Mid Term Evaluation Report

Early Recovery Programme on Rural Sanitation in Nineteen Flood Affected Districts of Pakistan (Phase II)

unicef

Plan

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Early Recovery Programme on Rural Sanitation in Nineteen Flood Affected Districts of Pakistan (Phase II)

Location:
Azad Jammu & Kashmir, Khyber Pukhtunakhwa, Gilgit Baltistan, Sindh, Balochastan

Project Implemented By:

Field Implementation By:
Islamic Relief Pakistan
Agha Khan Rural Support Programme
National Rural Support Programme
Integrated Regional Support Programme

Project Funded By:

Evaluation Conducted By

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I. ACKNOWLEDGEMENTS

This report is a result of a Mid-Term Evaluation survey of the Early Recovery Programme on Rural Sanitation in Flood Affected Districts of Pakistan (Phase II) being implemented in 19 districts in 5 regions of Pakistan. Many individuals and institutions contributed immensely for the success of the evaluation. Of particular importance are the households whose valuable responses form the core of the report. The village, ward, division, and district leadership support is highly appreciated. The support of the Plan Pakistan's and Water Aid Staff has been very valuable for initial meetings and finalization of the tools for evaluation. The project staff of the Implementation Partners (IPs) including Islamic Relief Pakistan, Agha Khan Rural Support Programme, National Rural Support Programme, and Integrated Regional Support Programme, deserve acknowledgement for their coordination at field level. Lastly, but not least of course is the intense commitment shown by the evaluation Team Coordinators and Members, who worked long hours for the interviews and data collection activities.

II. ABBREVIATIONS

AJK	Azad Jammu & Kashmir
AKRSP	Agha Khan Rural Support Programme
BCC	Behavior Change Communication
CCCD	Child-Centered Community Development
CLTS	Community Led Total Sanitation
CRP	Community Resource Person
DCO	District Coordinator Officer
DEVCON	DevCon Development Consultants (Pvt.) Ltd
DI Khan	Dera Ismail Khan
DO	District Officer
FGD	Focus Group Discussion
GB	Gilgit Baltistan
H&H	Health and Hygiene
HH	Household
IDI	In-Depth Interview
IEC	Information, Education & Communication
IP	Implementing Partner
IRP	Islamic Relief Pakistan
IRSP	Integrated Regional Support Programme
KAP	Knowledge Attitude and Practices
KP	Khyber Pukhtunakhwa
LG & RD	Local Government and Rural Development
LHW	Lady Health Worker
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoE	Ministry of Environment
MoH	Ministry of Health

MoU	Memorandum of Understanding
NOC	No Objection Certificate
NRSP	National Rural Support Programme
OD	Open Defecation
ODF	Open Defecation Free
PATS	Pakistan Approach to Total Sanitation
PCA	Programme Cooperation Agreement
PHED	Public Health Engineering Department
PRA	Participatory Reflection Action
SLTS	School Led Total Sanitation
TMA	Tehsil Municipal Administration
TOT	Training of Trainers
VSC	Village Sanitation Committee
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WHO	World Health Organization

III. EXECUTIVE SUMMARY

Early Recovery Program on Rural Sanitation in 19 Flood Affected Districts of Pakistan (RusFAD) Project is implemented by a consortium led by Plan International Pakistan and is supported by its implementing partners (IPs) in the provinces/regions including Khyber Pukhtunkhawa, Azad Jammu & Kashmir, Sindh, Baluchistan, and Gilgit & Baltistan to implement the programme. The Phase I included interventions to expedite total sanitation in the four selected districts of Khyber Pakhtunkhwa and Punjab. There are now other districts in KP and Sindh where people have returned and have started reconstruction efforts. The project has four major components i.e. a) institutional linkages & capacity building, b) campaigning for improved hygiene behaviors, c) attaining total sanitation, and d) monitoring, evaluation and learning.

The overall purpose of the mid-term evaluation was to assess the degree to which the program (Phase II) is achieving the objectives and results as outlined in the PCA. The evaluation will particular emphasize on evaluation criteria endorsed by UNICEF i.e. relevance, effectiveness, efficiency, impact, and sustainable of the interventions and extract the lessons/recommendations to enhance the quality of remaining part of the program.

The team consisted of one Team Leader assisted by one Deputy Team Leader, five Team Coordinators and team members. 10 districts from all five regions were selected for mid-term evaluation. Two villages from each district were selected. 5% of the HHs were selected on randomly basis for in-depth interviews with households and 5% children were selected for interviews in the schools located in the villages selected.

- Meeting with IPs
- 19 FGDs conducted (11 with men, 8 with women)
- 266 in-depth interviews with HHs
- 150 structured interviews with children
- 41 interviews conducted with IPs staff and government officials
- Field observations

The findings of the evaluation are assessed on relevance, effectiveness, efficiency, impact, sustainability, and recommendations to enhance the quality of remaining part of the program.

Relevance:

- The project is complimenting the Millennium Development Goals 6 and 7. The project is contributing to National Environment Policy 2005, National Sanitation Policy 2006 and Pakistan's Approach to Total Sanitation.

- The project approach is also flexible as the project is based on Pakistan Approach to Total Sanitation (PATS) using Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS)) as tools to achieve its objectives.
- The flood affected communities lost their sanitation infrastructure and the project is working on the graved need of the communities related to sanitation. The project objectives are relevant with the needs of health and environmental conditions in the target areas. Moreover, the project is also promoting self-help approach among its target beneficiaries through rigorous hygiene promotion and demand creation in the community needs.
- Identification of villages should have been carried out on the basis of open defecation practices or overall sanitation practices of the population. Almost 12 out of 22 villages already had latrines in 60-100% households.
- The project approach on total sanitation from the beginning of early recovery and reconstruction was a good strategy. The project is very effective at early recovery stage as it discourages the dependency syndrome soon after the disaster.
- The project proposal is well designed with good clarity of the project approach. The structured logical framework matrix has not been developed. However, the project's progress indicators have been developed which particularly deal with the output. The impact indicators, pre-conditions, and means of verification are not available in the PCA. The project plan lacked buffer time for the project.

Efficiency:

- All the IPs selected for the implementation of this project has vast experience and expertise in WASH and Social Mobilization. The project management system at Plan Pakistan and at IPs level is well organized with clear roles and responsibilities.
- The project staff interviewed was well aware of the project objectives, implementation approach, activities and target communities. Community Resource Persons (CRPs) are the important project link in the community and evaluation team observed that most of the CRPs in DI Khan and Gilgit did not have the required level of experience and expertise.
- There is good coordination among UNICEF, Plan Pakistan and IPs. The regular reporting and coordination exists for smooth implementation of the project.
- The project activities were generally found well communicated to government officials and line departments. However, in DI Khan (KP) and Thatta (Sindh) it was observed that the project coordination with the respective departments remained less effective. The project review

committees consisting of district administration and line departments were yet to be formed in some of the project districts.

- The evaluation team observed during the evaluation and discussion with the respective IPs staff that the project activities were not conducted as per the plan. The IPs shared that the delay in activities were mainly due to the late disbursement of the project funds.

Effectiveness:

- The project effectively achieved 87% of advocacy consultation/orientation targets in the respective districts. However, concrete support from the local administration yet to be ensured through a formal MOU that can provide a solid basis for stronger coordination with local administration.
- The data collected from the household interviews highlighted that most of the villages identified by the project already had latrines. 12 out of 22 villages already had latrines in 60-100% households.
- The project overall has achieved 118% targets for village and cluster mapping. Village wise triggering plans have been prepared for 2856 villages against target 2,244 villages.
- 92% respondents of in-depth interviews participated in health & hygiene awareness raising activities and were able to share one-three messages received on health & hygiene.
- IEC material developed was relevant and easy to understand. However, the IEC material was delayed and activities conducted without IEC material. Whereas conducting the awareness raising activities with IEC material might have resulted in better understanding of the illiterate people.
- The children are very active in sanitation and hygiene activities in their schools and WASH Clubs are formed and active in 19 visited schools during the evaluation. 79% of the children interviewed participated in health & hygiene awareness raising activities in their schools. 70% of the children are practicing hygiene and washing their hands after latrine use, and before eating.
- The idea of using street theatres for health and hygiene promotion was generally found effective and appreciated by the community.
- 89% of the HHs respondents had the latrines at the HH level. 86% of the HHs with latrines responded that they are using latrine and 3% said that they are not using the latrine
- 94% of the HHs responded that they wash their hands after latrine use, before & after eating.
- 98% people said that they use different methods to treat their drinking water (boiling, staining, chlorinating, sun method, fountain, covered).

- [1]The project has been successful in declaring 24% villages ODF by the IPs against the target and 2.16% of ODF villages have been verified as ODF. Moreover it was observed that a small number of people having latrines are still practicing OD in the visited villages.
- The village sanitation committees are active in all the villages visited during evaluation. The VSCs are clear on their role and have established close relationship with CRPs and Social Organizers.
- In all 22 villages visited by the evaluation team had functional village sanitation committees
- Beside strong awareness level of school children towards sanitation the team noted in some of the schools that they are compelled to practice open defecation, either due to lack or non functionality of latrine facility.
- [2]77 latrines constructed by the communities at HHs level after the triggering among the visited communities
- The sanitation marts have not been established yet. As per discussion with the project staff it is in process.
- The evaluation team observed that the laying of sewers and WW collection not initiated in any of the model villages yet. The outflow of the toilets at the moment, in all areas visited, is going into open drains in the streets. With the construction of new latrines, the number will increase tremendously thus increasing the waste. Currently the required attention has not given to the waste management aspect of sanitation interventions. Open drains may become a health hazard with the magnitude of the latrines constructed in any area.
- 7 out of 22 villages have the demo latrine constructed. This may have remained a limiting factor to effectively promote the idea of household level latrine to achieve ODF status.
- The demo latrines were located at common places and the priority was given to the places near the residence of the poor people. Most of the target population has limited financial resources and therefore require linkages with the resources available in the respective areas. The communities are following different latrines models not limited to the demo latrines. In some low lying areas the construction of demo latrines and latrines construed by the community after triggering are following pour flush latrine design that is not fully supported with the proper drainage and thus may become a health hazard for the communities.

[1] Source: Sit Reps of Progress Matrix of All 10 Districts
[2] Source: Sit Reps of Progress Matrix of All 10 Districts

- Project effectively gathered the best practices/case studies and human interest stories. However it appears that documenting key learning, wrong practices, and negative stories were not duly included in the monitoring systems.

Impact:

- In few areas like AJK and GB the Government institutions are mobilized on sanitation problems in their areas. They are cooperating with the project staff and are in regular contact with the project staff. There is no participation of the government in monitoring of the project activities.
- Awareness level of the people on health and hygiene has been enhanced. The communities were able to share the messages on health and hygiene and were practicing hygiene practices at household level. The communities are also applying different water purification methods to treat their drinking water.
- The children have formed WASH clubs and are regular participating in the activities of the WASH clubs. The health and hygiene practices of children are improved and they are taking care of their personal hygiene i.e. wearing clean clothes and are properly washing their hands after defecation.
- The communities are sensitized and mobilized on sanitation problems and now the people are constructing latrines at household level. The open defecation is reducing in the villages and communities are also identifying solutions to their sanitation problems on self-help basis. In some areas like Bagh and Neelum, the community is mobilized and is disposing garbage properly.

Sustainability:

- Awareness level of the people on health and hygiene has been enhanced to greater extent Since the project mainly focuses on awareness raising and capacity building shall be sustained and transferred to peers and future generations. The active participation of the students in SLTS will ensure sustainability at personal, school, household and community levels.
- In most of the areas the community is willing to continue the project interventions and to construct latrine with their own resources. The village sanitation committee (VSCs) are capacitated and mobilized to sustain the impact of activities beyond the project period.
- The project approach has been appreciated by different respondents since it discourages the dependency syndrome observed among the communities after disasters.
- The mandate of line departments including PHED, Health Department, Education Department, and Municipal Administration are complimented by the project, therefore, such linkages would ensure sustainability of the project.

The key recommendations based on the analysis of the findings are as following:

- Identification of villages should have been carried out on the basis of open defecation practices or overall sanitation practices of the population. Almost 12 out of 22 villages already had latrines in 60-100% households.
- The design of the latrine needs to be customized suitable for environmental conditions of the areas i.e. water table too high for dry pit latrine in Kohat. The issue of waste water of pour flush latrines needs to be addressed to support this with the appropriate drainage systems according to the area requirements.
- Children will prove to be the major force behind the project sustainability. Availability of latrines at school needs to be ensured to either build latrines or make the existing latrines functional.
- Community Resource Persons (CRPs) are the important project link in the community and evaluation team observed that most of the CRPs in the field did not have the required level of experience and expertise. The capacity of the CRPs needs to be enhanced to a better level.
- The project's activities started with some delay due to some strategic activities at Plan Pakistan and now the project still has to complete its targets. The evaluation team is of the view that keeping in view the current progress of the project, the project needs at least 3-4 months to complete its all activities successfully.
- Project monitoring systems needs to be strengthened to ensure that field issues and area of improvements are reported, documented along with the project outcome/impact on regular intervals.
- Media needs to be mobilized and motivated to play their social responsibility towards the issues of national and human interest.
- Further follow up with the government is required at district and provincial level to strengthen the relationship to ensure their active participation as envisaged in the project proposal. Proper MOUs need to be signed with the respective government to ensure clarity of roles and responsibilities of the stakeholders at all level.
- A clear project exit strategy needs to be developed. The community should also be informed about the project exit strategy.

SECTION I: INTRODUCTION

1. Project Introduction

Early Recovery Program on Rural Sanitation in 19 Flood Affected Districts of Pakistan (RusFAD) Project is implemented by a consortium led by Plan International Pakistan and is supported by its implementing partners (IPs) in the provinces/regions including Khyber Pukhtunkhawa, Azad Jammu & Kashmir, Sindh, Blochastan, and Gilgit & Baltistan to implement the programme. The Phase I included interventions to expedite total sanitation in the four selected districts of Khyber Pakhtunkhwa and Punjab.

Plan is an international, humanitarian, child centered, development organization devoted to improving the lives of children. Plan International is committed to achieving a world in which all children realize their full potential in societies that respect people's rights and dignity. In line with reaching the Millennium Development Goals (MDGs) to halve the proportion of people without access to safe drinking water and basic sanitation by 2015, each of Plan's country programs prioritizes water and sanitation programs in both urban and rural settings. Plan Pakistan's program methodology centers on a Child-Centered Community Development (CCCD) approach to guarantee that children, families and communities are active and leading participants in their own development. A core intervention under "right to health and health services" is our water and sanitation program which focuses on ensuring that children live in secure, safe and healthy habitats.

1.1. Problem Statement and Justification

The July-August monsoon rains caused devastating floods in Pakistan affecting all the four provinces of the country - 82 districts and over 20.25 million people were affected and 10.4 million people were severely affected in 24 districts of KPK, 12 of Punjab, 19 of Sindh, 13 of Balochistan, seven of Gilgit Baltistan and seven of AJK. The huge numbers of displaced families had little, if any, sources of food. Loss of household properties, food stock and the damage to standing crops had further increased food insecurity at household level. Keeping in view the hygiene and sanitation situation, there was a high risk of waterborne diseases that further aggravated the already compromised nutritional status of children, and pregnant and lactating women, resulting in increased morbidity and mortality.

The daily epidemiological updates of the Ministry of Health (MoH) and World Health Organization (WHO) showed that acute diarrhoea, acute respiratory infections, skin diseases and suspected malaria remained the leading causes of seeking health care in the flood affected districts. Since

the onset of emergency, over 5.4 million of the affected population had sought medical services, of which 18% were suffering from skin diseases, 15% from acute respiratory infections, 13% from acute diarrhoea and 3% from suspected malaria. The total cases reported of acute diarrhoeal cases hence stood at more than 700,000.

Flood waters are often contaminated with sewage and other organic material such as animal faeces, rotting vegetation and so on. In our rural areas, the practice of open defecation was common. It was in fact the only option for many persons during the flood emergency phase. Therefore, it was assumed that in the flooded districts, the water supply systems and houses were contaminated with human or animal pathogens (either bacteria or viruses).

As the floods subside, a muddy deposit is left behind on floors, walls and furnishing, and other surfaces on which moulds can grow, especially in damp places inside dwellings. Germs deposited on these surfaces will gradually die out, but whereas some pathogens e.g. Campylobacter die rapidly, others such as norovirus and germs which cause cholera and typhoid can persist and remain infectious for days, weeks or even months. These organisms can be transferred from contaminated surfaces via hands directly into the mouth or onto food, or indirectly via hands into mouth.

In August 2010, UNICEF and MOE arranged a meeting of all stakeholders to discuss the post floods situation and the need to reach out to people in the flood affected areas to safeguard and protect their health from water borne diseases. There was also an agreement that efforts for total sanitation need to be incorporated right from the beginning of early recovery and reconstruction.

1.2. Background of Phase I

In order to approach this deliberately, UNICEF conceptualized an Early Recovery Program on Rural Sanitation (Phase I) for four flood affected districts of Pakistan targeting a population of 0.7 million people in the first phase. The Program took into account the integrated total sanitation model, which was part of the Pakistan Approach to Total Sanitation (PATS), seeking to undertake a series of measures aiming at ensuring 100% safe management of excreta and attaining open defecation free (ODF) status, and the use of secondary barriers. The program also promoted the use of safe, hygiene latrines and other sanitation facilities and persuaded improved hygiene behaviors through launching an IEC and the mass awareness campaign.

It was envisaged that participatory action plans would be developed with maximum involvement of district line departments as a first step to start the programme in a particular district. After the action plans are agreed by the relevant stake holders in a district, with their support campaigning for creating demand for sanitation, through active health and hygiene key massages will be triggered along with similar mass communication campaign for overall population of the district.

Customized PRA tool will be used for collecting baseline information regarding Knowledge Attitude and Practices (KAP) of community and sanitation coverage/open defecation status of the targeted district. Special PRA tools would be used for mobilizing communities with respect, dignity and pride for triggering the CLTS process.

To meet the supply side of this created demand special initiatives such as technical training of masons, construction of a limited number of latrines (5% coverage) for demonstration of technical solutions, piloting concept of sanitation mart, sanitation entrepreneur and sanitation enterprise in each tehsil of the targeted districts, as well as facilitation to developed linkages among communities willing to construct their latrines with the microfinance institutions would be undertaken. Supply side of sanitation would also be strengthened through mass media and IEC campaigns promoting low-cost appropriate sanitation solutions in the targeted districts. The programme would also be supported with elaborated monitoring and evaluation mechanism designed with a purpose of learning from the proposed intervention for improving design of programme during its implementation as well as at scaling up stage. The programme will evaluate its outcomes of improved hygiene behaviors in the targeted communities as well as achievement of sanitation coverage through PRA exercises as part of the end of the project evaluation. Best practices and learning's will be disseminated among programme participants and wider stakeholders. The Phase I has completed successfully.

1.3. Proposal for Phase II

The Phase I included interventions to expedite total sanitation in the four selected districts of Khyber Pakhtunkhwa and Punjab. There are now other districts in KP and Sindh where people have returned and have started reconstruction efforts.

The National Sanitation Policy 2006 highlights social mobilization as a key component in addressing sanitation issues at the household level especially in the rural areas. The National Sanitation Policy envisions creation of an open defecation free environment with safe disposal of liquid and solid waste and the promotion of health and hygiene practices in the country. The National Sanitation Policy of Pakistan also provides broad guidelines and support to Federal Government, Provincial Governments, Federally Administrated Territories, the Local Governments and development authorities, to enhance the sanitation coverage in the country through formulation of their sanitation strategies, plans, programmes and projects. The National Sanitation Policy aims to promote the Community Led Total Sanitation approach and talks about formalizing a "Total Sanitation Model".

Efforts for total sanitation need to be incorporated right from the beginning of reconstruction to harness the spirit of build back better. In order to approach this deliberately, joint planning will be

done at district level with the Governmental actors and partners on the ground, so that it is detailed enough for planning and implementing the Project activities. Essentially, each targeted District will be responsible for establishing an implementation timetable for the introduction and expansion of key activities to cover identified gaps, and for determining the end point, at which full sanitation coverage will have been achieved. Responsible clusters and specific agencies/organizations will be identified for each activity, and will be held accountable for their implementation.

It is envisaged that participatory action plans would be developed with maximum involvement of district line departments who would be taken on board and involved in the whole project with trainings of departments staff (Local Govt., DO Planning, TMA, PHED Staff, Community Development Officers, community based motivators, department of education, department of health, lady health workers etc) in CLTS and SLTS. They would be engaged to in turn train their peers. Similarly the provincial Government through PHED Department would be involved in the whole project from its inception by sharing the model at the relevant level and having their buy in to the same.

After the action plans are agreed by the relevant stake holders in a district, with their support campaigning for creating demand for sanitation, through active health and hygiene key massages will be triggered along with similar mass communication campaign for overall population of the district. PRA tool will be used for collecting baseline information regarding Knowledge Attitude and Practices (KAP) of community and sanitation coverage/open defecation status of the targeted district, with a sample size of 10% households of 10% of selected Communities.

PRA tools would be used for mobilizing communities with respect, dignity and pride for triggering the CLTS process, instead/ in addition of the traditional shock, shame and disgust methodology. To meet the supply side of this created demand special initiatives such as technical training of masons, construction of environment friendly low cost latrines (with few options) in all the target Districts for demonstration of technical solutions, piloting concept of sanitation mart, sanitation entrepreneur and sanitation enterprise in each tehsil of the targeted districts, as well as facilitation to develop linkages among communities willing to construct/ upgrade their latrines with the microfinance institutions would be undertaken. Supply side of sanitation would also be strengthened through mass media and IEC campaigns promoting low-cost appropriate sanitation solutions in the targeted districts.

Efforts for achieving total sanitation will be incorporated right from the beginning of reconstruction efforts to harness the spirit of building back better and will not be confined only to achieving open defecation status by the communities. A holistic vision of sanitation will be pursued and the

Approach will take into consideration an "Integrated Total Sanitation" model which by, in addition to focusing on attaining open defecation status, a participatory and inclusive rural drainage system design will be pursued for all households to ensure excreta free drains. Additionally wastewater treatment through oxidation ponds in selected villages will be pursued to ensure foul water free villages. This will also ensure building back better at the community level and would maximize the health and hygiene related impacts.

The project would also be supported with elaborated monitoring and evaluation mechanism designed with a purpose of learning from the proposed interventions for improving design of project during its implementation as well as at scaling up stage. The project will evaluate its outcomes of improved hygiene behaviors in the targeted communities as well as achievement of sanitation coverage through PRA exercises as part of end of the project evaluation. Best practices and learning will be disseminated among project participants and wider stakeholders in a lessons sharing workshop after completion of the project.

The project will be led by Plan Pakistan while working with its consortium partner organizations that have been working in the project districts and have good working relationship with district and provincial government line departments as well as with local communities. The partners would bring a diverse expertise in the field of water, sanitation and hygiene. The following implementation strategy will be followed for conducting the proposed activities. The project will be managed and monitored directly by Plan International with the support of the project partners and with the full involvement of Provincial PHED, District Officers (Planning) and the LG&CDD/ LG&RD at the district and tehsil level.

Following are the districts selected included in Phase II.

Province	Districts
KP	Charsadda, DI Khan, Kohat, Mardan, Swabi
AJK	Neelum, Kahuta, Bagh
Sindh	Jacobabad, Ghotki, Thatta
GB	Ghizer, Gilgit, Hunza Nagar, Astore, Skardu, Gnache
Balochastan	Jaffarabad, Naseerabad

1.4. Sanitation Coverage

The following table shows the % sanitation coverage to improved facilities in target districts before the occurrence of floods

Name of Districts	Total population	% sanitation coverage to flush toilets	% sanitation coverage to non-flush toilets	% people defecating in open/ numbers	Number of people defecating in open
Charsadda	1,492,939	59	31	11	164,233
DI Khan	1,234,706	36	48	17	209,900
Mardan	459,275	69	19	13	59,706
Swabi	349,373	28	56	16	55,900
Kohat	774,318	61	21	19	147,120
Jacobabad	1,816,496	36	55	9	163,484
Ghotki	1,426,274	45	47	8	114,102
Thatta	1,455,594	17	27	56	815,132
Jaffarabad	612,849	16	75	10	612845
Naseerabad	388,096	13	71	16	62095
Neelum	158,031	55.1	9	35.9	56733
Bagh	360,254	52.7	7.2	39.3	141579
Kahuta	This is a new district which was part of Bagh district earlier.				
Ghizer	163,496	48	13	39	63,763
Hunza Nagar	97,465	48	13	39	38,011
Gilgit	521,320	48	13	39	203,314

1.5. Project Design

Project Goal
The primary objective of the proposed program is to reach out 2.1 million people (1,050,000 children, 462,000 women and 588,000 men) in sixteen flood affected districts of Pakistan to safeguard and protect their health from water, sanitation and hygiene related diseases by means of undertaking a series of measures aiming at: • Ensuring 100 % safe management of excreta, attaining and sustaining the open defecation free status, and the use of secondary barriers • Promoting the use of safe, hygiene latrines and other sanitation facilities for men, women and children living in flood-affected areas • Persuading improved hygiene behaviors (The mass awareness campaigns will benefit the whole population of the Districts in general)

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Operations Result A
Provincial, district government departments participating in the project to ensure the quality and access to basic sanitation facilities
Output 1
Improved Institutional linkages and capacity of provincial, district as well as *Tehsil* local government/ line departments in ensuring sanitation coverage.
Activities
a. Advocacy with the provincial government /district government (District Coordination Officer /PHED) and TMA officials for involving them in the project activities. b. Signing of MOU and Preparation of district action plan with district government c. ToTs organized for government staff (TMA, PHED, teachers, LHWs)

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Operations Result B & C

Target population of the flood affected selected districts of KP and Punjab provinces utilizing sanitation facilities with improved access resulting in reduced morbidity particularly amongst children Target population of the flood affected districts of KP and Punjab provinces show a 20%-30% reduction in open defecation with respects to the base line figures
Output 2
Attained Total Sanitation in the targeted flood affected districts KP and Punjab
Activities
a. Designing of special PRA tools for customized CLTS and SLTS, with Positive motives of pride, dignity and respects and pre-testing of these tools for flood affected communities. b. TOT of Master Trainers on PRA tools c. Baseline data collection on existing KAP of the targeted communities as well as the existing sanitation coverage. d. Mobilization of targeted communities through triggering CLTS and SLTS along with follow-up refresher training for community

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Operations Result D
Targeted communities consistently using safe sanitation facilities at the household level through strengthened markets (informed demand and responsive supply) for the delivery of an improved quality of hygienic sanitation services.
Output 3
Created demand for sanitation among targeted population responded with equivalently strengthened supply mechanisms
Activities
a. Participatory latrine design development with community for demonstration of appropriate sanitation solutions

b. Review and development of technical guidelines for latrine construction
c. Support to extreme poor in construction of demonstration latrines of selected appropriate design models
d. Development of ToT manual for conducting the training of masons
e. Conducting ToTs for master trainers of IPs staff.
f. Conducting trainings of community masons in construction of appropriate sanitation solutions.
g. Mapping of financial institutions interested in providing sanitation loans and linkage development with such micro financing institutions (pilot at one place) for financing the sanitation demand
h. Identification and mobilization of potential entrepreneurs through training in sanitation related business skills
i. Providing support in establishment of sanitation marts at tehsil level through provision of grants to the trained entrepreneurs (after they establish the sanitation mart)
j. Follow up support to entrepreneurs and linkage development to manufacturer /customers.
k. Linkages development of manufacturer of sanitation products with local market (pilot at one place).
l. Capacity building of interested sanitation entrepreneur through i) orientation on assigned role & responsibilities; ii) project activities and to low cost sanitation models; iii)group management & enterprise management; and iv) technical sanitation options and design

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Operations Result E
Targeted population experiencing less diarrheal and other water borne diseases due to practice of improved hygiene behaviors (especially using, maintaining, and cleaning sanitation facilities properly), managing children's excreta, and hand washing with soap at critical times.
Output 4
Reduced morbidity and mortality due to water borne diseases as a result of Campaigns launched for Improved Health Hygiene related Behaviors.

Activities
a. Formative research conducted in the targeted areas to develop IEC material on few key messages for use in Health, hygiene and nutrition promotion campaign, including review of existing IEC tools /materials b. Designing and production of IEC material, with clear communication strategy. c. ToT of the IPs staff with supply of the developed IEC materials d. Mass media hygiene campaign in rest of the districts (through different channels) involving street theaters, TV promos, cable TV networks, radio jingles, radio talk shows and messages through local popular print media

1.6. Project Components

To achieve the above mentioned objectives the project has following four components:

A. Institutional linkages & Capacity Building

B. Campaigning for Improved Hygiene Behaviors

C. Attaining Total Sanitation

D. Monitoring, Evaluation and Learning

2. Purpose of the Evaluation

The overall purpose of the mid-term evaluation was to assess the degree to which the program (Phase II) is achieving the objectives and results as outlined in the PCA. The evaluation will particular emphasize on evaluation criteria endorsed by UNICEF i.e. relevance, effectiveness, efficiency, impact, and sustainable of the interventions and extract the lessons/recommendations to enhance the quality of remaining part of the program.

In order to assess the evaluation questions below, the evaluator emphasized on the objectives/indicators from the evaluation matrix:

2.1. Problems and needs (Relevance)

- Are the objectives/results of the programme still valid? – Are we doing right things?
- How effective and appropriate is the project approach? (Social mobilization, Trainings, IEC material, role of CRPs, VSCs, Health and hygiene sessions, CLTS,SLTS and PATS, Facilitation/cooperation by relevant Govt line Departments)

- Is there any change needed in the programme design or implementation strategy so that the objectives/results of the programme can be achieved?

2.2. Achievement of purpose (Effectiveness)

- Are we doing things right? (with respect to all four components of the programme and the approaches we adopted)
- Are we 'on the track' in term of achieving outputs with respect to the agreed timeline?
- Are we heading towards achieving the outcome indicators – results?
- Is the project progress s according to envisaged targets/objectives? How can it be improved?

2.3. Sound management and value for money (Efficiency)

- How far funding, staff, time and other resources contributing to or hindering the achievement of the results. Is 'Value for money' achieving?
- How well does the project management arrangements work? Has this project enhancing the capacity of the government line departments?
- How well does the financial and procurement systems work?

2.4. Achievement of wider effects (Impact)

- What difference is expected in the lives of those targeted as compare to the baseline?
- Does the project address the intended target group and what is the actual coverage?
- How does the project engage with poorest of the poor and vulnerable communities?

2.5. Likely continuation of achieved results (Sustainability)

- What are the prospects for the benefits of the project being sustained after the interventions are over?
- How is the exit strategy defined, and how this will be managed at the end of Phase II?
- What aspects of the programme can be replicated in Phase III?

2.6. Lessons learned

- Are there any significant changes required in the implementation strategies? What are the major reasons for these?
- How has the design of the project been amended as a result of lessons learned during implementation?

- How these lessons can be used in Phase II and III?

2.7. Recommendations

Recommendations for improvements based on observations during the evaluation process will be extended. Those recommendations will be used by the stakeholders (UNICEF, Plan, Water Aid, Government line departments and IPs) to enhance the effectiveness of the programme and brining lasting changes related to total sanitation in the target communities.

3. Evaluation Methodology

The overall evaluation process was based on participatory research techniques involving meetings and interviews with beneficiaries, relevant stakeholders including Plan, Water Aid, Implementing Partners' staff, line departments, and children. Both qualitative and quantitative aspects of the Program were brought under consideration.

As a whole, the important factor in the evaluation was the consultation and interactions with Partner program team, beneficiaries and other related stakeholders following the participatory approach to ensure their ownership of the evaluation and the usefulness of it for future interventions in the focus areas. The methodology included the following stages:

3.1. Composition of Evaluation Teams

The team consisted of one Team Leader assisted by one Deputy Team Leader having vast experience in civil society organization and extensive experience of conducting project evaluations of emergency project with strong analytical skills and background in evaluating WASH projects. Considering the duration of the evaluation five teams were organized having Team Coordinators and male and female team members to properly cover the gender component of activities with male & female community members to ensure proper coverage of the field activities undertaken by Implementing Partners (IPs) as planned in the project. The team members were equally equipped with all available information about the project interventions and were oriented to conduct field assessment in the respective communities.

3.2. Desk Review/ Secondary Data Analysis

The evaluation team spent ample time reviewing proposed program approach and suggested method of evaluation and other related project documentation including PCA, PATS, and IPs progress reports relevant material before going into the field. This first period also included two preliminary meetings with M&E Staff of Plan and Water Aid to identify the areas and evaluation methodology.

3.3. Designing/Development of Evaluation Questionnaires

After the desk review and secondary data analysis, specific questionnaires were developed to be used for primary data collection in the field. The questions were both probing and open-ended to form basis for the free and open information gathering. The following questionnaires were developed in consultation with Plan Pakistan and Water Aid.

- Questionnaire 1: FGD with Men
- Questionnaire 2: FGD with Women
- Questionnaire 3: Interviews with Children
- Questionnaire 4: In-Depth Interviews with Households
- Questionnaire 5: Interview with Key Stakeholders
- Questionnaire 6: Interview with IPs Staff

3.4. Sample Size

10 districts from all five regions were selected for mid term evaluation. 2 villages from each district were selected. Two focus group discussions (FGDs) were conducted in each district. 5% of the HHs were selected on randomly basis for in-depth interviews with households. If the number of the HHs in specific village was less than 150 then 10% households were selected for interviews. 5% children were selected for interviews in the schools located in the villages selected. 2 staff members of IPs including CRPs and 2 officials of line departments were selected to be interviewed.

4. Primary Data Collection

4.1. Focus Group Discussions (FGDs) – 19 were conducted in all ten districts with men and women. 11 FGDs were organized with men and 8 FGDs with women. The FGD with women in the areas of DI Khan, Kohat and Jaffararbad could not be organized due to cultural limitations.

4.2. In-Depth Interviews with Households - 266 in-depth interviews were conducted with individual households. The HHs were selected on randomly basis by the evaluation teams.

4.3. Interviews with Children - 150 children were interviewed on structured questionnaire in the schools located in the villages visited during evaluation.

4.4. Interviews/Meetings with IPs Staff and Government Line Departments – 41 interviews were conducted with IPs staff and representatives of line departments' officials.

4.5. Field Observations - Field observations were carried out by the teams during the execution of the evaluation and recorded. This information was used in triangulation of data sourced from the literature review, FGDs and in-depth interviews.

4.6. Documentation of Case Studies and Best Practices - The evaluation team also documented two case studies focused on best practices during the evaluation.

4.7. Gender Analysis - The gender aspect of the project was considered and women and men were equally selected as respondents during the evaluation to present gender analysis.

5. Data Computation, Review and Analysis

The data collected in the field was computed for analysis and interpretation as evaluation findings. The analysis aimed to synthesize and structure all the information generated into a form that indicates the overall direction (positive or negative) and significance of changes brought in the life of the communities, and the key explanatory factors.

6. Report

Once data was reviewed, analyzed and the results have been computed and compiled against the required outputs of the evaluation a presentation of the key evaluation findings were conducted with evaluation review committee. Based on the feedback from the review committee a draft report was prepared and submitted to the review committee for their feedback. The report reflected the key impacts against the set objectives/activities/indicators, lessons learned, difficulties encountered and future opportunities available for proper and successful implementation of the current or new interventions. Once the draft report is finally reviewed by review committee and their feedback is incorporated, the final report is issued.

SECTION II: EVALUATION FINDINGS

2.1 PROJECT RELEVANCE

Relevance with MDGs, National Policies and Frameworks

The project is complimenting the Millennium Development Goals 6 and 7 to combat diseases and ensure environmental sustainability respectively. The project is contributing to National Environment Policy 2005, National Sanitation Policy 2006 and Pakistan's Approach to Total Sanitation. The project is complimenting the article 24 of the Convention on the Rights of the Children through involvement and participation of the children as beneficiaries and active participants in the project.

Complimenting the Mandate of UNICEF and Plan International

The project is complimenting the mandate of UNICEF and Plan International through integrated approach with participation of community members to ensure the human rights of children. Moreover the implementing partners have WASH as their major focus of the development work and have relevant expertise to carry out WASH projects.

Project Approach

The project beneficiaries have been identified irrespective of their religion, sect and tribal affiliation. The project approach is also flexible as the project is based on Pakistan Approach to Total Sanitation (PATS) and is also applying Community Led Total Sanitation Approach (CLTS) and School Led Total Sanitation (SLTS) also to achieve its results.

The flood affected communities lost their sanitation infrastructure and the project is working on the graved need of the communities related to sanitation. The project objectives are relevant with the needs of health and environmental conditions in the five target areas of Gilgilt Baltistan, Khyber Pukhtunkhwa, Sindh, Balochastan and Azad Jammu & Kashmir. Moreover, the project is also promoting self-help approach among its target beneficiaries through rigorous hygiene promotion and demand creation in the community needs. Due to low level of education, the people especially in rural areas are unaware of the role health and hygiene. The project is very much directed to enhance the level community understanding of their hygiene problems and address them accordingly.

The role of community and government line departments has been envisaged and incorporated in the project design to ensure the active and meaningful participation. However this role needs further strengthening and broader understanding at all levels.

The project approach on total sanitation right from the beginning of early recovery and reconstruction was a good strategy. In order to achieve this objective, UNICEF conceptualized an Early Recovery Program on Rural Sanitation. The project is very effective at early recovery stage as it discourages the dependency syndrome soon after the disaster.

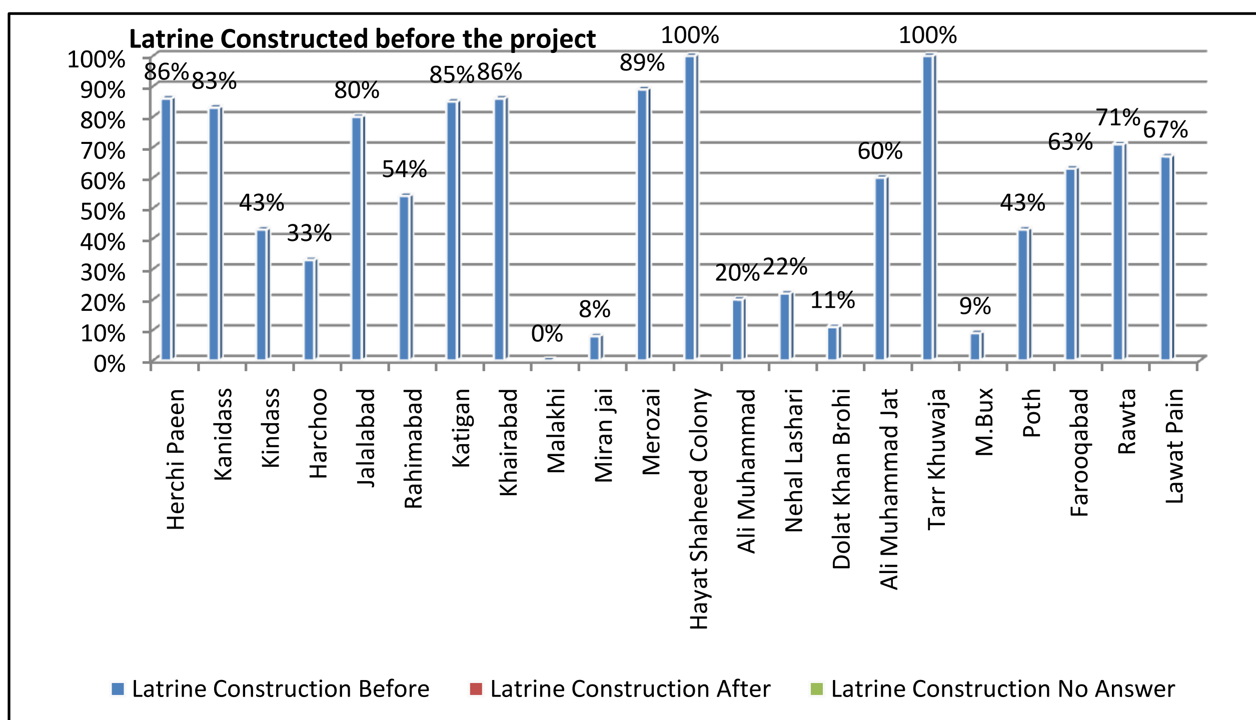
Area Selection

The areas have been selected in consultation with relevant Governmental departments and the flood affected areas selected for this project. The implementing partner organizations having present in respective districts also played an important role in the area selection process. The area selection was generally found well targeted and meets the pre requisites for the project implementation strategy and concept.

Whereas, the data collected from the household interviews highlighted that most of the villages identified by the project already had latrines. The details are as below:

Table 1: Villages already had Latrines before the Project

Description	Range	No. of Villages
Villages already had latrines	0-30%	6
Villages already had latrines	30-60%	5
Villages already had latrines	61-100%	12



Pre KAP Baseline

A pre KAP baseline survey was conducted before the initiation of the Phase II to assess and document the current level of understanding of the key health, hygiene and sanitation practices in the selected households/individuals of the community. This data will provide a base for the project to assess the change in the community behavior from the baseline which will be assessed in the post KAP baseline. This will highlight the impact of the project interventions in the lives of the beneficiaries.

Project Design

The project proposal is well designed with good clarity of the project approach. The structured logical framework matrix has not been developed. However, the project’s progress indicators have been developed which particularly deal with the output. The impact indicators, pre-conditions, and means of verification are not available in the PCA. The project plan lacked the provision of buffer time for the project. This resulted in delay in the project activities and the timeline. Moreover ample time was not made available for the proper project set up.

Gender Consideration

The project has been based on inclusive approach. The focus group discussions and individual interviews held with the selected community members by the evaluation team sufficiently confirmed that the women were given good participation in the project. The results of the FGDs with women confirmed that now majority of the women are no more practicing open defecation. The women sensitized their male family members to construct latrine at household level. The women also shared that their male family members consulted them for construction of latrine at household level and now the health of women and children is improved. Their houses are cleaner than before and they are now less exposed to waterborne and sanitation related diseases. The women also feel protected at household for defecation as they were initially exposed to different threats before the latrine construction in their houses.

2.2 EFFICIENCY

Project Management

Plan Pakistan is the lead agency to implement this project with its implementation partners in the field. All the IPs selected for the implementation of this project are have vast experience and expertise in WASH and Social Mobilization. The project management system at Plan Pakistan and at IPs level is well organized with clear roles and responsibilities. The staff of the project consists of the male and female members to have gender equity. The field teams were provided regular technical backstopping by their respective offices. The staff prepares field visit plans indicating the activities to be performed at the village level. The required periodic reports are prepared.

Staff Capacity at IPs Level

The project staff interviewed was well aware of the project objectives, implementation approach, activities and target communities. Community Resource Persons (CRPs) are the important project link in the community and evaluation team observed that most of the CRPs in the field did not have the required level of experience an expertise.

Coordination

There is good coordination among UNICEF, Plan Pakistan and IPs. The regular reporting and coordination exists for smooth implementation of the project. The project staff conducted regular meetings to review project progress and plan for the future activities. The activity plans were available and followed by all the IPs.

The project activities were generally found well communicated to government officials and line departments. However, in DI Khan (KP) and Thatta (Sindh) it was observed that the project coordination with the respective departments remained less effective. The project review committees consisting of district administration and line departments were yet to be formed in some of the project districts.

Funds Disbursement

The evaluation team observed during the evaluation and discussion with the respective IPs staff that the project activities were not conducted as per the plan. The IPs shared that the delay in activities were mainly due to the late disbursement of the project funds.

2.3 EFFECTIVENESS

Overall the project has made good progress towards its four major components. The findings of the evaluation teams and the data collected from the 10 evaluated districts sufficiently confirmed a good progress made by the project against the set project targets. The revaluation team's findings against each component are as follows:

Component I: Institutional Linkages & Capacity Building

Advocacy with Government

The project effectively achieved 87.50% of advocacy consultation/orientation targets in the respective districts. However, concrete support from the local administration yet to be ensured through a formal MOU that can provide a solid basis for stronger coordination with local administration.

Table 2: Achievement of Advocacy Targets

Province	District	Level of Achievement (%)
KP	Charsadda	62.50%
	Kohat	75%
	DI Khan	62.50%
AJK	Neelum	Not available
	Bagh	Not available
GB	Gilgit	100%
	Astore	100%
Sindh	Thatta	50%
	Jacobabad	66.67%
Balochastan	Jaffarabad	Not available
		87.50%

In 9 districts TOTs for government officials have been conducted. In Kohat the TOT has not been organized yet due to the delay of NOC issue by the District Government.

District and Tehsil level plans have not been developed yet. The project updates were not shared with them on regular basis but they had information of the project. The departments also shared that the project is complimenting their activities. The role of PPHI in GB and Education Department in KP was observed to be very effective and had good level of understanding of the project and had close coordination with the project staff at field level.

The detailed strategy for having a greater role of the government institutions has been developed and is in place only in five districts visited. The evaluation team is of the view that solid support from the government at provincial and district level has not developed.

Community Mapping

The community mapping exercises have been conducted in 1,245 villages in the visited districts and the achievement is 100.16%. 2,856 clusters have been mapped in the visited districts also. The target achieved for cluster mapping is 127.27%.

The PRA tools have been effectively used for mobilization of the community towards sanitation and health hygiene. The main tools applied are community mapping, transect walk, shit calculation/reflect action etc. The village profile and data of the households were available with the IPs.

Table 3: Community Mapping Achievement

Province	District	Target	Achievement
KP	Charsadda	66	66
	Kohat	65	65
	DI Khan	81	81
AJK	Neelum	36	36

	Bagh	71	71
GB	Gilgit	24	24
	Astore	48	48
Sindh	Thatta	428	428
	Jacobabad	210	204
Balochastan	Jaffarabad	214	222
		1243	**1245**

Triggering Activities

The Implementing Partners have developed triggering plans for 1100 villages against the set target 1243. The project overall has achieved 118% targets for village and cluster mapping in the visited districts. 653 schools have been triggered in 10 surveyed districts

Component II: Campaigning for Improved Hygiene Behaviors

Capacity Building

The capacity building activities were conducted on time and the project has trained its staff including Social Organizers and Community Resource Persons (CRPs) on the project approach and effective usage of IEC material. The progress achievement is as following:

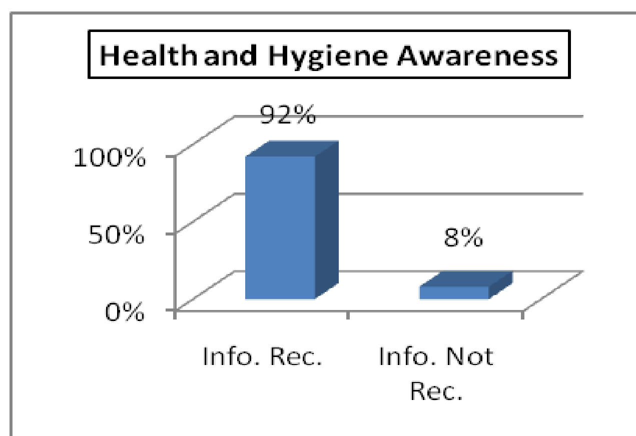
Table 04: Capacity building targets achievement

Province	District	Social Organizers/ Master Trainers trained on PATS PRA	Community Activists/ CRPs trained on triggering	Community CRPs trained for use of IEC Material
KP	Charsadda	17	98	98
	Kohat	11	79	79
	DI Khan	13	78	78
AJK	Neelum	3	10	0

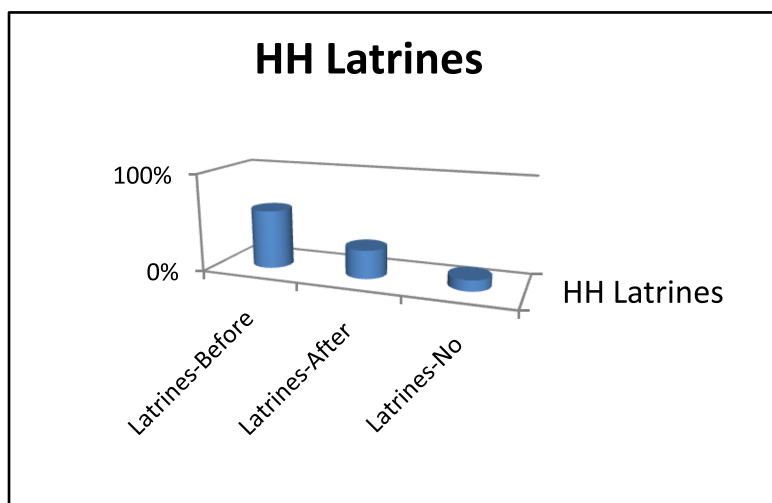
	Bagh	3	15	15
GB	Gilgit	2	43	5
	Astore	2	16	16
Sindh	Thatta	16	142`	142
	Jacobabad	11	71	71
Balochastan	Jaffarabad	7	1	1
		85	**553**	**505**

Health and Hygiene Awareness at Community

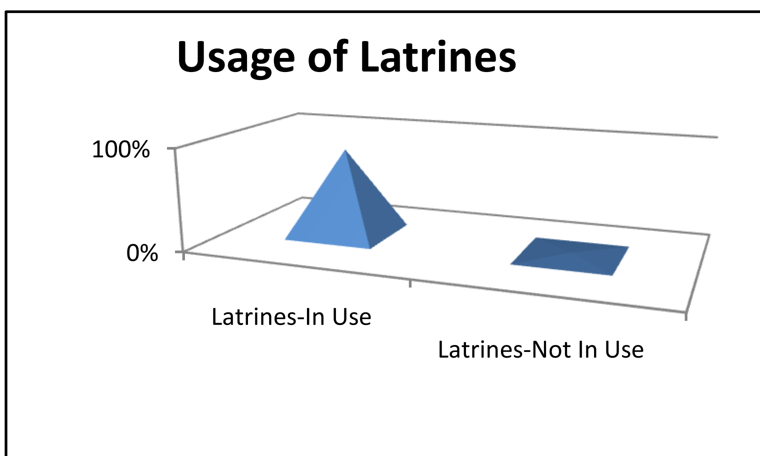
Health and hygiene awareness raising activities in all the districts were organized successfully and the visible change in the hygienic practices was observed among the beneficiaries. 92% respondents of in-depth interviews confirmed their participation in health & hygiene awareness raising activities and were able to share one to three messages received on health & hygiene.



89% of the HHs respondents had the latrines at their HH level. (60% before project, 29% after project, 11% no latrines). The idea to achieve ODF cannot be fully achieved unless 100% target of household level latrines is achieved in the villages.

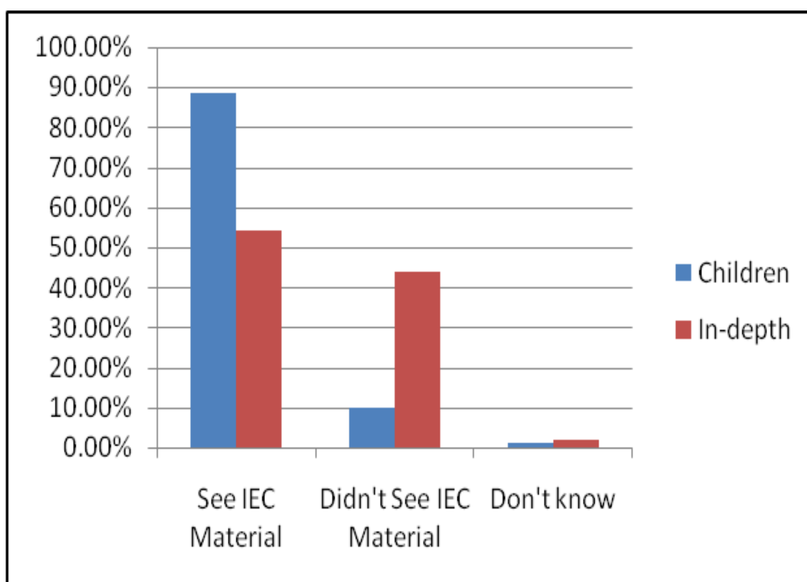


86% of the HHs with latrines responded that they are using latrine and 3% said that they are not using the latrine. Again the project needs to ensure that the use of latrines is made a practice among the communities to ensure the desired project results.



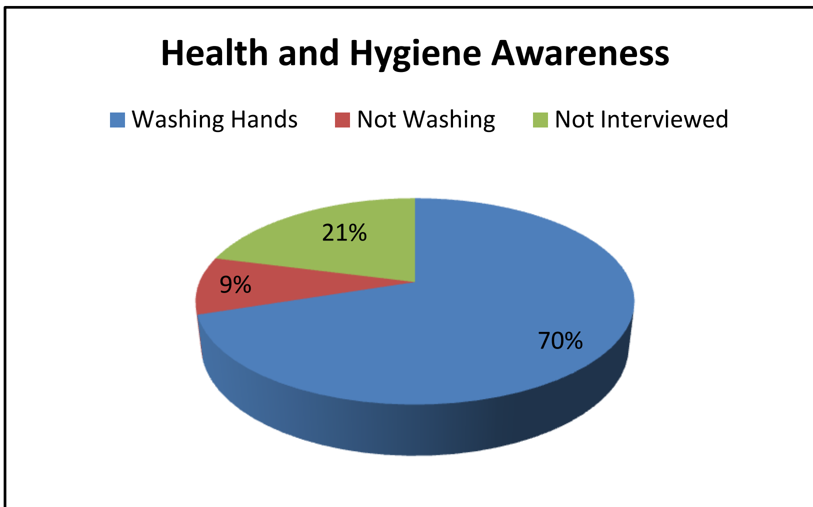
IEC Material

The IEC material developed were easy to understand and complying all the communication standards for two way communication. The materials were culturally acceptable with bigger font size and pictorial representation and clarity of the content. However, the IEC material was delayed and activities conducted without IEC material. Whereas conducting the awareness raising activities with IEC material might have resulted in better understanding of the illiterate people. The number of IEC material were limited therefore could not be distributed among all the schools and communities. In AJK the IEC material has not been displayed or used. The staff of the IPs is trained to effectively use the IEC material for awareness raising and behavior change.



Health and Hygiene Awareness among Children

79% of the children interviewed participated in health & hygiene awareness raising activities in their schools. 70% of the children are practicing hygiene and washing their hands after latrine use, and before eating. Active children wash clubs are functional in 17 visited schools and were disseminating knowledge to the peers. The team observed overall good cleanliness at the visited schools.



Change among children

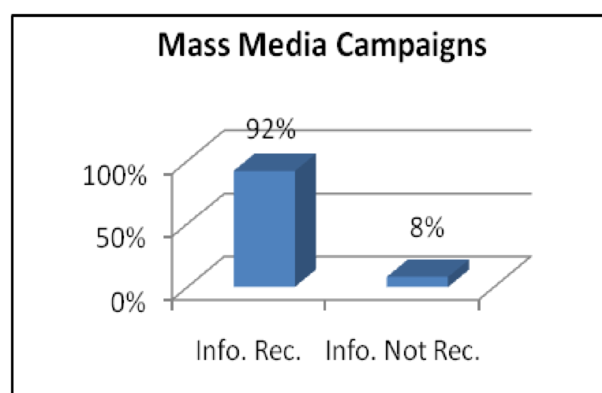
Asghar Sadiq is a student of grade 4 in a local school in his Village Banj in District Bagh. He knew nothing about health and hygiene and was never washing his properly after lavrotary use and before eating. He was also not concerned on cleaning his teeth, cutting his nails and taking bath regularly. One day the team from Islamic Relief visited their school and conducted a session on health and hygiene. All the classmates of Asghar attended that session and were happy to receive useful information on hygienic practices.

After attending that session he decided to adapt hygienic practices and was properly washing his hands with soap before and after eating and after using the latrine. He also started wearing clean clothes and was also taking care of his teeth and nails. This brought a very significant change in his lifestyle and her parents were also impressed by it.

One day after school he came to home and his mother offered him to have lunch. There was no soap at home for hand washing. He told his mother that he would not take lunch until he washes his hands properly with soap. After this change Asghar is also sharing the health and hygiene messages with his friends in his village and with his sisters and brothers also.

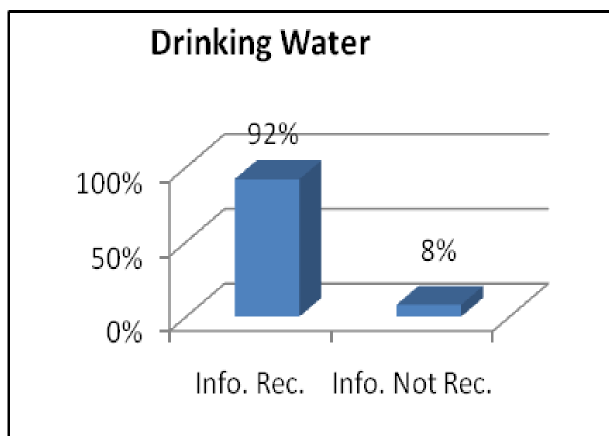
Mass Media Campaigns

Street theatres for health and hygiene promotion was generally found effective and appreciated by the community. No electronic or print media used for mass media campaign in the visited districts. 94% of the HHs responded that they wash their hands after latrine use, before & after eating etc.



Drinking Water Treatment

Majority of the people do not drink untreated water. They are sensitized and are practicing different water treatment methods. 98% people said that they use different methods to treat their drinking water (boiling, staining, chlorinating, sun method, fountain, covered)



Component III: Attaining Total Sanitation

Demo Latrines

7 out of 20 villages have the demo latrine constructed. This may have remained a limiting factor to effectively promote the idea of household level latrine to achieve ODF status. The demo latrines were located at common places and the priority was given to the places near the residence of the poor people. The communities are following different latrines models not limited to the demo latrines. In some low lying areas the construction of demo latrines and latrines construed by the community after triggering are following pour flush latrine design that is not fully supported with the proper drainage and thus may become a health hazard for the communities.

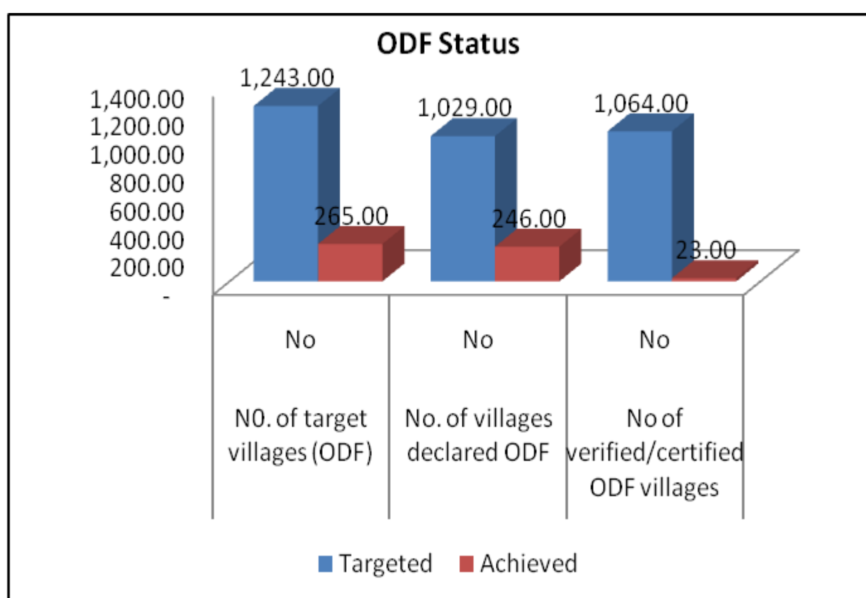
Latrine Use and Construction

[3]77 latrines constructed by the communities at HHs level after the triggering among the visited communities. 86% of the HHs beneficiaries responded that they use latrine. Beside strong awareness level of school children towards sanitation the team observed in some of the schools that children are compelled to practice open defecation due to non-availability or non-functionality of the latrines in their schools.

[3] (Source: Sit Reps of Progress Matrix of All 10 Districts)

ODF Villages

In all 22 villages visited by the evaluation team had functional village sanitation committees. The project has been successful in declaring 24% villages ODF against the target. Moreover it was observed that a small number of people having latrines are still practicing OD in the visited villages. According to the literature review 2.16% of ODF villages have been verified as ODF.



Sanitation Mart

232 masons have been trained in seven districts. In Charsadda, Gilgit and Astore the masons have been identified and the training has also been planned to be organized in December and January respectively. The sanitation marts have not been established in any of the district visited. Furthermore, entrepreneurs at community level have also been identified to start sanitation business.

Sewers and WW Collection

The evaluation team observed that the laying of sewers and WW collection not initiated in any of the model villages yet. It is important to point out here that the technical aspect of latrine construction needs attention. The outflow of the toilets at the moment, in all areas visited, is going into open drains in the streets. With the construction of new latrines, the number will increase tremendously thus increasing the waste. Currently the required attention has not given to the waste management aspect of sanitation interventions. Open drains may become a health hazard with the magnitude of the latrines constructed in any area.

Component IV: Monitoring, Evaluation and Learning

Monitoring at Field

The implementing partners had adequate monitoring and evaluation systems in place to regularly monitor project indicators with required intervals. However the evaluation team observed that the major focus of the monitoring remained at output level.

Project effectively gathered the best practices/case studies and human interest stories. However it appears that documenting key learning, wrong practices, and negative stories were not duly included in the monitoring systems. The internal monitoring systems seem to lack provision of documentation of regular field observations which are mostly discussed verbally among the team.

Monthly Monitoring and Reviews

394 monthly substantive monitoring visits conducted for systematic performance indicators in the ten visited districts. 92 monthly reviews were conducted.

Table 5: Monthly Monitoring and Reviews

Province	District	Monthly Monitoring Visits	Monthly Reviews
KP	Charsadda	19	6
	Kohat	87	7
	DI Khan	46	4
AJK	Neelum	7	7
	Bagh	7	7
GB	Gilgit	12	7
	Astore	14	7
Sindh	Thatta	5	5
	Jacobabad	13	5
Balochastan	Jaffarabad	5	5
		394	**92**

Case Studies and Best Practices

Field issues and area of improvements are not reported, documented along with the project outcome/impact on regular intervals.102 best practices/ case studies documented and 58 human interest stories gathered and disseminated.

Table 6: Monthly Monitoring and Reviews

Province	District	Best Practices/Case Studies	Human Interest Stories
KP	Charsadda	13	9
	Kohat	29	7
	DI Khan	28	6
AJK	Neelum	7	0
	Bagh	7	0
GB	Gilgit	8	0
	Astore	0	0
Sindh	Thatta	1	0
	Jacobabad	4	4
Balochastan	Jaffarabad	5	32
		102	**58**

2.4. IMPACT

The overall impact of the project remained good. The project was able to make reasonable progress towards the set targets in each of its four components.

Coordination

The role of PPHI in GB and Education Department in KP was observed to be very effective and had good level of understanding of the project and had close coordination with the project staff at field level. They are cooperating with the project staff and are in regular contact with the project staff. However, concrete support from the local administration yet to be ensured. However in other provinces the coordination with the government line departments and local administration needs great emphases.

Health & Hygiene

The participants of the FGDs and In-Depth Interviews HHs, and Interviews with Children conducted by the evaluation team in the respective districts clearly highlighted good understanding of behavior change and health hygiene practices in the communities and general outlook of latrines and household cleanliness were witnessed by the evaluation teams. The overall status of awareness level of the people on health and hygiene has been enhanced. 92% respondents of in-depth interviews confirmed their participation in health & hygiene awareness raising activities and were able to share one to three messages received on health & hygiene. Whereas, 8% were not able

Improvement at Household Level

Safia Bibi is a resident of Village Band Kurai in District DI Khan. She is a domestic lady and her husband runs a shop in the village. They have five children. She was practicing hygienic practices before the project but she was practicing only as a formality and no proper attention was given to hygiene practices. She was sometimes using soap for hand washing but most of the time she did not. The HH waste was thrown in the streets & animal faeces were also not properly dumped. They already had latrine at their house but it was too dirty and they were not using their latrine regularly. Due to this children were suffering from diarrhea and scabies very often. They were always worried about the situation.

Once she participated in an awareness raising sessions conducted by local CRP in their village. She got a lot of information on health and hygiene practices which shocked her that she and her family were not taking care of the hygiene properly. After that she was motivated to adapt hygienic practices for better health of her family. She started cleaning the latrine on regular basis and always cleaned it after the usage by any of the family members. She started taking of the personal hygiene of her children and convinced them to take bath, clear teeth and cut nails on regularly basis. The children also adapted proper hand washing practice. She also took some measures on the solid waste management and animal faeces.

After the adaptation of hygienic practices there is a change in their lifestyle. Now the neighbors and visitors also appreciate the cleanliness of their house. The whole family members are healthier than before.

to share any of the message received on health & hygiene. The communities were able to share the messages on health and hygiene and were practicing hygiene practices at household level.

Behavior Change

94% of the HHs responded that they wash their hands after latrine use, before & after eating etc. The communities are also applying different water purification methods to treat their drinking water. 98% people said that they use different methods to treat their drinking water (boiling, staining, chlorinating, sun method, fountain, covered). 70% of the children are practicing hygiene and washing their hands after latrine use, and before eating. Active children wash clubs are functional in 17 visited schools and were disseminating knowledge to the peers. The team observed overall good cleanliness at the visited schools.

Sanitation

The communities are sensitized and mobilized on sanitation problems and 89% of the respondents shared they have latrines at household level. 29% people constructed latrines after the project. 86% of the HHs with latrines responded that they are using latrine and 3% said that they are not using the latrine, and 11% do not have latrine at household level. 77% people are cleaning their latrines regularly. 96% people were able to share 1-3 benefits of latrine at household level.

2.5. SUSTAINABILITY

Demand Creation

Awareness level of the people on health and hygiene has been enhanced to greater extent Since the project mainly focuses on awareness raising and capacity building shall be sustained and transferred to peers and future generations. The active participation of the students in SLTS will ensure sustainability at personal, school, household and community levels.

Community Self-Help

In most of the areas the community is willing to continue the project interventions and to construct latrine with their own resources. The village sanitation committee (VSCs) are capacitated and mobilized to sustain the activities beyond the project period.

Development Focus

The project approach has been appreciated by different respondents since it discourages the dependency syndrome observed among the communities after disasters.

Line Departments

The mandate of line departments including PHED, Health Department, Education Department, and Municipal Administration are complimented by the project, therefore, such linkages would ensure sustainability of the project if strong partnership with them is established.

2.6 RECOMMENDATIONS

Villages Selection

Identification of villages should have been carried out on the basis of open defecation practices or overall sanitation practices of the population. Almost 12 out of 22 villages already had latrines in 60-100% households.

Latrine Design and Usage

The design of the latrine needs to be customized suitable for environmental conditions of the areas i.e. water table too high for dry pit latrine in Kohat.

Construction of model latrines in the project villages needs to ensure to provide a low cost and most relevant and suitable model for the respective areas of the project.

The issue of waste water of pour flush latrines needs to be addressed to support this with the appropriate drainage systems according to the area requirements.

The project needs to study and document the reasons for the households who have not yet constructed the latrines in their houses. The status of ODF can not be fully achieved unless all the households are using latrines in villages.

Latrines in Schools

Children will prove to be the major force behind the project sustainability. Availability of latrines at school needs to be ensured to either build latrines or make the existing latrines functional.

Capacity Building

Community Resource Persons (CRPs) are the important project link in the community and evaluation team observed that most of the CRPs in the field did not have the required level of experience an expertise. The capacity of the CRPs needs to be enhanced to a better level.

Project Duration

The project's activities started with some delay due to some strategic activities at Plan Pakistan and now the project still has to complete its targets. The evaluation team is of the view that keeping in view the current progress of the project the project needs at least 3-4 months to complete its all activities successfully.

Project Monitoring

Project monitoring systems needs to be strengthened to ensure that field issues and area of improvements are reported, documented along with the project outcome/impact on regular intervals.

Media Role

Media needs to be mobilized and motivated to play their social responsibility towards the issues of national and human interest.

Government Role

Further follow up with the government is required at district and provincial level to strengthen the relationship to ensure their active participation as envisaged in the project proposal. Proper MOUs need to be signed with the respective government to ensure clarity of roles and responsibilities of the stakeholders at all level.

Exit Strategy

A clear project exist strategy needs to be developed. The community should also be informed about the project exit strategy.

SECTION III: ANNEXES

Annex A: Questionnaire for FGDs with Men

MID TERM EVALUATION OF PHASE II

Category:	
Location:	
No. of Participants	
Date and Time:	
Facilitator Name:	

INTRODUCTION:
Welcoming the participants, the facilitator will explain the purpose of FGD and emphasize upon the participants to express their opinion frankly without any reservations.

Question 1: What activities were implemented in your area under this project? General information by the community.
Question 2: What is the role of Social Organizer and Community Resource Persons? How effective is their work in the community? What successes you have achieved in mobilizing community?
Question 3: Are there any demonstration latrines established in your area? How many? What criteria followed?
Question 4: Are these demo latrines easy to replicate culturally and financially?
Question 5: Is there any Sanitation Committee formed in your community? How many members with gender break down?
Question 6: What is the role of village sanitation committee?
Question 7: How often the meetings of the sanitation committee are organized?
Question 8: How many masons trained in your village and which contents were covered in the training?
Question 9: Is there Sanitation Mart established and where is it located? Services and access.
Question 10: Did the communities built latrines on their own in result of the awareness provided by the project? How many latrines have been built in this village?
Question 11: Can community easily construct the latrines on their own? If not then what are problems they are facing in constructing latrines?
Question 12: Is there any change in open defecation practice after building the self-constructed latrines?
Question 13: Have all the households shifted from open defecation to latrine use?
Question 14: If not then what percentage of people still continuing the open defecation practices? What are the reasons for that?
Question 15: What kind of hygiene messages was delivered and how (methodology)?
Question 16: How was the hygiene message deliverance approach (effectiveness?) Were you consulted before IEC material preparation? Was it useful?
Question 17: We have provided hygiene training to female activists in your village so that they can provide you information regarding hygiene & cleanliness. How much you have practiced on their instructions? What kind of difference you feel after these messages (hand washing, knowledge related to water-borne diseases, defecation, solid waste management and water treatment)?
Question 18: What challenges the community is facing in constructing their latrines and

adopting open defecation free status? What changes you would like to have in the existing intervention?
Question 19: Is there any reduction in the waterborne diseases in your area? Give %.
Question 20: Do you think that these activities shall be continued by yourself at community level.
Question 21: Any linkages developed with the government line departments? What are the challenges faced by you in interacting with the government line departments? Do you have any suggestions improving the relationship/linkages with the government departments?
Any other information

Annex B: Questionnaire with FGD with Women

MID TERM EVALUATION OF PHASE II

Category:	
Location:	
No. of Participants	
Date and Time:	
Facilitator Name:	

INTRODUCTION:
Welcoming the participants, the facilitator will explain the purpose of FGD and emphasize upon the participants to express their opinion frankly without any reservations.

Question 1: What activities were implemented in your area under this project? General information by the community.
Question 2: What is the role of Social Organizer and Community Resource Persons? How effective is their work in the community? What successes you have achieved in mobilizing community?
Question 3: Are there any demonstration latrines established in your area? How many? What criteria followed?
Question 4: Are these demo latrines easy to replicate culturally and financially?
Question 5: Is there any Sanitation Committee formed in your community? How many members with gender break down?
Question 6: How were you (women) involved/ engaged in decision-making in your community?
Question 7: What is the role of village sanitation committee?
Question 8: How often the meetings of the sanitation committee are organized?
Question 9: How many masons trained in your village and which contents were covered in the training?
Question 10: Is there Sanitation Mart established and where is it located? Services and access.
Question 11: How many latrines have been completed in this village?
Question 12: Did the communities built latrines on their own in result of the awareness provided by the project? How many latrines have been built in this village?
Question 13: Is there any change in open defecation practice after building the self-constructed latrines?
Question 14: What are the benefits of latrines to women?
Question 15: Can community easily construct the latrines on their own?

Question 16: What kind of hygiene messages was delivered and how (methodology)? Are women benefiting from these messages?
Question 17: How was the hygiene message deliverance approach (effectiveness?) Were you consulted before IEC material preparation? Was it useful?
Question 18: We have provided hygiene training to female activists in your village so that they can provide you information regarding hygiene & cleanliness. How much you have practiced on their instructions? What kind of difference you feel after these messages?
Question 19: Question 18: What challenges the community is facing in constructing their latrines and adopting open defecation free status? What changes you would like to have in the existing intervention?
Question 20: How women's role in the implementation of this project can be more effective? Suggestions by women.
Question 21: Is there any reduction in the waterborne diseases in your area? Give %.
Question 22: Do you think that these activities shall be continued by yourself at community level.
Question 23: Any linkages developed with the government line departments? What are the challenges faced by you in interacting with the government line departments? Do you have any suggestions improving the relationship/linkages with the government departments?
Any other information

Annex C: Questionnaire for Interviews with Children

MID TERM EVALUATION OF PHASE II OF UNICEF PROJECT

Basic Information

Date: ____________________ School: ____________________ UC: ____________________ District: ____________________	Child Name: ____________________ Age: ____________________ Interviewer Name: ____________________

Interviewing: children in the schools located in project areas

a) Before starting Interview

S#	Questionnaires for surveyor		
1	Have you explained the objectives of the questionnaire	Y	N
2	Have you got permission for interview	Y	N
3	Have you explain the interview duration	Y	N

Encircle all relevant answers

1	Do you have latrine in your school?	Y	N
2	Are you using the latrine in the school	Y	N
3	If no, what are the reasons? (3 main reasons)	1. 2. 3.	
4	What benefits do you see in using the latrine?	1. 2. 3.	

HYGIENE EDUCATION/BCC

1	Did you attend any hygiene education activity in your school?	Y	N

2	What is the most important message received in the education session?	1. 2. 3.	
3	Did you see the IEC material?	Y	N
4	Did you see or hear any message from electronic media regarding hygiene & sanitation	Y	N
5	Were you able to apply the improved hygiene practices in your daily routine?	Y	N
6	Do you wash your hands before eating food?	01 Y 02 N 03 Seldom	
7	Do you wash your hands after using latrine?	01 Y 02 N 03 Seldom	
8	How often do you wash your hands hands	1. 2. 3. 4.	
9	Do you have latrine in your home also?	1 YES 2 NO	
10	How many of you go for open defecation? Number or percentage available?		
11	Do you know about water treatment? How do you dispose garbage etc.	1. 2. 3. 4.	

Annex D: Questionnaire for In-Depth Interviews with Households

MID TERM EVALUATION OF PHASE II OF UNICEF PROJECT

Basic Information

Date: ______________________________ Village: ____________________________ UC: ________________________________ District: ____________________________	Interviewee: ___________________________ Contact no. ____________________________ CNIC: ________________________________ Family members: _______________________ Interviewer Name: _____________________

Interviewing: Women (above 15 yrs old), Men (above 15 yrs old), children

Essential instructions for interviewer:

a) Explain aims and objectives of the assessment

- To get information on sanitation and hygiene work for improvement and future planning.
- To gather lessons-learned on sanitation facility design and program approach with the households and community

b) Before starting Interview

S#	Questionnaires for surveyor		
1	Have you explained the objectives of the questionnaire	Y	N
2	Have you got permission for interview	Y	N
3	Have you explain the interview duration	Y	N

SOCIAL MOBILIZATION

Encircle all relevant answers

1	Do you have latrine in your house?	Y	N
2	If yes, when was it constructed before or after the project demo latrine constructed in your area?	Before	After
3	Are you and your family using the latrine?	Y	N
4	If no, what are the reasons? (3 main reasons)	1.	

		2. 3.	
2	What benefits do you see in using the latrine?	1. 2. 3.	
	What are problems related to open defecation?	1. 2. 3.	
5	Did you saw demo latrine?	Y	N
6	Did demo latrine constructed on the basis.	01 Poverty 02 Visibility 03 Any other	
7	Did you replicate the latrine demo model?	Y	N
8	Do you know the site of sanitation mart	Y	N
9	Did their enough material in the mart for latrine construction	Y	N
10	What activities were undertaken by social mobilizers/CRPs in your community?	1. 2. 3. 4. 5.	
11	How often the CRP (s) visiting your community?	01 Daily 02 Weekly 03 Monthly 04 Quarterly 05 Not at all	

SANITATION

1	Were the demo latrine construction design and material easy to replicate?	Y	N

2	Have you constructed/replicated latrine at your house?	Y	N
3	What are the advantages of having a latrine at household level?	1. 2. 3.	
4	Is the latrine being used now by your family?	Y	N
5	If no, why not?	1. 2. 3.	
6	Do you clean your latrine regularly	Y	N
7	Who is responsible to keep the latrine clean?	1. Women 2. Men 3. Children 4. All users	
8	Did the latrine produce any odors?	Y	N
9	Did the odors prevent people from using them?	Y	N
10	***Did you hire trained mason?***	Y	N
11	***Total number of beneficiaries from your household latrine?***		
12	***Those who have constructed latrines. Since then is there decrease or increase in latrine usage, explain why?***	1. 2. 3.	
13	Did any one in your family has some reservations using the latrine?	01 Women……………… 02 Men………………… 03 Children……………. 04 Older People………. 05 None………………..	
14	If any one among the above mentioned group is not using latrine, why?	01 Communal 02 No privacy 03 Single occupancy 04 Any other………………………..	

15	Do you know CRP of your village?	Y	N
16	If yes, did he visit your household for construction of latrine?	Y	N
17	Does anyone of your household member still goes for open defecation?	Y	N

HYGIENE EDUCATION/BCC

1	Did anyone in your household attend a hygiene education session?	Y	N
2	What is the most important message received in the education session?	1. 2. 3.	
3	Did you see the IEC material?	Y	N
4	Did you see or heard any message from electronic media regarding hygiene & sanitation	Y	N
5	Were you able to apply the improved hygiene practices in your daily routine?		
6	What steps do you take for having safe water?	1. Covered 2. Use of cooler 3. Staining with cloth 4. Boiling 5. Use of medicine 6. Any other---------------	
7	Do you wash your hands before eating food?	01 Y 02 N 03 Seldom	
8	Do you wash your hands after using latrine?	01 Y 02 N 03 Seldom	
9	How do you wash your hand?	1. Water 2. Water and sometime soap 3. Always using soap 4. Ash and mud	

		5. Any other
10	Do you wash hands of your children after they use latrine?	01 Y 02 N 03 Seldom
11	Do you wash hands of your children before eating?	01 Y 02 N 03 Seldom

OBSERVATIONS AT HOUSEHOLD LEVEL

1	Is the household latrine clean?	01 Y 02 N
2	Is the household latrine constructed with a safe distance from water sources (well, hand pump)?	01 Y 02 N
3	In case of pour flush latrines how the outflow/drain of the latrine is managed? Does the outflow of the latrine seem to create any environmental or health hazard?	01 Y 02 N
4	Do children appear clean?	01 Y 02 N
5	Food covered?	01 Y 02 N
6	House clean?	01 Y 02 N
7	Is drinking water kept in a clean container and covered?	01 Y 02 N
8	Any open defecation evidence seen/observed?	01 Y 02 N

Annex E: Questionnaire for Interview with Key Stakeholders

MID TERM EVALUATION OF PHASE II

Department/Organization:	
Names and Positions of the Interviewee (s)	
No. of Participants	
Location:	
Date and Time:	
Facilitator Name:	

INTRODUCTION:
The evaluation team will share the purpose of the interview.

Question 1: Are you aware of the Scaling Up Rural Sanitation Program for Flood Affected Districts (RUSFAD) in your province?
Question 2: What do you know about the project? – What is your expected role in the implementation of this project?
Question 3: What kind of linkages between government and the project developed? Coordination or support system in place?
Question 4: Have you got any training from the project? If yes which topic?
Question 5: Do you think the contents covered in the training were useful and met the needs of the participants?
Question 6: Is there any suggestion to change the training methodology and training contents to be added for future trainings?
Question 7: How innovative/unique is this project? What are the benefits of the project to the beneficiaries?
Question 8: How is your project complimenting your work?
Question 9: Do you think that these activities shall be continued by community after the phasing out of the project?
Question 10: What is your role in ODF and how it can be replicated? Or you have plans to replicate in other areas?
Any other information

Annex F (Questionnaire for Interview with IPs Staff)

MID TERM EVALUATION OF PHASE II

Department/Organization:	
Names and Position of the Interviewee (s)	
Location:	
Date and Time:	
Facilitator Name:	

INTRODUCTION:
The evaluation team will share the purpose of the interview.

Question 1: Were you hired for this project or were working with IP before this project?
Question 2: Have you got formal training on CLTS under the project? Step by step approach they adopt? (Probing question)
Question 3: Did you receive any formal project orientation/induction in the beginning of the project?
Question 4: Do you make your field visit plans?
Question 5: What is the frequency of the visits to the communities?
Question 6: How you convey the hygiene/BCC messages to the target community?
Question 7: Did you involve local community in conveying the hygiene/BCC messages to the wider community?
Question 8: How did you identify the Community Response Persons (CRPs)? Criteria
Question 9: How did you select the sites for demo latrines? Criteria
Question 10: What are the current monitoring systems in place? Do you have checklists and tools available? Which tools and checklists?
Question 11: What do you think that the current implementation methodology is suitable to achieve the desired project results? Any suggestions for improvement.
Question 12: What type of challenges do you face in the community? How do you manage such challenges?
Question 13: What major changes regarding hygiene and BCC you have observed in your target communities? Do you think that the community is benefiting from the project's approach?
Question 14: Do you think that these activities shall be continued by community after the phasing out of the project?
Any other information

Annex G: Visit Itinerary

List of Villages

Date	Village	Union Council	District
	Gilgit Baltistan		
28-Nov-11	Herchi Paeen	Bonji	Astoor
29-Nov-11	Kanidass	Duyam	Astoor
28-Nov-11	Harchoo	Eidgah	Astoor
28-Nov-11	Kanidass	Eidgah	Astoor
27-Nov-11	Jalalabad	Oshi Khan Dass	Gilgit
26-Nov-11	Rahimabad	Rahimabad	Gilgit
	Azad Jammu & Kashmir		
26-Nov-11	Panyali (poth)	Bani Pansori	Bagh
26-Nov-11	Sawna Kalan (Poth)	Bani Pansori	Bagh
26-Nov-11	Farooqabad	Thub	Bagh
27-Nov-11	Lawat Pain	Neelum	Neelum
28-Nov-11	Rawta	Shah Kot	Neelum
	KPK		
01-Dec-11	Khairabad	MC4	Charsadda
02-Dec-11	Katigan	Utmanzai	Charsadda
27-Nov-11	Miran jai	Kot jai	D.I.Khan
26-Nov-11	Malakhi	Naivela	D.I.Khan
29-Nov-11	Hayat Shaheed colony	Bahadar kot	Kohat
29-Nov-11	Kalo chana	Bahadar kot	Kohat
29-Nov-11	Merozai	Urban-6	Kohat
	Sindh		
28-Nov-11	Nehal Lashari	Ahmed pur	Jacobabad
27-Nov-11	Dolat Khan Brohi	Kareem Bux	Jacobabad
27-Nov-11	Jalalabad	Kareem Bux	Jacobabad
28-Nov-11	Ali Muhammad Jat	Begna	Thatta
27-Nov-11	Tarr Khuwaja	Begna	Thatta
	Balochastan		
26-Nov-11	Ali Muhammad	0	Jafra Abad
26-Nov-11	m.bux	Noopur	Jafra Abad
26-Nov-11	M. bux Khoso	Noorpur	Jafra Abad

List of Schools Visited

District	Union Council	School	Date
GB			
Astore	EidGah Garikot	New Iqra Public School	29-Nov-11
Astore	Bonji village Harchon	Govt. Middle School	28-Nov-11
Astore	Bonji village Harchon	Govt. Primary School	28-Nov-11
Astore	Eidgah, Gorikot	New Iqra Public schools	29-Nov-11
Gilgit	Rahimabad	Agha khan DJ School	26-Nov-11
Gilgit	SAKWAR	Govt boys Middle school sakwar	30-Nov-11
Gilgit	Minawar	Govt boys Middle school	30-Nov-11
AJK			
Bagh	Thub	Govt. Boys High School Thub	26-Nov-11
Bagh	Bani Passari	Poth Panyali	26-Nov-11
Neelum	Shakot	GMS bagna Banchatter	28-Nov-11
KPK			
Charsadda	MC-iv	Umerabad no 2	12-Jan-11
Charsadda	MC-iv	GPS Umerabad	12-Jan-11
DI Khan	naivela	GPS boys malakhi	26-Nov-11
kohat	Urban-6	GPS merozai	29-Nov-11
Sindh			
Jacobabad	Kareem Bux	GPS Dolat Khan Brohi	27-Nov-11
Thatta	Begna	Ali Jat	28-Nov-11
Balochastan			
Jaffarabad	Ismail Chalgri	GPS Dur Muhammad Lashari	26-Nov-11

Annex H: List of Documents Reviewed

1. PCA Phase II
2. Action Points Mid-term Review (Phase-I)
3. All 50 Indicators (RUSFAD-Phase-II)
4. Complete List of clusters with UC RII
5. PATS One Un Slides
6. Pakistan's Approach to Total Sanitation_ Draft1 _MOE
7. National Sanitation Policy 2006
8. ODF Certification Criteria Guidelines
9. Pakistan Environment Policy
10. Situation Reports
11. Progress Review Meetings
12. Narrative Reports of Phase II
13. Evaluation TORs

Annex I: Work Plan for Plan Mid Term Evaluation of Phase II of UNICEF Project

Sr. No.	**Activities**	Days	November 2011												December 2011												
			19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13
			Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
1	Review of Documents & Development of Questionnaire	4 day																									
2	Joint kick off review meeting/ teams training	1 day																									
3	Field Visits (simultaneously five teams will conduct evaluation of the selected districts on agreed sample size)	6 day																									
4	Data collating, cleaning, analysis and review	2 day																									
5	Report Writing	2 day																									
6	Review of findings to the Evaluation Committee	1 day																									
7	First draft report	1 day																									
8	Final report and presentation	1 day																									
9	Presentation preparation of findings	1 day																									

Annex J: Mid Term Evaluation TORs

Terms of References (ToRs)

Mid-Term Evaluation (Phase II)

1. About the project:

UNICEF Pakistan and Plan International through its partner organizations launched a large scale Rural Sanitation Program in 19 Flood Affected Districts to mitigate the grave needs of the people related to sanitation in the flood affected districts of Pakistan. The program has entered into mid of Phase II and recently initiated Phase III. The primary objective of the proposed program is to reach out 2.85 million people in nineteen flood affected (high to extended high polio risk union councils/ districts) of Sindh, Khyber Pakhtunkhawa, Balochistan, AJK and Gilglt -Baltistan provinces Pakistan to safeguard and protect their health from water, sanitation and hygiene related diseases including polio eradication by means of undertaking a series of measures aiming at:

- Provincial, district government departments participating in the program with a role of ensuring the quality and access to basic sanitation facilities
- People in the targeted flood affected districts of Sindh, KP, Balochistan, AJK and Gilglt - Baltistan provinces utilizing sanitation facilities with improved access through participatory sanitation approaches and triggering options specifically tailored for flood affected population.
- People in the targeted flood affected districts Sindh, KP, Balochistan, AJK and Gilglt - Baltistan provinces living in open defecation free environment and children playing in the streets and yards with no direct contact with focal matter.
- Targeted communities consistently using safe sanitation facilities at the household level through strengthening markets (informed demand and responsive supply) for the delivery of an improved quality of hygienic sanitation services.
- Targeted population experiencing less diarrheal and other water borne diseases due to practice of improved hygiene behaviors (especially using, maintaining, and cleaning sanitation facilities properly), managing children's excreta, and hand washing with soap at critical times.

2. Purpose of the evaluation

The overall purpose of the mid-term evaluation is to assess the degree to which the program (Phase II) is achieving the objectives and results as outlined in the PCA. The evaluation will particular emphasize on evaluation criteria endorsed by UNICEF i.e. relevance, effectiveness, efficiency, impact, and sustainably of the interventions and extract the lessons/recommendations to enhance the quality of remaining part of the program.
In order to assess the evaluation questions below, the evaluator will require emphasizing on the objectives/indicators from the evaluation matrix (annexed):

2.1. Problems and needs (Relevance)

- Are the objectives/results of the programme still valid? – Are we doing right things?
- How effective and appropriate is the project approach? (Social mobilization, Trainings, IEC material, role of CRPs, VSCs, Health and hygiene sessions, CLTS,SLTS and PATS, Facilitation/cooperation by relevant Govt line Departments)
- Is there any change needed in the programme design or implementation strategy so that the objectives/results of the programme can be achieved?

2.2. Achievement of purpose (Effectiveness)

- Are we doing things right? (with respect to all four components of the programme and the approaches we adopted)

- Are we 'on the track' in term of achieving outputs with respect to the agreed timeline?
- Are we heading towards achieving the outcome indicators – results?
- Is the project progress s according to envisaged targets/objectives? How can it be improved?

2.3. Sound management and value for money (Efficiency)

- How far funding, staff, time and other resources contributing to or hindering the achievement of the results. Is 'Value for money' achieving?
- How well does the project management arrangements work? Has this project enhancing the capacity of the government line departments?
- How well does the financial and procurement systems work?

2.4. Achievement of wider effects (Impact)

- What difference is expected in the lives of those targeted as compare to the baseline?
- Does the project address the intended target group and what is the actual coverage?
- How does the project engage with poorest of the poor and vulnerable communities?

2.5. Likely continuation of achieved results (Sustainability)

- What are the prospects for the benefits of the project being sustained after the interventions are over?
- How is the exit strategy defined, and how this will be managed at the end of Phase II?
- What aspects of the programme can be replicated in Phase III?

2.6. Lessons learned

- Are there any significant changes required in the implementation strategies? What are the major reasons for these?
- How has the design of the project been amended as a result of lessons learned during implementation?
- How these lessons can be used in Phase II and III?

2.7. Recommendations:

Recommendations for improvements based on observations during the evaluation process will be extended. Those recommendations will be used by the stakeholders (UNICEF, Plan, Water Aid, Government line departments and IPs) to enhance the effectiveness of the programme and brining lasting changes related to total sanitation in the target communities.

An evaluation matrix has been annexed with the ToRs that will give a fare clarity to the evaluator about what the evaluation in expected to answer the above questions related to relevance above questions related to those objectives and indicators mentioned in the matrix.

3. Methodology:

The evaluation will be based on the following methodology:

1. Desk review – reviewing existing data. Build on information that is already available, after rapidly checking its present validity and relevance. Gather information from scratch only if particular information is lacking. Make the maximum use of existing information.

2. Joint kick off review meeting – Phase II M&E Committee will lead the meeting The Committee will comprised of UNICEF, Plan, and Water Aid. The joint review meeting will be facilitated by the lead evaluator. Each one person from all the IPs from Phase II will participate in the meeting. The purpose of the meeting is to review all cycles of program implementation in terms of achievements, challenges and lessons learnt. Facilitated by the focal person, the group will make recommendations on how to improve the program in the future or what to replicate in Phase III of the program.

3. Primary data collection from the target communities: Mixed Method Approach will be adopted by the lead evaluator to collect both quantitative and qualitative data for the evaluation. The evaluator with the support of field staff will collect first hand data from sampled project staff (district managers, Social organizers, CRPs, VSCs), stakeholders (including government officials), target beneficiaries, through interviews and Focus group discussions. Data will be analyzed and will be made part of the final report.

4. Expected Deliverable:

The mid-term evaluation is expected to be completed within three weeks of its starting from the mid of November 2011.

Final Report: The evaluator(s) will produce/submit a report in hard and soft form (of no more than 30 pages plus annexes, in Microsoft Word). The report should include:

- Basic Information (1 page)
- Executive Summary (2 - 3 page)
- Introduction/Background of the project (2 page)
- Evaluation methodology
- Findings from the evaluation in relation to the issues under **serial number 2** above
- Summary of recommendations/lessons (Specific, simple and doable recommendations)
- Annexes - Evaluation ToRs, Evaluation schedule, List of persons interviewed and sites visited, Documents consulted, Data collection tools and detailed analysis
- Data Tables, Graphical representation, List of districts visited, Questionnaires, List of people met Program, List of people met IPs, List of Govt officers met. List of community people met/interviewed (will ensure maintain Gender balance) with CNIC numbers and Mobile numbers.
- List of Govt/Private school visited, staff teachers etc.

Presentation of evaluation findings and recommendations: The evaluator will present the evaluation findings and the recommendation to a wider group of participants from UNICEF, Plan, WA, Government officials and the IPs.

5. Role and Responsibilities:

- **Evaluator:**
  - Design methodology for the evaluation (in accordance with the Program components/indicators).
  - Design data collection instruments
  - Get feedback from the evaluation committee on the methodology and the data collection tools
  - Selection of Sample size together with evaluation committee
  - Guidelines IDIs & FDGs
  - Orient field researchers on the tools and the methodology
  - Lead data collection process
  - Arrange debriefing and share the initial findings
  - Produce final report and present the findings and recommendation to the wider group

- **Plan International:**
  - Take lead in managing the evaluation
  - Arrange kick off review meeting workshop
  - Arrange a meeting to present the findings

- **Water Aid**
  - Develop and finalize ToRs together with Plan and UNICEF
  - Participate in selection of evaluator
  - Critically review and share feedback on the methodology and tools developed by the evaluator

6. Consultant(s) Expertise

- Post-graduate degree in Development Studies, Environment, and/or related field
- A solid and diversified experience in Water and Sanitation sector including experience in evaluation of WASH related projects/program
- Excellent report writing skills
- Experience in the use of participatory methodologies and developing gender sensitive evaluation methodologies;
- Working knowledge of Pakistan's local languages will be prepared
- Fully conversant with the principles and working methods of project cycle management
- Proven record of undertaking Midterm evaluations /Project Evaluations of similar nature projects/programs of UN agencies.

7. Timeline

The evaluation is expected to start from the second week of November and will be completed by 10th of December. Please see the table below for details:

Sr. No.	Activities	Timelines
1	Review of Documents	1 days
	Joint kick off review meeting	1 day
2	Field Visits (simultaneously five teams will conduct evaluation of the selected districts on agreed sample size)	5 days
3	Data collating, cleaning, analysis and review	2 days
4	Report Writing	3 days
5	Review of findings to the Evaluation Committee	1 day
6	First draft report	2 days
	Feed back of the committee on the first draft	1 day
7	Final report with changes	2 day
8	Presentation of findings	1 day
Total		**19 days**

Annex-A of TOR

Evaluation Matrix

Programme Structure	Indicators of Achievement and Value	How Indicators Can Be Quantified or Assessed
What are the wider problems that programme will help to resolve?	What are the quantitative ways of measuring or the qualitative ways of judging whether this goal is realized?	What are those questions which will help assess the progress made towards achieving the indicators of achievement and value?
Objectives		

<table>
<tr>
<td rowspan="18">1. Attaining the ODF Status (Demand Side))</td>
<td rowspan="18">• Completion of TOT Manual
• Finalization of PRA Tools
• Formulation of VSCs
• Separate triggering sessions
• Participation level during triggering
• Participation of other institutions during the triggering process
• Level of resistance faced
• Community action planning
• Level of Ignition
• Emergence and performance of community activists
• Adequacy of given timeframe
• Determination of ODF status
• Level of celebrations on attaining ODF status
• Ratio of triggered to ODF communities?
• Level of facilitation
• Overall receptiveness of communities
• Entrepreneurship</td>
<td>1. How well the TOT Manual is received by partners?</td>
</tr>
<tr><td>2. Are the demand creation tools adequate both for CLTS/ SLTS?</td></tr>
<tr><td>3. Have the Village Sanitation Committees been formed? Are they playing an effective role?</td></tr>
<tr><td>4. Are the triggering exercises being facilitated separately for the adults, children and the women?</td></tr>
<tr><td>5. What is the participation level? What % of the communities we have been able to gather within active CLTS facilitation?</td></tr>
<tr><td>6. Are other institutions such as mosques, schools etc being involved in institutionalizing the process?</td></tr>
<tr><td>7. Is there any cultural resistance being faced? What kind?</td></tr>
<tr><td>8. Are the triggering sessions held in schools? Is the method being followed is good enough to use children as agents of change?</td></tr>
<tr><td>9. Is Community action planning being done across the board post triggering?</td></tr>
<tr><td>10. What is the community's response (entire community ignited, majority agrees, majority disagrees)?</td></tr>
<tr><td>11. How well the Natural Leaders/ CRPs responding. Are they bringing the element of social solidarity in the communities? (Who is evaluating their performance, what are the indicators, how they will be awarded for their work)</td></tr>
<tr><td>12. Is four months time period to have a continuous interaction with communities adequate?</td></tr>
<tr><td>13. Who declares, verifies and certifies the ODF status?</td></tr>
<tr><td>14. Do communities celebrate the ODF status?</td></tr>
<tr><td>15. What is the optimum ratio for triggered to ODF communities?</td></tr>
<tr><td>16. How are the facilitators performing? Who assesses their facilitation skills?</td></tr>
<tr><td>17. What is the level of receptiveness on part of the communities?</td></tr>
<tr><td>18. Who assesses CRP's potential to become an Entrepreneur?</td></tr>
</table>

		19. What kind of trainings are planned for potential CRPs to become SMEs
2. Sustaining the ODF Status (Supply Side)	• Follow up post triggering • Post triggering demand for hardware's • Participation of local private sector • Linkage with MFIs • Level of masons trainings? • Low cost technologies manual • Manual for Masons training • Criteria for establishing sanitation marts • Market research • Demo latrines • Identification of poorest of the poor	20. What are the follow up activities of Social Mobilizers/ CRPs post triggering?
		21. Are we creating a demand for hardware –slabs, rings, pipes – not available in local markets?
		22. How well are we planning to engage with the local private sector/ MFIs to offer a wide range of sanitation products and services that are consumer-responsive and loans?
		23. Is the manual for low cost technologies ready and widely disseminated?
		24. What is the mason's selection process?
		25. How well the masons are getting gelled with the communities ?
		26. Is the criterion for establishing rural sanitation marts clear? What are the weak areas?
		27. Have we undertaken a market research in order to fully understand the supply chain for sanitary products in meeting sanitation demand (manufacturers, suppliers, retailers, fabricators, providers, masons)
		28. Do we have a strategy for establishing Marts and its functioning including the promotional material/ communication campaign?
		29. Do we have criteria in place for selecting entrepreneurs? If yes, how many of them have we selected?
		30. Has the construction of demo latrines being started? Is the process being followed for constructing demo latrines adequate?
		31. Have we identified the most vulnerable group (poorest of the poor) among the intervention villages and have assessed their needs?
3. Ensure Participatory Health & Hygiene Promotions	• Development of IEC material • Development of mass media material • Promotional activities for disseminating important messages	32. How the IEC material is being disseminated?
		33. What hygiene promotion activities are being carried out?
		34. How the IEC material is being rolled out?
		35. How are we sequencing the hygiene promotion components, especially hand

		washing with soap, household water treatment and storage practices
		36. What is the satisfaction level of partners with the developed IEC material
		37. How is the mass media campaign being rolled out?
		38. Are school clubs being established in schools?
4. End of the Pipe solutions	• Strategy for end of the pipe solutions • Involvement of the Government • Implementation modality	39. Do we have a strategy in place?
		40. Have we selected the model villages where the ends of the pipe solutions are to be implemented?
		41. Have we involved governments buy in into this?
		42. What is the implementation modality? Are we clear what we are up to?
5. Design of all material related to IEC/ Mass Media/ PRA Tools/TOT material/ Technical Guidelines & Manuals	• Design of all programme material	43. Has the design of material been completed and easily accessible by all partners?
		44. Are there any unaddressed issues which need immediate attention?
		45. How participatory the process of preparation of the IEC material was?
6. Formative Research/ KAP	• Findings of KAP/ baseline • Findings of Formative research • Adequacy	46. Has the KAP/ baseline survey being conducted and shared with all partners?
		47. What are the findings?
		48. Has the formative research being conducted?
		49. How well this has been received by the partners?
		50. Are the critical findings being disseminated adequately
		51. Are the consumer needs, products and preferences been assessed?
		52. Has the community/ consumer preferences on designs, cost perceptions and affordability i.e. the most popular design in the intervention areas, demand for latrine designs and the costs been assessed and shared with the IPs
7. Technical monitoring, evaluation and reporting	• Findings of KAP/ baseline • Findings of Formative research • Adequacy	53. Are monitoring and evaluation indicators are in place?
		54. Does UNICEF's provincial field WASH staff take part in the monitoring visits to the sites and satisfied with the

		performance?
		55. Are we reporting against these indicators?
8. Cross-cutting Issues	• Gender • CCC • Environment friendly latrines	56. How well are we ensuring that the women & girls have equally benefit from the planned activities at all stages
		57. How the core commitments for the children are being persued?
		58. Are we ensuring that the latrines are environment-friendly and have no negative impact on human health due to proposed design
9. Governments participation	• Integration • Participation • Trainings and capacity building • Role in Certification • Monitoring	59. How well are we integrating with the local governments structure?
		60. Does the project coordination committee in each province exists with the participation of the relevant government department?
		61. Has all TOTs for the government officials been conducted and feedback properly received and noted for dissemination?
		62. Do they have any role in results based monitoring/ ODF certification?
10. Usefulness for others/ Capturing Learning's	• Training material • Conditions and resources • Consistency with the policy and the national approach • Satisfaction level • Promotion of learnings and case studies	63. Does the program provides sufficient training materials and ensures its use by other IPs?
		64. Does the program have the potential to successfully transfer to other settings?
		65. Does the program adequately provide all specific conditions and resources needed for implementation?
		66. Does the program's learning goals and subject matter are consistent with national policy and approach?
		67. Does the program promote equity and equal access to knowledge
		68. Are UNICEF's provincial offices satisfied with the progress and sharing of the project results?
		69. Is the progress being adequately shown in the monthly, quarterly progress reports?
		70. Does the Program promote learning's through carefully selecting case studies, graphical analysis and community stories?