities: Variances in ethnicities, culture, religious beliefs, gender, disability, and age will be respected.
- Professional responsibilities and obligations of evaluators: The evaluator will exercise independent judgement and operate in an impartial and unbiased manner. During data

collection, any sensitive issues and concerns will be addressed through the appropriate mechanisms and referral pathways.

Children, vulnerable groups, marginalized groups, or members of households will not be part of the data-gathering efforts.

The Evaluator will undertake the Evaluation according to the following values:

Independence: The evaluator is completely independent, and has had no prior engagement in the design, implementation or supervision of the Project, nor will any be accepted during the life of the current Project;

Impartiality: The evaluator is committed to providing a comprehensive and balanced assessment of the Project's strengths and weaknesses. The evaluation process will be unbiased at all stages, and take into account and fairly consider all views and opinions received from stakeholders – such stakeholder views are considered primary evidence in the process of forming the external assessment of the Project;

Transparency: The evaluator will communicate as openly as possible the purpose of the evaluation, the criteria that will be applied and the expected use of the results. This evaluation report will provide transparent information on its sources, methods and approaches;

Disclosure: The evaluation report will serve as a mechanism by which the findings and lessons identified will be disseminated to management and program staff in the regional and PNG UNICEF country office, as well as to external stakeholders such as the PNG Government, EU donor, etc.;

Credibility: The evaluation will be based on data and observations that will be demonstrably reliable and trustworthy with respect to the quality of the instruments, procedures and analyses used to collect and interpret the information gathered;

Usefulness: The evaluator will strive to be as well informed as possible, and ensure the evaluation report is as relevant, timely and as concise as possible. The evaluation will draw on the principles and values of Utilization Focused Evaluation (UFE) approaches that put client needs at the center of the evaluation and understands the evaluation process as a whole as a learning exercise for the client, where the utility of the final product determines all steps taken through the evaluation process;

Conflicts of interest: The evaluator has no conflict of interests, as reflected in comments with regards to Independence above with his role as evaluator of the EU-UNICEF Funded Klinpela Komuniti Project.

The evaluation will always maintain strict confidentiality among participants, all data will be anonymized, password-protected and encoded. The evaluation findings will be owned by UNICEF PNG CO and they will have authority over any public dissemination/publication following the conclusion of the evaluation.

Publication and Dissemination of Results

Data from the evaluation will be analyzed and compiled into a draft report. Validation will take place with the evaluation management group who will provide comments and feedback to the draft.

Following approval and clearance by the UNICEF PNG CO Representative, the report will be uploaded to the UNICEF EISI platform from where it will be mirrored and published on the external facing UNICEF

website. The link to the report will be circulated through relevant communication channels, including Evaluation Community of Practice.

Limitations and Constraints

1. An overarching results framework against which the outputs and outcomes of the project could be assessed is missing. To mitigate this, an initial series of discussions was conducted with the KKP partners during the inception phase to understand and document the framework. The inception discussions conducted in May 2022, sought to engage the KKP partners in framing the lessons to be learned and identifying the existing common data sets that could be utilized to evaluate the KKP. The KKP assessment framework and the potential data requirements were presented to UNICEF PNG WASH Section in June 2022. There has not been any feedback on those required M&E data. In lieu of the available data, a primary data collection utilizing mobile phone surveys of KKP beneficiaries was proposed to be undertaken to quantify specific gaps in understanding. With delays due to parliamentary elections in July-October 2022, the inception phase was postponed, while the end of project goalpost remained the same. At this time, it is not realistic to get clearance of the inception report, pilot and conduct a reliable mobile phone survey, analyze the data to inform the final report by the intended end date of the evaluation. Therefore, in view of the utility focus of the evaluation, a mobile phone survey is not going to be undertaken.
2. The inception phase investigation found very little evidence of the collation of data, the analysis of the reports, or the application of learning. The data and evidence collected seem to fulfill the reporting requirements but not the learning needs.

7. Results Framework

In the absence of a monitoring and evaluation framework for the KKP, the progress reports submitted by UNICEF to the EU did not have establish a clear link between the project inputs, outputs and outcomes. Drawing on the proposal submitted by UNICEF to the EU the following output indicators were proposed to establish the core results framework for the evaluation. The following is a proposed results and monitoring framework for the KPP, in view of the limitations indicated earlier.

Objective	Results	Beneficiaries	Output Indicators?	Outcome Indicators
Enable a healthier and safer environment, particularly for women and children, thereby	1. Improved sanitation and handwashing facilities in schools and health centres, with particular focus on the neediest districts.	1.1. ≈40,000 school children in up to 200 schools in 4 districts.	1.1.1. 'Basic' WASH Services in 200 schools vs baseline?	t.b.d.
		1.2. ≈36,000 patients and ≈3,600 pairs of mothers and new-borns (per year) in <36 health centres.	1.2.1. 'Basic' WASH Services in 36 HCFs vs baseline? 1.2.2. HCF service records vs baseline?	t.b.d.

reducing the impact of waterborne and hygiene-related illnesses.	2. Increased awareness among the population on the importance of hygiene and sanitation, and increased number of ODF (Open Defecation Free) Communities.	2.1. ≈96,000 people in 480 open defecation-free communities surrounding the 200 targeted schools.	2.1.1. # communities certified as ODF vs baseline? 2.1.2. # people no longer defecating in the open 2.1.3. # households with basic sanitation services	t.b.d.
Improve governance and the quality-of-service delivery in the WASH sector.	3. Strengthened institutional framework and enabling environment for WASH delivery service, leading to improved governance in the WASH sector.	3.1. General population will have increased knowledge on sanitation and hygiene. 3.2. Key decision makers are influenced to invest in sanitation.	3.1.1. % Population with increased KAP on sanitation	t.b.d.
			3.2.1 5-year WASH Plans prepared in 4 Districts with >\$ to sanitation	t.b.d.
			3.2.2 District SDAs in 4 Districts	t.b.d.

8. Evaluation Workplan

Timeline to Evaluate the EU-UNICEF funded Klinpela Komuniti Project						
Deliverables	Inputs	Month 1	Month 2	Month 3	Month 4	
Inception Report Approval	Prepare draft inception report & incorporate feedback from the RG	★				
Data and interview summaries. PowerPoint presentation, meeting minutes of data validation workshop;	Logistical arrangements for field work, with support of UNICEF PNG WASH		22 days			
	Pilot tools, conduct data collection, field work					
	Analyze preliminary results					
	Organize internal validation workshop to validate data collection results					
Draft evaluation report with key findings, conclusions, and recommendations	Collection of data gaps			22 days		
	Processing and analysis of the collected data, and drafting of the interim report					
	Organize external validation workshop to validate data collection results					
Final evaluation report with up to two revisions	Draft of the final evaluation report to be reviewed by the evaluation manager				22 days	
	Revise draft for review by the evaluation reference group					
	Prepare and submit final draft conforming to the UNICEF Evaluation Reports Standards and the GEROS Quality Assessment System					

Deliverables

1. Final inception report¹ (incl. desk review, refined ToC/RF, evaluation matrix, methodology, work-plan, data collection tools), in accordance with UNEG quality guidelines. Approval letter from ethics board to commence data collection. (25% of payment)
2. Data and interview summaries. PowerPoint presentation, meeting minutes of data validation workshop. (25% of payment)
3. Draft evaluation report with key findings, conclusions, and recommendations and comments matrix addressing comments from reference group. (25% of payment)
4. Final evaluation report² with up to two revisions; complete first draft to be reviewed by the evaluation manager; second draft to be reviewed by the evaluation reference group, and a final draft to be approved by UNICEF regional evaluation adviser and UNICEF PNG Rep; (25% of payment).

¹ Max 15-20 page/12,000 words, excluding annex

² max 45 page, 30,000 words, excl annexes; executive summary 5 pages max; prepared according to the UNICEF Style Guide and UNICEF Brand Toolkit, and UNICEF standards for evaluation reports as per Geros guidelines;

Annex A. List of documents referenced

- Annual KKP progress reports submitted by UNICEF to the EU (2017 – 2021)
- Mid-term evaluation report by KKP conducted by the EU (July 2020)
- Final Reports from the KKP partners responsible for the preparation District WASH Plans (but did not include the District WASH Plans)
- WASH Service Delivery Assessments (SDAs) by the WASH PMU for consultation by KKP (rural & urban)
- Baseline assessment of knowledge attitudes, practices in the four project Districts
- Monitoring formats for WASH in Schools and Health Care Facilities for the release of progress payments
- Protocols for the monitoring of the ODF status of communities

Annex B. Data collection tools

Discussion with KKP partners

Hello, my name is Mark Ellery, I've been contracted to conduct an evaluation of the UNICEF PNG EU-UNICEF funded WASH Project.

The evaluation will gather evidence on what works, what does not work, how and why. The information you share will be kept confidential, and no one else will know your responses to the questions. Our conversation should take about 45 minutes. Your participation is entirely voluntary. It is your choice whether to participate or not. You have the right to stop this interview and any time, and you should not feel obligated to answer any/all questions. Do you have any questions?

- Validating project progress
 - What data do you already collect?
- Access to WASH facility targets
 - How could we check on quality / satisfaction levels?
 - With travel & without travel?
- Measuring WASH quality of services
 - How could we measure the effectiveness of WASH facilities?
 - In ODF communities
 - In Schools
 - In Health Care Facilities
- Recommendations
 - What do you think are the most pertinent lessons?