

May 2018



## Final Evaluation Report

Integrated Emergency WASH and Shelter Support to Earthquake  
Affected Communities in District Shangla-Khyber Pakhtunkhwa, Pakistan

## Acknowledgement

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## List of Acronyms

<b>CBO</b>	Community Based Organization
<b>CFW</b>	Cash for Work
<b>CGI</b>	Corrugated Galvanized Iron
<b>CWSA</b>	Community World Services - Asia
<b>DC</b>	Deputy Commissioner
<b>DRR</b>	Disaster Risk Reduction
<b>EQ</b>	Earthquake
<b>FAO</b>	Food and Agriculture Organization
<b>FGD</b>	Focus Group Discussion
<b>HFSVMA</b>	Household Food Security, Vulnerability and Market Assessment
<b>HH</b>	Household
<b>HIES</b>	Household Integrated Economic Survey
<b>IEC</b>	Information, Education and Communication
<b>KII</b>	Key Informant Interviews
<b>KP</b>	Khyber Pakhtunkhwa
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NCA</b>	Norwegian Church Aid
<b>NDMA</b>	National Disaster Management Authority
<b>NFI</b>	Non Food Items
<b>NGO</b>	Non-Governmental Organization
<b>NOC</b>	No Objection Certificate
<b>ODF</b>	Open Defecation Free
<b>O&amp;M</b>	Operations and Maintenance
<b>PHED</b>	Public Health Engineering Department
<b>PKR</b>	Pakistani Rupee
<b>PSLM</b>	Pakistan Social and Living Standards Measurement
<b>PWD</b>	Person With Disability
<b>SE</b>	Standard Error
<b>UC</b>	Union Council
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme

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## ***Executive Summary***

***Background to the Project and Evaluation:*** District Shangla is a remote mountainous region situated in Khyber Pakhtunkhwa (KP) Province of Pakistan. This district has suffered from several disasters in the past including earthquakes, floods, heavy rains and landslides. Norwegian Church Aid (NCA) and Community World Services Asia (CWSA) through European Commission's financial assistance implemented Integrated Emergency Water, Sanitation and Hygiene (WASH) and Shelter project for Earthquake Affected Communities in District Shangla – Khyber Pakhtunkhwa, Pakistan. The project was implemented in the earthquake 2015 affected areas of Shangla with the overall goal to contribute to improved access to emergency WASH, Shelter and build capacities of local communities for dealing with future shocks.

***Methodology:*** The evaluation team reviewed documents, conducted Household (HH) survey, administered Focus Group Discussions (FGD) and Key Informant Interviews (KIIs).

Following are the key findings against each evaluation criteria:

***Relevance:*** The evaluators believe that the project design was relevant and aligned with the needs of the communities. Prior to project design, through need assessment and secondary data, the community needs were identified. Taking into account the request from government and communities, there was another follow up study conducted at the time 2 additional UCs were included in the project. Considering this added need, ECHO provided additional funding of Euro 550,000 to the project. From the data it is evident that prior to the project, the main source of drinking was surface water from streams. However the water supply schemes were either completely or partially damaged due to earthquake 2015. Similarly, according to the need assessment report for 80% HHs (60% damaged due to earthquake and 20% never had latrine before) there were no latrines as open defecation was common. The project targets included provision of repair / reconstruction, new and PWD friendly latrines at the household level depending on the level of damages to sanitation facilities due to 2015 earthquake. While 20% of the communities did not have latrines even before the earthquake, the rest 60% communities' were deprived of prior existing latrines and needed immediate assistance. The evaluator observed that while majority of the targeted communities (60%) did have latrines prior to earthquake, the project have positive effects on possible replication of the provided sanitation facilities on those who were not did not have latrines' (20%) before the earthquake. In emergency response and rehabilitation projects, the proportion of communities affected by the disaster are more open to adopt better practices after sensitization and it does have replicable effects into the wider area. Gradual behaviour change in community WASH practices through replication modal leads to linkages of relief, rehabilitation and development (LRRD). The targeted area is also prone to natural disasters such as earthquakes, heavy rains and landslides. There was significant damage to the housing/buildings in the project targeted area.

***Effectiveness:*** The project adopted an effective approach which ensured that all the targets set are met within the available budget and timeframe. There was direct engagement of the community in the project intervention e.g. cash for work activities besides engagement through committees. This helped improve the community ownership of the project interventions. This ownership is reflected through high percentage of WASH infrastructure functionality.

There is improvement in the living conditions of the communities as open defecation has been reduced and access to drinking water has improved. Overall, this resulted in reduction of water borne and sanitation related diseases e.g. diarrhoea.

The project raised communities' awareness regarding safer construction. This will help communities respond to any future emergency in relatively better and improved form.

The women and girls in particular have a sense of ownership of the project besides feeling more secure and comfortable to have a sanitation facility within the HH boundary. Similarly, the water points closer to their HHs have reduced the time of water fetching. They can utilize that spare time in completing household chores and recreational purposes. In fact, some spare time can be invested in some additional livelihood activity e.g. carrying out embroidery work etc.

**Efficiency:** The project duration was extended till end of April 2018 to mainly cater for the time lost due to NOC challenges, political challenges, security situations and weather constraints. The cost of latrine construction appeared to be reasonable considering the very hard and hilly terrain. In the remote and hilly terrains of Shangla, the transportation costs in particular are reasonably higher than other plain areas of the country. Overall, the resources were efficiently managed during the project field activities to keep the cost to minimum.

**Sustainability:** Under this project, women were engaged in the committees. The women participated in the site selection for WASH interventions particularly latrines. Overall, the feedback confirms that the sites selected for the water points and sanitation facilities were appropriate as per privacy requirements of women. The shelter repair kit was put to various usages by the community. In summary the project interventions are being utilized. This improves the likelihood of long term sustainability of the interventions. The communities have adopted better hygiene practices e.g. washing hands with soap and using tooth brushes. Communities consider themselves to be poor and are unable to spend large amounts on these items. At the same time majority of them are willing to continue these hygiene practices.

**Risk Management:** Considering the uncertainties around the NOC, the project did well to work with the local administration to implement the project. Similarly, the project ensured the safety of the staff through keeping close liaison with the security agencies and adopting good security measures.

Below are the key recommendations for future projects:

1. **Community Awareness - Cost Effectiveness of the Latrines:** The communities need to be made aware that the initial construction cost of a pour flush latrine with brick or concrete block is slightly higher. However, this latrine is more likely to withstand heavy rains, and will require comparatively less maintenance in the long term. Therefore, it will have longer useful life.
2. **Improved Coordination:** It would be good to improve direct coordination with the relevant government departments e.g. PHED etc.
3. **Women's Engagement:** Further improve the engagement of women in the project interventions in the future. This could be done through working closely with community elders and husbands.
4. **Weather Conditions:** In Shangla weather was a major factor in planning the activities, therefore, weather should be properly factored in the project design
5. **Payments to the Masons/Plumber for Training:** The training days of masons should be compensated financially.
6. **Registration of Village Committees:** To improve the sustainability aspect of the committees, it is recommended to facilitate their registration with social welfare department. This will also help them gain a legal status to receive funding from government and other Non-governmental Organizations (NGOs).

## 1. Background Information

GLOW consultants were commissioned by NCA to conduct this third party evaluation of its ECHO funded Integrated Emergency WASH (Water, Sanitation and Hygiene) and Shelter Support to 2015 EQ (Earthquake) Affected Communities in District Shangla – Khyber Pakhtunkhwa, Pakistan.

### 1.1 Overview of the project

District Shangla is a remote mountainous region situated in KP Province of Pakistan. This district has suffered from several disasters in the past including earthquakes, floods, heavy rains and landslides. This project was implemented in the earthquake 2015 affected areas of Shangla with the overall goal to contribute to improved access to emergency shelter and WASH services and also to build capacities of local communities to deal with future shocks for earthquake affected communities residing in district Shangla. According to National Disaster Management Authority (NDMA) Annual Report<sup>1</sup>, the earthquake 2015 resulted in 225 deaths and damages to 99,880 houses across Pakistan. The 2015 earthquake severally affected district Shangla, In Shangla, the death toll according to the same report was 49, and 12,086 houses were damaged (partially damaged 7,420 houses and fully damaged 4,666 houses).

The following were the key out puts expected from the project:

Table 1: Key Outputs Expected from Project	
<b>Result 1</b>	Earthquake affected individuals in District Shangla have improved access to safe water
<b>Result 2</b>	Target beneficiaries affected by earthquake have access to adequate sanitation facilities
<b>Result 3</b>	Communities affected by EQ have an improved understanding of proper hygiene practices and demonstrate positive behavior change
<b>Result 4</b>	Increased access to Non Food Items (NFIs) and shelter material in line with Shelter guidelines for supporting safer reconstruction of shelter

### Indicators wise Target vs Achievements

Indicator	Target Value	Achieved Value
Increased access to clean drinking water in a dignified manner contributing towards improved health.	51,393	51,393
Men, women, boys and girls have access to and use adequate sanitation facilities for the safe disposal of human excreta.	20,886	17,359
Men, women, boys and girls demonstrate improved hygiene practices to protect themselves against pre-identified key public health risks.	46,905	48,457 in 30,940 male, 14,678 female and 2,851 children

<sup>1</sup> NDMA Annual Report 2015

Immediate shelter needs of men, women, boys and girls affected by the earthquake are met.	10,780	11,324
* Number of persons provided with sufficient and safe water for drinking, cooking and personal hygiene use	51,393	51,393
* Number of drinking water samples (taken at water collection and/or use points) with faecal contamination	52	84
* Distance between farthest targeted beneficiary household and the nearest water collection point	499	For the target population, the water is now available at their doorstep
* Number of persons per toilet/latrine with functioning hand washing facility	20	15.97
* Number of persons with access to bathing facilities (m/f separated, if communal)	20,886	17,359
Number of human settlements free of solid waste on and around the site	35,420	35,420
* Number of persons able to mention main contamination reservoirs, routes and vectors in feco-oral transmission (as measured through KAP monitoring)	75	
* Number of persons reporting being satisfied with the appropriateness of hygiene consumable and NFI (as measured through Post Distribution Monitoring)	35,420	35,420
* Number of targeted persons who have access to shelters solutions and materials which meet agreed technical and performance standards, including those prescribed by the Cluster, if activated	10,780	11,324
* Number of highly vulnerable individuals provided with adequate shelter solutions	4,200	4,393

## 1.2 Project Area

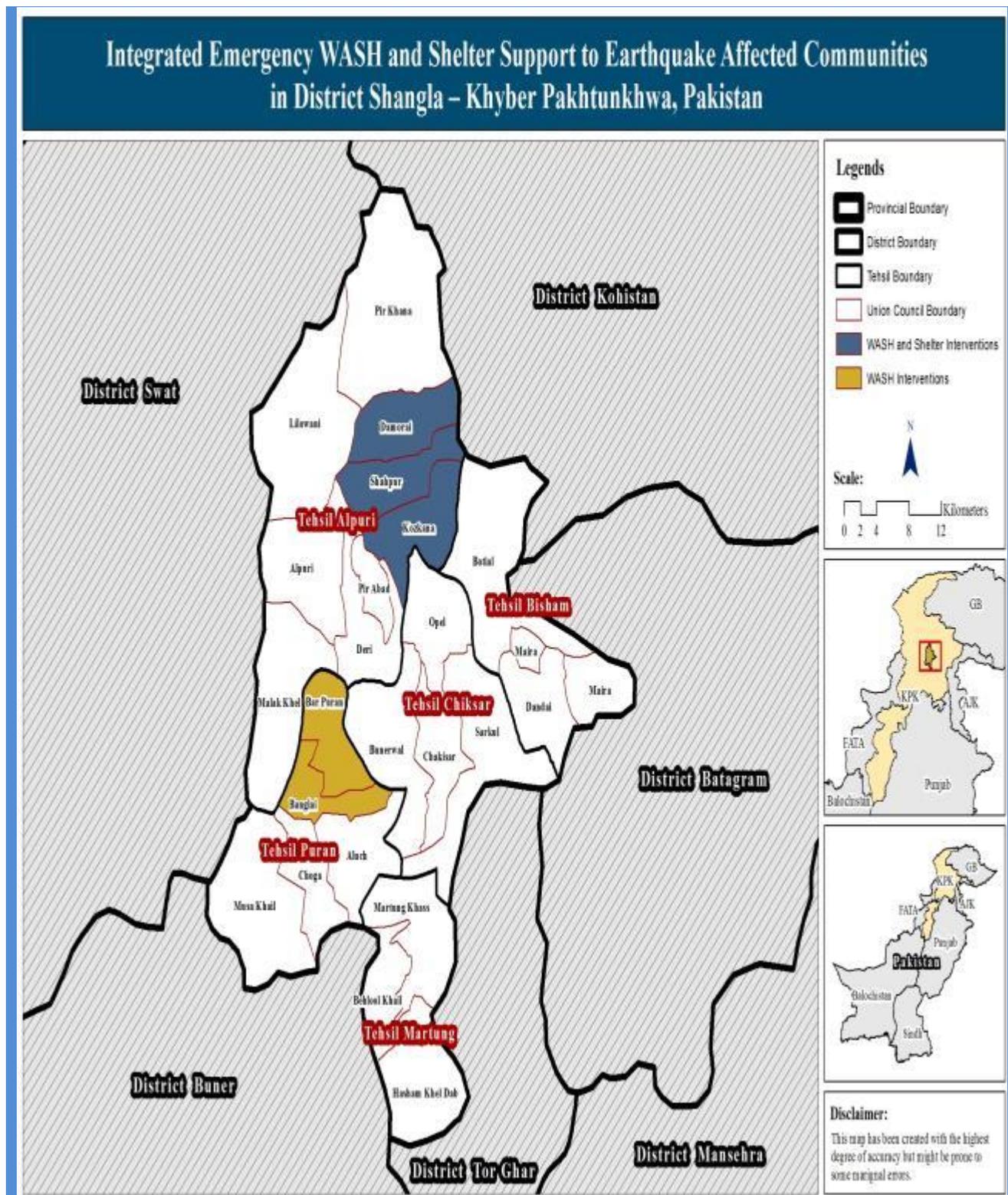


Figure 1: Geographical Map of District Shangla

## 2. Evaluation Objective and Methodology

The final evaluation primarily evaluated the project based on relevance, effectiveness, efficiency, sustainability and risk management themes. The evaluation also assess the cross cutting themes such

as project role related to gender and environment. This final evaluation used both qualitative and quantitative tools. The key features of the methodology are outlined below:

## **Teams Composition**

The data collection team comprised of 5 male and 4 female members who were efficient in the use of local dialect / language with sufficient work experience in humanitarian sector. All team members, male and female, had a least three years of experience in humanitarian and rehabilitation projects across KP province. While all the female team members were Shangla locals, among males, 3 were non-locals while 2 belonged to Shangla.

### **2.1 Review of Relevant Documents / Secondary Data**

The evaluator reviewed the relevant documents related to the project e.g. project concept note, project log frame, need assessment report, project interim report and project response analysis. In addition, the evaluator also reviewed the beneficiary databases for latrines, shelter and hygiene kits.

### **2.2 Evaluation Tools Development and Testing**

The evaluation team drafted customised tools as per evaluation requirements. These draft tools were shared with NCA. Based on NCA feedback, the tools were updated. The tools were pre-tested during the enumerators training exercise. The enumerator training was arranged in Besham (Shangla district) on 22<sup>nd</sup> April 2018.

### **2.3 Household Survey**

The evaluation team visited all the project intervention Union Councils (UCs) and collected primary data from the beneficiaries of the project. A total of 412 questionnaires were completed in total with men and women during 23<sup>rd</sup> till 28<sup>th</sup> April. The data collection team had 5 men and 4 women team members.

The sample size for household survey was calculated using following approach.

To conduct the survey with 61,461 individual beneficiaries, evaluation team computed a statistically significant and representative sample. The basic approach to consider sample size requirements for a population was influenced by purpose of evaluation study which aimed to see how project performed against the set indicators. GLOW Consultants with the help of below formula has computed 412 sample size for household survey by taking 95% of confidence level and 5% margin of error.

The basic approach to considering sample size requirements for NCA sample calculation was as follow:

$$n = Z\alpha^2 (p) (1-p)/(d)^2$$

Where “d” is the difference between upper and lower limit of interval estimate, “p” is prevalence i.e. the probability of the indicator to be measured, and ‘n’ is the number of observations.

By custom, one wants 95% confidence ( $Z\alpha = 1.962$ ) that the true value for an indicator would be within two Standard Error (S.E.) of prevalence (p). Since we do not know prevalence therefore, we assume it to be 50% (i.e. 0.5). Other parameters assumed are explained below:

#### **Step 1: Sample Size Calculation**

$n_1$  = denotes required sample size

Confidence level = 95% (Tabulated value for 95% confidence level is 1.962)

Confidence Interval = 5% (margin of error)

Prevalence = 50% ( $P = 0.5$ )

$$n_1 = (1.962)^2 (0.5) (1-0.5) / (0.05)^2 = 384$$

### Step 2: Finite Population Correction

True sample = (Sample Size \* Population) / (Sample Size + Population - 1)

Population = 61461 (NCA Beneficiaries)

$n_1 = 384$

True Sample ( $n_2$ ) =  $(384 * 61461) / (384 + 61461 - 1) = 382$

### Step 3: Adjust for the design effect

Design Effect (D.E) = 1

$n_3 = D.E \times n_2$

$n_3 = 1 \times 382$

$n_3 = 382$

### Step 4: Adjust for response to determine final sample size

As per our field experience, the response rate is around 93%. The final sample size is given below:

$n = n_3 / r$

$n = 382 / 0.93 = 411$  (Rounded off)

This sample was proportionally divided in all the sampled villages. Each beneficiary within the household had equal chances of selection for the survey. The data was collected from 50% of the project villages spread over the entire five project Union Councils (UCs). The list of villages is provided below:

S#	Name of Village
1	Shipnai Danda
2	Matta Barkana
3	Damana
4	Tass Jai
5	Ranizo
6	Serai Jaishnoor
7	Aku Jai
8	Lowdar Sooray
9	Banglai
10	Chaghum
11	Sundovi
12	Saneela

## 2.4 Key Informant Interviews

Meetings and interviews were conducted with NCA staff; CWSA staff; Village Committees; Government Representatives; and Masons / Plumbers during 23<sup>rd</sup> and 28<sup>th</sup> April.

## 2.5 Focus Group Discussions

During the visit, 14 Focus Group Discussions (FGDs) were conducted in the project villages i.e. 7 each with the men and women groups from the communities during 23<sup>rd</sup> till 28<sup>th</sup> April. A total of 55 men and 56 women gave input to the FGDs. The women FGDs were facilitated by the women team members. The details of the FGDs conducted are provided below:

S#	Name of Village	Number of Participants	Remarks
1	Ranizo	8	Male
2	Shipnai Danda	8	Male
3	Damana	8	Male
4	Ranizo	9	Male
5	Serai Jashnoor	5	Male
6	Sandovi	9	Male
7	Tass Jai	8	Male
8	Tass Jai	8	Female
9	Sandovi	8	Female
10	Saneela	9	Female
11	Akojai	7	Female
12	Matta Barkana	8	Female
13	Ranizo	8	Female
14	Damana	8	Female



Photo 1 - Separate Women FGD in Progress

### 3. Findings

Findings are grouped under each evaluation criteria in this section.

#### 3.1 Relevance

For understanding, the relevance section is further elaborated in the below listed sub sections.

##### 3.1.1 Need Assessments –WASH and Shelter Needs Prior to the Project Initiation

The evaluators noted that at the project design stage the needs were confirmed through a detailed need assessment activity. The study highlighted the priority needs related to WASH and Shelter. However, it is important to note that at proposal stage the need assessment was carried out in the 3 intervention Union Councils i.e. Shahpur, Kuzkana and Damori. The remaining 2 UCs i.e. Bengali and Bar Puran were added later to the project based on the needs on the ground (a rapid need assessment was conducted in October 2016) based on the request from the communities and elected local government. It is important to note that ECHO provided additional Euro 550,000 to cover the additional scope.

According to the needs assessment report, around 1,867 houses that got damaged due to the 2015 earthquake did not receive any assistance in the 3 UCs. The government compensation which was only provided to 26% households was also considered to be insufficient by the community to construct a basic shelter. Therefore, the needs assessment report identified the urgent needs of the community in terms of in kind support coupled with awareness raising on safer construction.

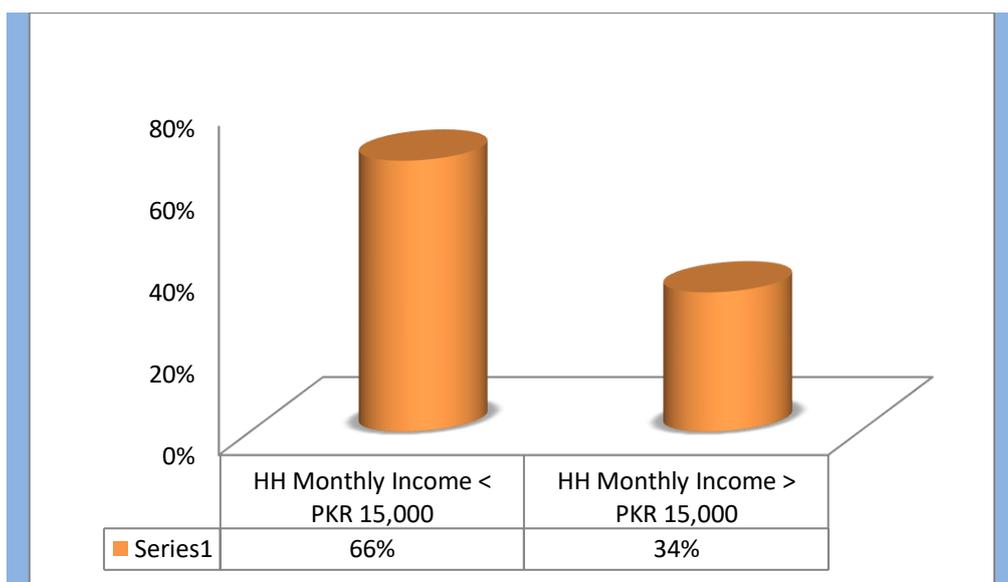
The needs assessment report summarizes that the targeted areas had damaged water supply schemes. This not only caused health problems for the communities in terms of consuming low quality and

quantity of water but at the same time it created greater work burden for women who are mainly responsible for collecting water.

The needs assessment highlights that the latrine coverage was comparatively low but the situation even got further deteriorated as the disaster (earthquake) damaged the existing latrine structures. Therefore, the report recommends supporting communities in terms of rebuilding the latrines together with hygiene promotion activities. As mentioned earlier on page V , 80% HHs (60% damaged due to earthquake and 20% never had latrine before) there were no latrines as open defecation was common. Considering the identified needs, provision of new latrines and repair of the damaged structures were undertaken by CWSA and NCA. Both new construction and repair of damaged latrines' structures were undertaken based on selection criteria. Regarding the new latrines' construction, the level of structural damage and resistance to unforeseen disasters in future has been taken into consideration. Completed structural damage does qualify the household for provision of new latrine. Also, it is observed that the number of users per latrines varies considerably. This is also associated with provision additional facility in a number of household to cater the needs to large families. Project teams strictly followed beneficiaries' selection criteria as outlined on page 02 of this report.

The needs assessment finally recommends including Cash for Work (CFW) component in the project design to ensure that the cash strapped communities can receive some cash for their physical contribution to the project interventions.

According to Pakistan Social and Living Standards Measurement (PSLM) 2014-15, Shangla district has the thirds lowest latrine coverage in KP i.e. 24% HHs had no latrine. This situation was further deteriorated after earthquake 2015. The needs assessment reported that a large number (almost 80%) had no latrine either they never had a latrine (20%) or lost it in the earthquake (60%). Out of those 80% (i.e. 20% never had latrine before + 60% latrines damaged in the earthquake) households who were not having latrine, approximately, 55% of them were open defecating in the nearby bush/backyards/fields. Around 23% were going next to streams for defecation. Approximately, 12% were using neighbours latrine. Finally, the remaining 10% were defecating in a small and shallow dig up hole. The key reason for not having latrine was identified as unaffordability of latrine cost.



**Figure 2: HH Monthly Income**

The above figures from quantitative data shows that almost 2/3<sup>rd</sup> (i.e. 66%) of the HHs were having income less than the minimum wage of PKR 15,000 per month. Another, 34% HHs were earning more than PKR 15,000. This shows that to a larger extent the communities are cash strapped.

According to the FGDs with the participants, prior to the project, there was need of water schemes because the water sources were far away and contaminated (as per need assessment, 70% of the water samples tested were found bacteriologically contaminated). Mostly the women and girls were collecting water and carrying it to the houses. The women participants of the FGDs in particular mentioned that collection and carriage of water in this mountainous terrain is a very difficult task which they had to perform on daily basis prior to the project intervention. According to Pakistan Social and Living Standards Measurement (PSLM) 2014-15<sup>2</sup> a negligible percentage of Shangla population depends on ground water sources. The vast majority get their water from springs or streams. These water supply schemes were severely damaged by the 2015 earthquake. Therefore, as per the needs assessment, 63% of the households (mainly women) had to walk more than half a kilometre to fetch water. Similarly, 80% of the population had no latrine at all. It is important to note after the earthquake 2015, many households who had latrines before also lost their access to latrines.

Besides WASH related challenges, the selected communities were also prone to natural disasters. The communities in particular identified the earthquakes and heavy rains/floods as major hazards in their areas. The earthquakes 2005 and 2015 were the most devastating events in the recent past. According to the District Disaster Risk Management Plan<sup>3</sup> for Shangla, the key hazards in the area are flash floods/heavy rains, heavy snow fall, landslides and earthquakes.

### 3.1.2 NCA WASH and Shelter Project

To cater to the aforementioned situation, NCA through CWSA implemented a WASH and Shelter focused project in the 5 selected UCs of district Shangla.

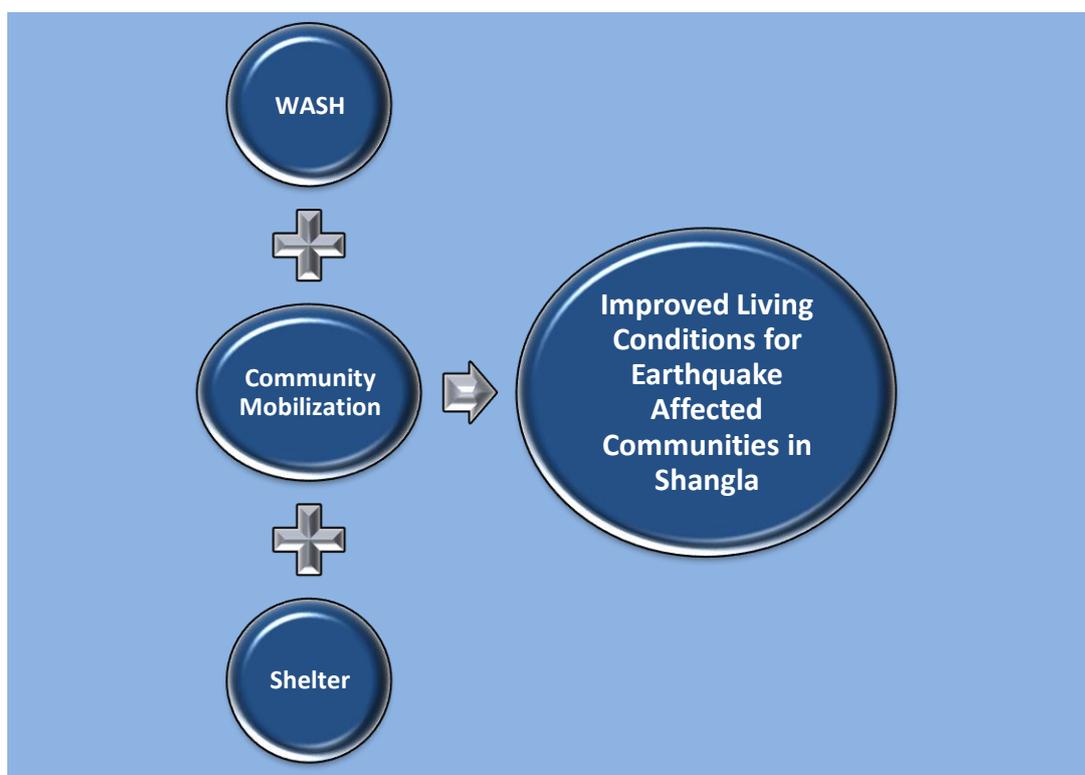


Figure 3: Integrated Shelter and WASH Activities

The project objectives were to assist the earthquake affected communities meet their basic WASH and Shelter needs. The project objectives were specific and had considered the need to mainstream Disaster

<sup>2</sup> Pakistan Social and Living Standards Measurement 2014-15 Report from Pakistan Bureau of Statistics

<sup>3</sup> Shangla District Disaster Risk Management Plan from National Disaster Management Authority

Risk Reduction (DRR) and gender aspects. At the activity level, the project had good integration of WASH and Shelter activities. The water component included rehabilitation of the damaged water supply schemes. This included source protection, water storage tank and pipe line construction / repair. Water quality tests were conducted to ensure water provided is of good quality. Under sanitation, construction or rehabilitation of pour flush latrines was carried out. The bathrooms had a latrine, bathing space and also hand wash facility included in the package. Furthermore, latrines with special support features were provided for Persons with Disabilities (PWDs). In addition, hygiene promotion activities (messages were delivered in local language) backed up by provision of hygiene kits ensured the communities have improved hygiene conditions. Overall, the project had adopted a convergence approach where all the three sub sectors of WASH i.e. water, sanitation and hygiene worked together along with the integration of Shelter, DRR and gender to ultimately improve the status of the targeted households. However, in the 2 UCs which were later included in the project, the main focus of the activities was rehabilitation of water supply scheme coupled with hygiene promotion and distribution of solid waste bins and hygiene kits etc.

The following is the overall beneficiary selection criteria which were used to identify the project intervention villages and individual beneficiaries. The gist of the selection criteria was to target earthquake 2015 affected households for the project.

## Beneficiary Selection Criteria

### WASH

- *Families that are deprived of easy access to safe water due to the damage to WASH infrastructure by the EQ*
- *Families with a high number of vulnerable groups suffering from chronic illnesses as a result of water and sanitation conditions*
- *HH compounds that are missing latrines and bathing facilities as a result of damage from the EQ*
- *Communities located furthest from a safe water source with difficult and time consuming water transportation*
- *Families that have lost all their assets or have no means to make a living, placing them at heightened vulnerability due to their economic situation*
- *HHs who have not received any WASH assistance after the EQ*

### Shelter

- *Families, whose houses have been damaged or destroyed as a result of the EQ*
- *Families, who have received insufficient compensation from the government and are unable to reconstruct their houses*
- *Families, who have not received shelter assistance after the EQ*
- *Families, whose compensation have been delayed and do not have any other means to repair houses for temporary protection*

### CFW

- *Having limited or no landholding and who rely on daily wage labour to support their families but have decreased access to labour work opportunities due to the EQ*
- *Female headed HHs who do not have any access to conventional earning at HH level*
- *Affected people who have not been part of other CFW initiatives*

### 3.1.3 Appropriateness of the Intervention Design

The communities appeared to be more appreciative of the water and sanitation related assistance they have received as compared to shelter assistance. This is because they previously had to fetch water from long distances. The hilly terrain makes it more difficult to walk long distances carrying heavy pots on unpaved routes. Similarly, open defecation for women was a major issue due to cultural and privacy reasons; therefore, latrine intervention was highly appreciated by the communities. The shelter intervention was considered valuable by the communities; however, as the project only provided shelter repair kit with limited items only, the communities used it for repair of damaged houses e.g. communities used the GI sheets for roofs or even for privacy walls around their existing shelters. The tarpaulin sheet was used for covering the valuable items (e.g. maize) to protect them from rain or even for covering the livestock fodder. Others used the shelter repair kit to make shelter arrangements for

their livestock. The evaluation team also met households who are keeping the shelter repair kit items safe for now and are trying to arrange for additional material so that they may construct another one room shelter e.g. for guests. The positive aspect is that the items were put to use by the communities.

### **Case Study 1 - Cash for Work, Latrine Cost Affordability and Open Defecation**

*"I could only wish it" says Rasool Khan of village Akujai in union council Damori of district Shangla. I am a poor man earning my livelihood as daily wager, he said. You might know that here in Shangla, we have limited opportunities for daily wages that is why we go after jobs opportunities to other parts of the country. I also sometimes go for working in coal mine to Khyber Agency for earning livelihoods for my family. The inflation is touching the sky and it is very difficult to meet both the ends.*

*There was no latrine at our home and all the family members were practicing open defecation. Construction of latrine costs around PKR 50,000 and I could not afford to construct latrine at home. It was not only the condition of my household but more or less same was the condition of every household in this village.*

*Then one day an NGO (CWSA) team came, they formed village committee and started door to door assessment. They also visited my home and selected me for the provision of latrine and shelter kit. They provided me cement, pipes, WC etc. Interestingly they also paid me cash for work for working at my own home. The team also told us about cleanliness and healthy habits and provided hygiene items. I am much thankful for everything and especially for the provision of latrine. Now we have latrine at home and the whole family members are using it and we do not need to go out for open defecation.*

The project also trained local masons on safer construction methodologies as per shelter cluster guidelines. Disaster resilient construction techniques were part of the training sessions. Similarly, members from the local communities were provided orientation on plumbing so that they can help maintain the water supply schemes. Additionally, the project engineers of CWSA extended technical assistance throughout the construction / repair work of latrines and WSS. The communities generally agreed that the construction material is locally available. The communities acknowledged that hygiene promotion and awareness sessions were conducted in local language i.e. Pashto. The awareness raising posters i.e. Information, Education and Communication (IEC) material were having sufficient amount of pictorial content together with narrative in Urdu language. This arrangement was appropriate as generally community speaks Pashto but they have better skills in reading in Urdu as compared to Pashto (Urdu is used in schools).



Photo 2 - Use of IEC Material in Local Language

### 3.1.4 Project Alignment with Sector Priorities

This project in response to earthquake 2015 has the following relationship with the sector, NCA and also with the government priorities.



**Figure 4: Project Relevance with Other Strategic Documents**

### **3.2 Effectiveness**

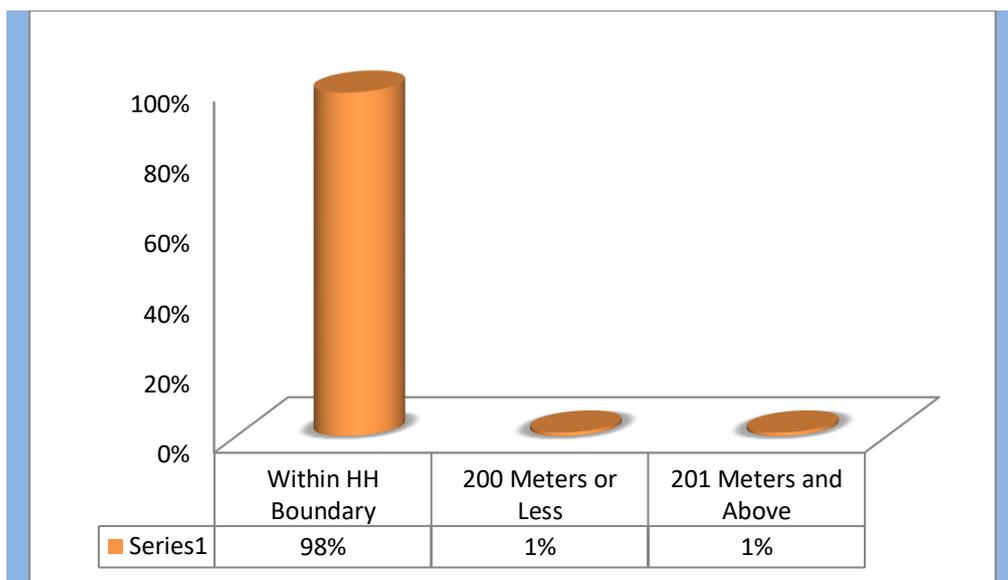
To better understand the effectiveness of the project, this section is further split into sub sections as detailed below.

#### **3.2.1 Committees**

The communities shared that the role of the committees was community mobilization including ensuring women’s participation, community level conflict resolution, preparation of primary beneficiaries list for different project interventions, identification of water schemes for rehabilitation, provision of skilled and unskilled labourers for rehabilitating water infrastructures, carriage of construction materials from roadside to the construction site and monitoring of the construction work. They further shared that CWSA provided construction materials, finances, trainings to masons and plumbers, O&M kits and technical guidance for rehabilitating the water infrastructures. The participants from the committees further added that we take care of the rehabilitated water schemes and we collect funds for O&M on need basis. Committees’ formation was carried out through election of members through consultative process where the villages communities selected the most trustworthy and active persons from amongst themselves for their representative.

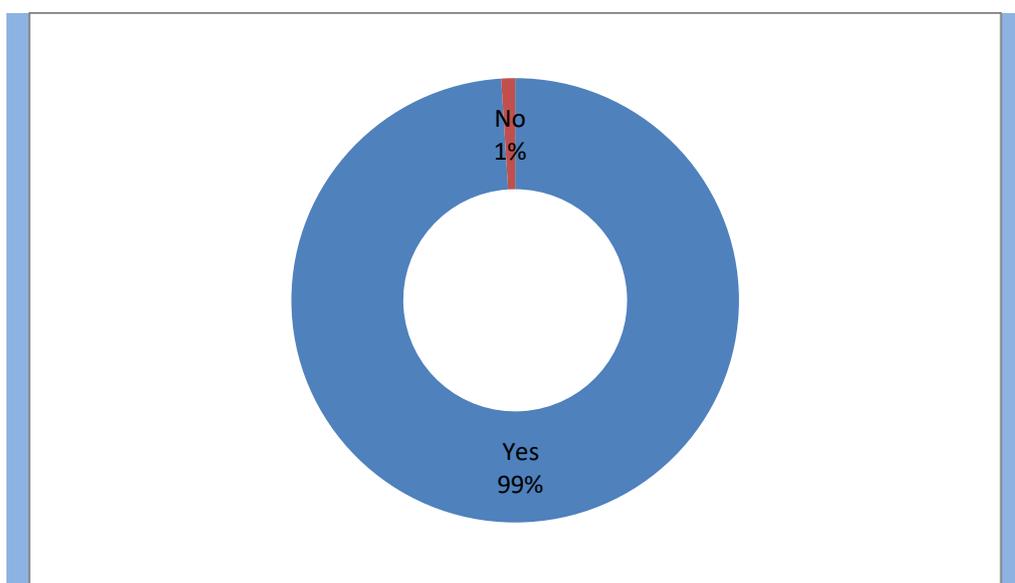
#### **3.2.2 WASH Infrastructure Utilization and Functionality**

The community highly regarded the provision / rehabilitation of water supply schemes. The community shared that they not only drink water from the water supply scheme but also using water for the livestock. They also use the same source of water for bathing, and washing clothes and dishes.



**Figure 5: Water Collection Point Distance**

Based on the feedback from the communities, almost every house (according to quantitative data 98%) has a water connection inside or just next to it. However, 2% shared that it is outside their house boundary. Therefore, the water points were easily accessible. Similarly, the communities didn't complain nor evaluator observed if they have to queue for long time to collect water. This shows significant improvement from the need assessment which suggests 63% of the women had to walk over 500 m to fetch water.

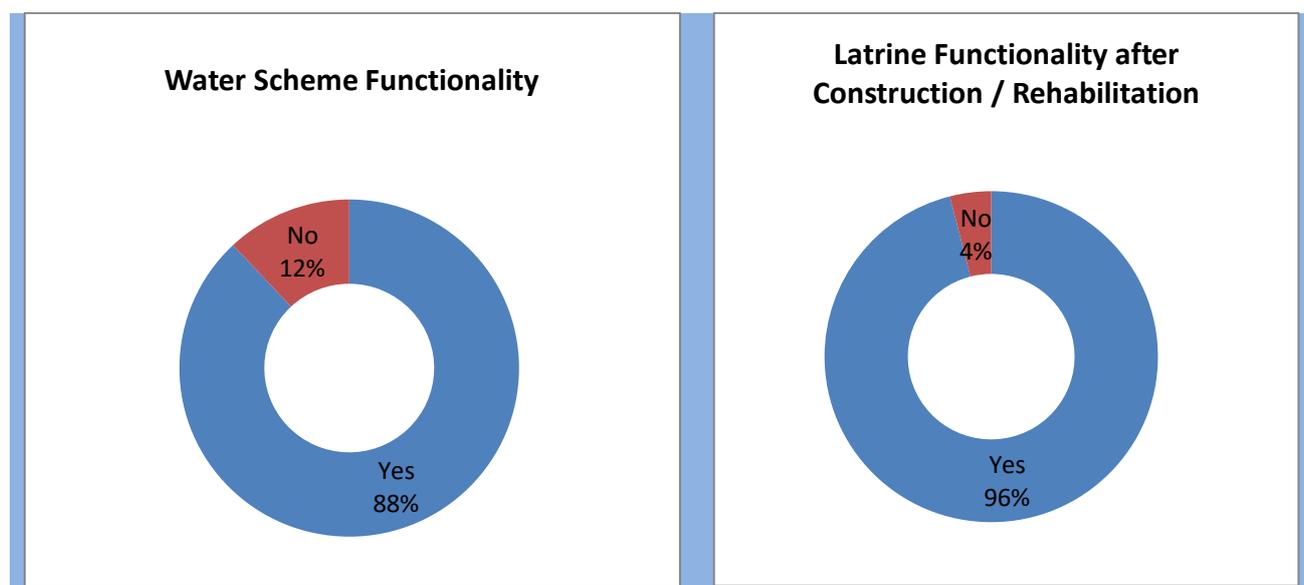


**Figure 6: Available Water Sufficient**

The communities confirmed that they have sufficient water available. However, in some of the villages the water is regulated to ensure everyone in the village get access to water. Therefore, the access to water in some villages is not 24/7 but it is only available for a few hours every day in which they have to store the water for their use. The communities were using water storage containers provided under this project.

For latrines, the community main considerations were regarding privacy, dignity and protection needs of women and girls. The women particularly mentioned that after the construction of latrines they use them and it is a great support in terms of having privacy. Also it had reduced the open defecation

practice in the targeted communities. Therefore, due to comparatively high costs, it is hard to adopt by the extremely low income HHs. Although, the targeted communities are found to be well oriented on the use of stone masonry and local mud for replication purpose of latrines. In view of communities' income level, they further need to be made aware that although the initial construction cost of a pour flush with brick and mortar or with block construction is higher than the mud/stone constructed latrine. The former is more likely to withstand heavy rains, and will require comparatively less maintenance. Therefore, it will have longer useful life. It is observed that considering multiple vulnerabilities of the local communities to natural hazards i.e. earthquake, provision of block / cement constructed latrines will prove more durable compared to stone masonry with mud, although the later costs less than the former. Furthermore, it is observed that communities were sensitized on the cost benefit ratio of both mud / stone masonry and block / cement structures. From evaluator's perspective, it give a clearer picture to the targeted beneficiaries in terms of construction cost vs sustainable / resilient structures.



**Figure 7: WASH Infrastructure Functionality**

The WASH infrastructure functionality graph shows that compared to the latrines, the community rated water points low on functionality. This was also due to the fact some of the water supply schemes were still under construction or particular branch line of a water supply scheme was in need of repair.

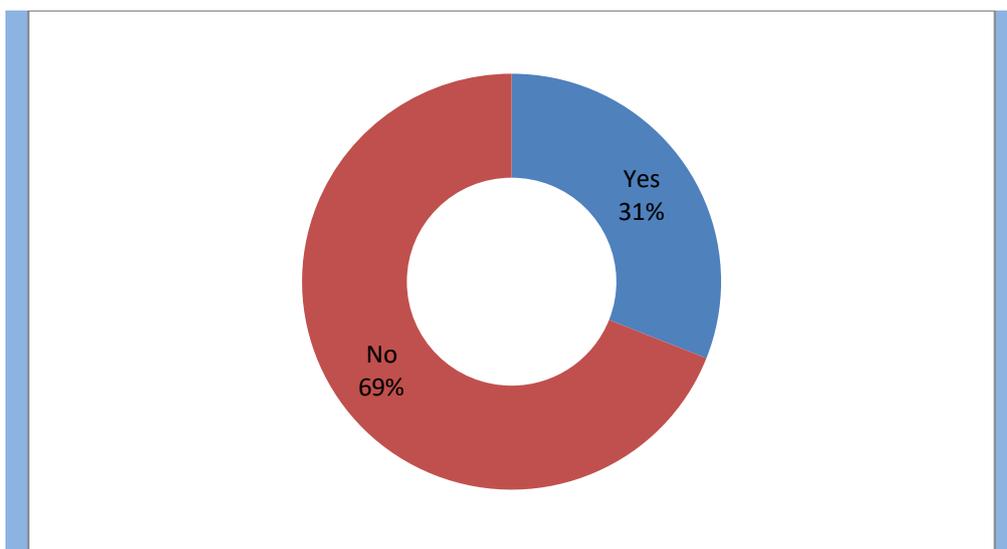


**Photo 3 – Unfinished Septic Tank**

Similarly, the latrines were in use by the communities but the evaluation team observed that in some cases, the latrines' septic tank in particular were in progress (near completion). The communities were committed to complete the remaining work in a week time. This is not only causing environmental issues but is a major risk of falling (particularly for small children). It is important to note that data collection for evaluation was carried out towards the end of the project implementation. Therefore, it is expected that these on-going activities would have been completed by the project end date.

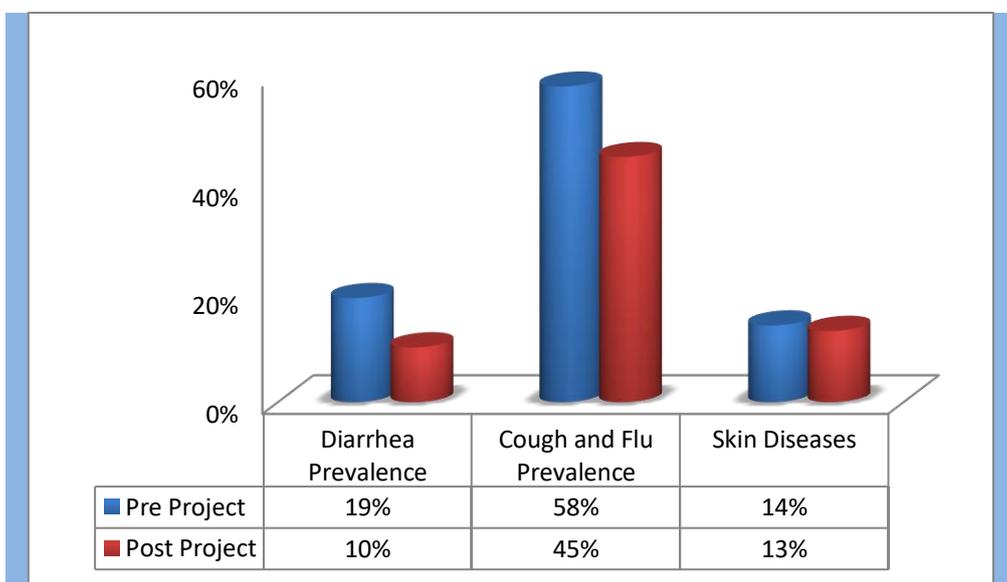
### **3.2.3 Improvement in Health**

According to the quantitative data, there are still 31% HHs who have suggested that one or more persons from their HHs are practicing open defecation. However, the open defecation in the area has been reduced exponentially from the baseline i.e. improving the overall living environment of the targeted communities. However, one important reason quoted for the open defecation after the project is the insufficiency of the latrines besides quoting strongly engraved habit of practicing open defecation.



**Figure 8: HHs Still Practicing Open Defecation**

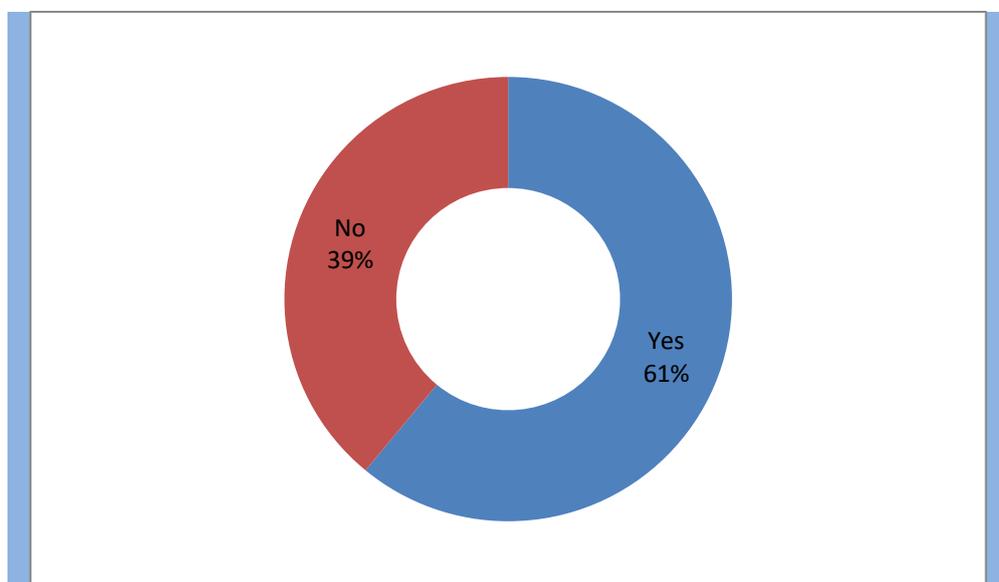
Around 10% of the respondents shared that in the last two weeks someone in their HHs was affected from diarrhoea. This is almost half the need assessment figure. Overall, there is reduction in other diseases e.g. cough and flu. The project interim report also highlight that due to losing their shelter and basic services after the earthquake 2015, the communities in the earthquake affected areas were exposed to highly hazardous living conditions with high prevalence of health problems. Therefore, the project appeared to have a positive health impact on the targeted communities. This reduction in the diseases can be attributed as result of exogenous factors as described above and the contribution of a cumulative effect of the overall project e.g. improved drinking water, better latrine access and enhanced hygiene awareness / practices etc.



**Figure 9: Reduction in Diseases**

According to the quantitative data, diarrhea prevalence in the targeted communities reduced from 19% in the baseline to 10% at the evaluation exercise. Similarly, cough and flu prevalence reduced from 58% to 45%. There is no significant change in skin diseases reported as the figure only reduced from

14% to 13%. Approximately, 61% of the HHs believes that after the drop in the diseases prevalence their health related costs have also reduced. However, the remaining 39% didn't register any reduction in their health related costs after the project. While, cough and flu may be reduced as a result of seasonal variations, reduction in diarrheal episodes can easily be attributed to project accomplishment in water and sanitation components. Improved hygiene practices also contributed well in reduction of water borne and sanitation related diseases specifically among children.

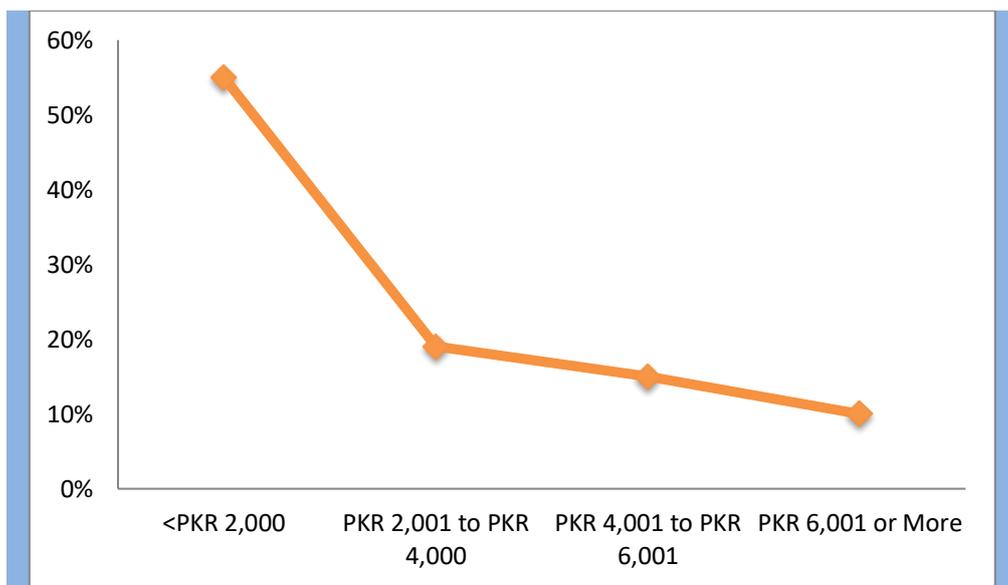


**Figure 10: Reduction in HH Health Related Costs after the Project**

The communities further shared that the cost they incurred on treatment are significant. The major reasons are again the mountainous and remote region due to which basic health facilities and doctors are not immediately available and they have to take the patient to other areas. In some instances they are compelled to take the patient either to Besham town or to Swat/Mingora for treatment. These towns are on average 2 hours' drive from the project intervention sites. In summary, any treatment which requires the patient to go and see the doctor cost them significant amount. According to Multiple Indicator Cluster Survey (MICS) 2008, Shangla is amongst the bottom three districts in KP in terms of access to health facilities. As per MICS report, on average the communities have to travel 14.9 km to reach the nearest health facility (overall average for KP rural is 9.8 km). This situation even further deteriorated after the earthquake 2015. According to the Food and Agriculture Organization (FAO) and World Food Programme (WFP) comprehensive Household Food Security, Vulnerability and Market Assessment (HFSVMA) 2007<sup>4</sup> study conducted in the earthquake 2005 affected districts including Shangla suggests that the HHs highest (around 15.3%) non-food expenses were incurred on health.

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<sup>4</sup> Household Food Security, Vulnerability and Market Assessment (HFSVMA) 2007 Study Conducted by FAO and WFP in the Seven Earthquake Affected Districts



**Figure 11: Per Month Reduction in HH Health Related Costs**

According to the quantitative data, out of the total HHs who have reported reduction in their health related expenditures, 56% reported monthly health cost reduction up to PKR 2,000. The remaining 44% HHs reported monthly savings in health expenditures above PKR 2,000. For > PKR 6000, the major reason of saving was comparatively longer distance of village location to nearest health facility which usually results in higher travel cost.

### 3.3 Efficiency

This subsection of the report covers the key aspects related to the efficient utilization of available resources and timely delivery of the project.

#### 3.3.1 Overall Project Timeframe

The project was initiated in May 2016 with the proposed completion month of December 2017. Due to security constraints and delays in NOC issuance from relevant Government Authorities, the project was extended till 30th April 2018. This time period also includes 3 months' time (November 2017 till January 2018) when the project activities were suspended by the government due to NOC issues. In addition, partial suspension of the activities was also witnessed regularly during 2017 as mobility restrictions imposed by security agencies multiple times. This cumulatively resulted in loss of another 2 months of activities implementation time. Moreover, the project implementation was also affected from the rains and snow as it is very difficult to safely commute in Shangla in rainy season (risk of landslides and falling rocks) e.g. the project lost almost 15 days of activities in April 2018 due to rains.

Finally, the project also faced challenges related to political interference resulting in wastage of some of the project implementation time. During the total project period and especially during the extension period, the project progress was hindered due to undue interferences of various political actors. Interventions in UC Puran were specifically challenged by political parties who demanded constituency wise allocation of water supply schemes and sanitation facilities. While beneficiaries selection criteria was the only condition to assist the earthquake affected communities, the political actors in the UC intended to divert humanitarian assistance to increase their vote bank. It took CWSA and NCA more than a month to negotiate with political parties, local communities and district administration. Therefore, adhering to the humanitarian principles of neutrality and independence,

some project targets i.e. 331 latrines were shifted from UC Puran to UC Shahpur and Kuzkana by following beneficiaries' selection criteria at all levels.

### 3.3.2 Timely Delivery of the Assistance

Though the project was overall extended for 3 months, however, at the community level the beneficiaries were satisfied with the assistance they received. They also did not consider a slight delay, if any, as a major concern as long as they had received the promised assistance.

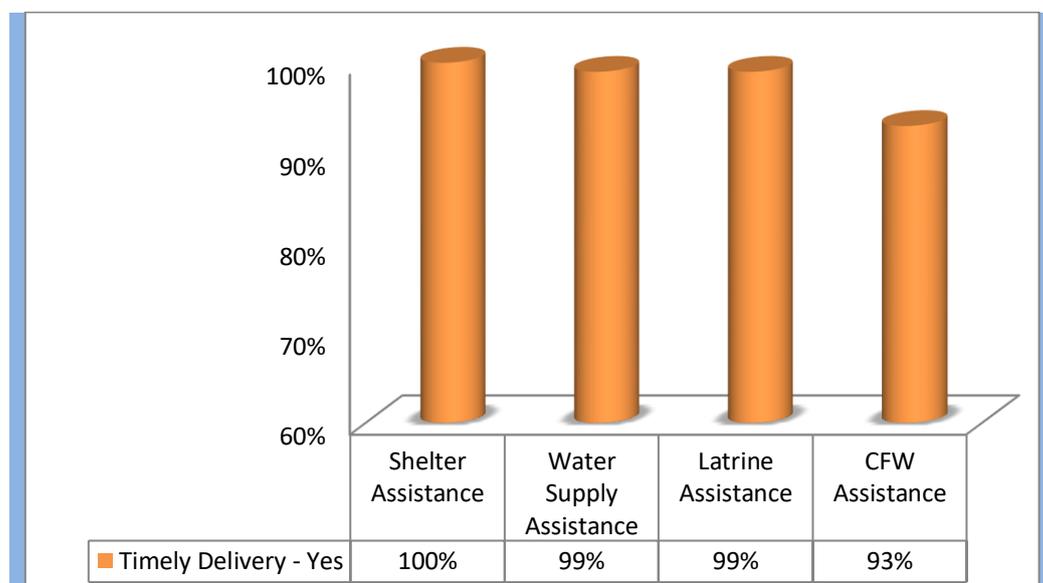
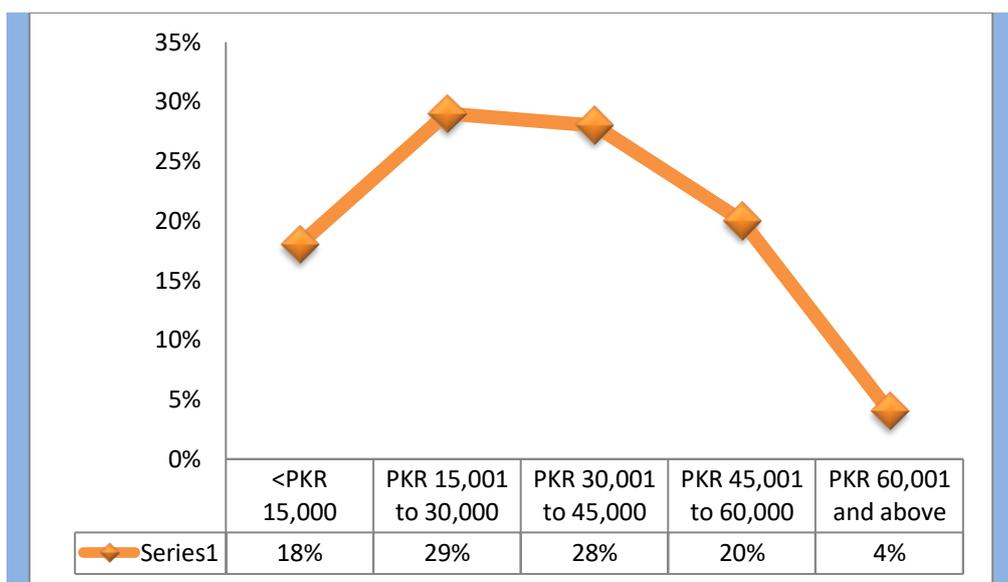


Figure 12: Timely Delivery of the Assistance

Under CFW assistance (payments), a small percentage of beneficiaries were not happy with the payment timelines.

### 3.3.3 Utilization of the Resources

As discussed above for 66% of the respondents the HH income was less than PKR 15,000 in the targeted communities. This suggests that the targeted communities are amongst the poorest communities. According to Household Integrated Economic Survey (HIES) 2015-16, out of the 5 income quintiles the lowest quintile in the rural area has monthly HH income ceiling of PKR 19,625.



**Figure 13: Estimated Cost of New Latrine - Community Perception**

As mentioned before in this report, the needs assessment reported that a large number (almost 80%) had no latrine either they never had a latrine (20%) or lost it in the earthquake (60%). Therefore, the project helped communities to repair their damaged latrines. However, if the latrines were completely damaged then new latrines were provided. It is important to note that a large number of targeted communities who lost their latrines in earthquake 2015 remained without access to latrines for up to 1 - 2 years.

Most of the respondents shared that the most expensive items in the latrine construction are cement, sand and concrete block. However, some other also listed steel, CGI sheet, skilled and unskilled labour, septic tank, walls and pipes as the most expensive items in latrine.

The CWSA provided following details regarding new latrine construction cost:

Description	Supplies/Other Costs	Cash	Estimated Total Cost*
New Latrine	32 bags of cement	PKR 10,000 for material	PKR 55,000
	Commode, Vent Pipe etc.		
	Transportation Cost	PKR 18,000 for Mason and Labour	
New PWDs Latrine	33 bags of cement	PKR 10,000 for material	PKR 62,500
	Commode for PWDs, Vent Pipe etc.		
	Transportation Cost	PKR 22,500 for Mason and Labour	

\* The evaluation team assumed the average rate of 1 Bag of Cement = PKR 525. In addition, the cost of commode, ventilation pipe and transportation etc. has been added to the total i.e. PKR 10,000 for general latrine and PKR 13,000 for PWD latrine.

It is important to note that due to very hard terrain the transportation cost of material is significantly higher in Shangla as compared to plain areas. The material once transported through vehicle closer to the village is then supposed to be carried over mules/donkeys or people have to carry themselves higher in the mountains to their villages. In addition, due to hilly terrain excavation for septic tank and soakage pit are very hard and time consuming. Therefore, the above cost appeared to be reasonable for the type of latrine constructed under the project.

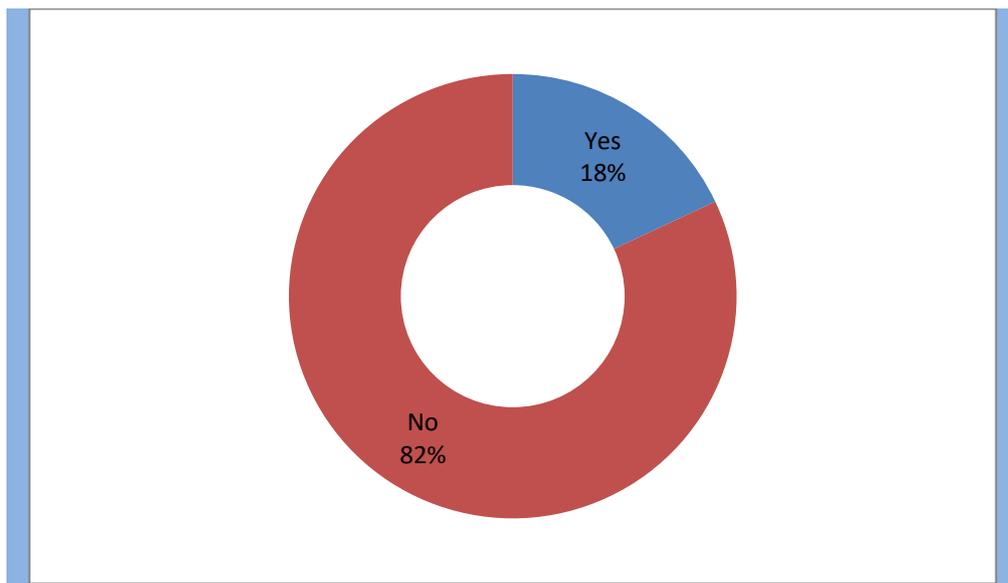


Figure 14: Affordability of Latrine Cost

As per quantitative data, only 18% of the HHs shared that they can afford to build a new sanitation facility. The others (82%) simply considered that the cost is too high and they will not be able to afford it. Therefore, the communities need to be proactively made aware that the initial construction cost of a pour flush latrine with brick/block and mortar is slightly higher. However, this latrine is more likely to withstand heavy rains, and will require comparatively less maintenance in the long term. Therefore, it will have longer useful life.

On a separate note the community shared that they will be able to maintain the water supply schemes. This includes minor repair to the tank or pipeline. The community further shared if they have to replace any sockets or a small number of pipes they will be able to do it. The community was willing to contribute towards the O&M of water supply scheme. However, major rehabilitation of the water supply scheme is also beyond their available resources. This affordability ranking is in line with the capital costs of these interventions. Therefore, lower the capital costs better is the affordability and vice versa.

### 3.3.4 Cost Incurred during Field Activities Suspension

During the project field activities suspension for 3 months, the cost was kept to the minimum. The project team contracts were concluded. The management did well by taking the efficient measures they kept the whole suspension period cost down to approximately Euro 6,000. The project staff, as required, was re-engaged after getting the NOC.

### 3.4 Sustainability

The sustainability section is detailed below:

#### 3.4.1 Village Sanitation Committees Sustainability

The communities are generally (85% respondents) aware of the committees set up in their areas. However, there were around 15% participants of this assessment who were not aware of the existence of the committee. Although the 85% respondents informed that committees were formed through election by the village communities based on the recognition, trust and acceptance of committee members among the local communities.

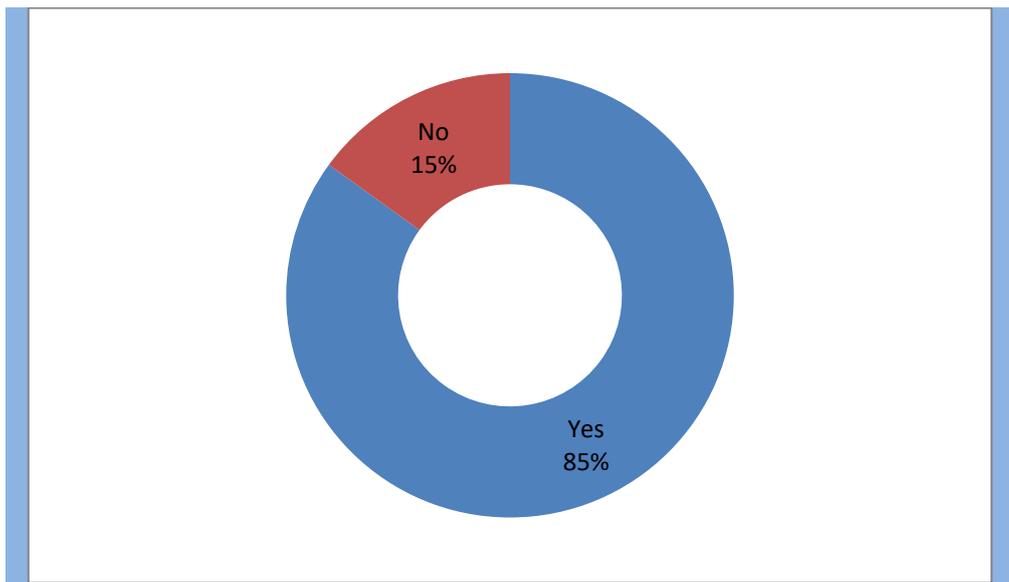
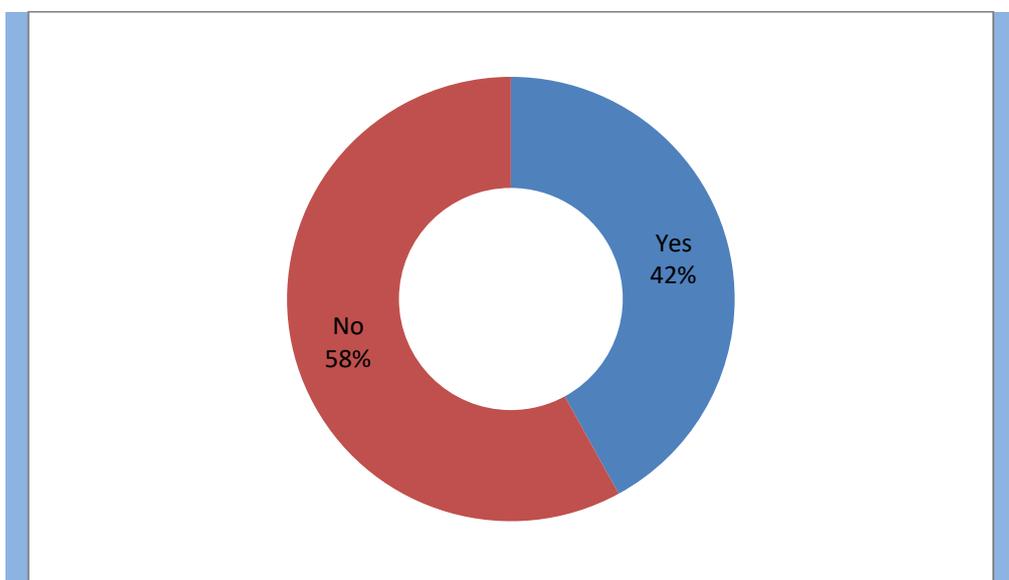


Figure 15: Community Awareness about Existence of Committee at Village Level

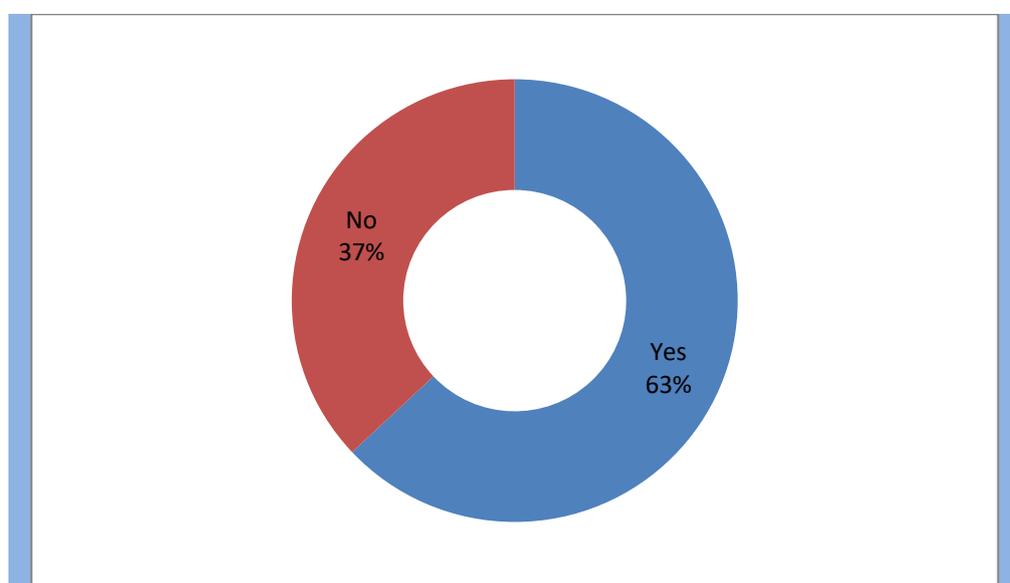
The main reason for it is that in committees only a few persons are active and the committee as a whole does not fully function. The other reason is the spread of the village consisting of several settlements which are at a distance from each other. The houses in each settlement are sparsely spread out; therefore, the committee president or other active member had more regular and frequent communication with the communities in their own settlement.



**Figure 16:Community Awareness about Women in the Committee**

According to quantitative data, 42% of the respondents acknowledged that women are part of the committees. However, the women committee members in particular appeared to be non-active as majority (58%) of the assessment respondents were not aware of women being on the committee or women having a separate committee. This suggests that the women's committees in this highly conservative environment will have even lower chances of being sustained after the project ends. However, under the circumstances e.g. where in instances girls/women are not even allowed to go to school, to work, to vote or even to markets, it is an achievement by the project to reach out to the women to engage them in the project activities.

The following graph suggests that 37% respondents from the general communities' believe the committees will not be sustained beyond project intervention period though 63% think otherwise. This is a common phenomenon which suggests that as the NGO pulls out and there is no more follow up from the NGO staff and no more interventions to implement the committee members soon lose interest in continuing their activities.



**Figure 17:Committee will Sustain after the Project**

The respondents shared that there should be educated people and number of the committee members should be increased (to have equal representation from all the settlements in a village) for bringing improvement in WASH committee performance. Although the evaluator emphasizes the fact that political affiliations of communities in Shangla are deeply entrenched and as such, the participatory formation of committees were challenged mostly based on political differences rather than on humanitarian grounds. The respondents also mentioned that if the government process allows then it may contribute towards sustainability aspect of the committees if these get registered as Community Based Organizations (CBOs). This will also allow them to function as a formal organization and get funding from other organizations in future.

### **3.4.2 Availability of Raw Material and Skills in the Local Market**

The communities shared that raw material and skills are locally available. The project also trained masons and plumbers to fill any skill gap. The trained masons shared that they were already working as masons in their areas and the project team met with them and after brief interviews they were selected for one day training on safer construction practices. They said that before the training we were using cement on the basis of approximation but now we have learned the importance of cement and

sand ratio and the use of steel in construction which is necessary for disaster risk reduction and durability. They also added that the use of proper ratio of cement and steel is very important though it increases the construction cost a little bit. Generally, the local people in the district are poor so they cannot afford the additional cost but now they are telling them the benefit of the use of cement and steel so some of the community members do adopt these measures. In their experience by adopting best practices the initial cost/capital investment estimated to be increased by 20%. However, the increased cost also brings in better durability.

The trained plumbers who got training under this project said they attended one day training on plumbing and pipe fitting. It was good and beneficial for understanding the technicalities of plumbing especially for constructing/rehabilitating gravity water supply schemes. Before starting work on the water schemes, they were provided the drawing of the water schemes and the engineer briefed them on it. Then in the supervision of project technical staff they carried out the work. They properly connected the joints of the pipes and passed it through safe routes.

They said that the training and working in the supervision of technical project staff enhanced their capacity and the water supply schemes which they have rehabilitated are of improved quality, disaster resilient, safe and durable. The plumbers said they have the required skills to carryout maintenance of the pipeline if required.

They further shared that there should be stipend for masons and plumbers (for the training day) as they are poor who are getting the training in future as they leave their wages and participate in the training sessions.

### 3.4.3 Operations & Maintenance (O & M) Mechanism

According to the quantitative data, 65% respondents suggested that general public (not committees) are responsible for O&M of the water supply schemes. Only, 33% of the respondents shared that O&M of water point is carried out by the committees. The rest 2% opted for NGOs/Government to be primarily responsible for the O&M of water supply schemes.

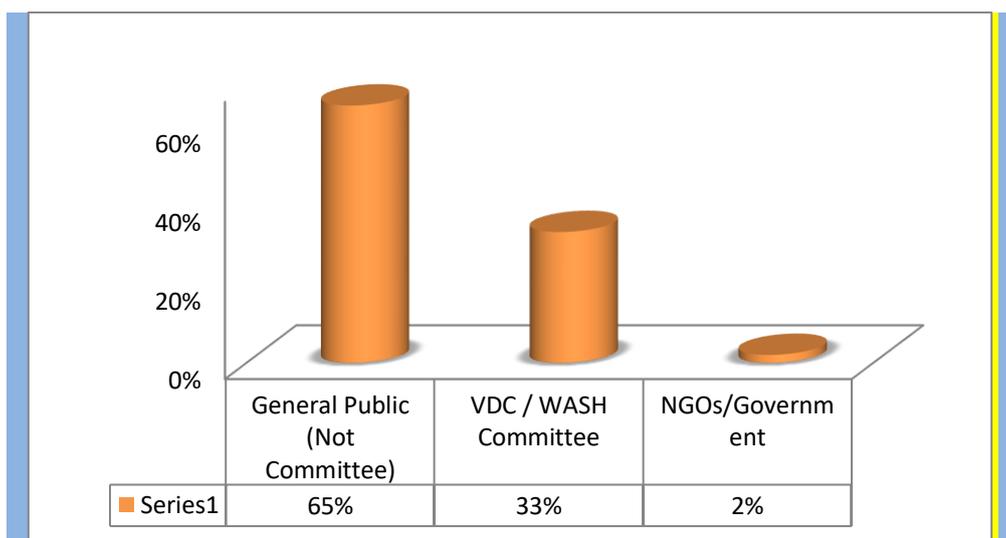
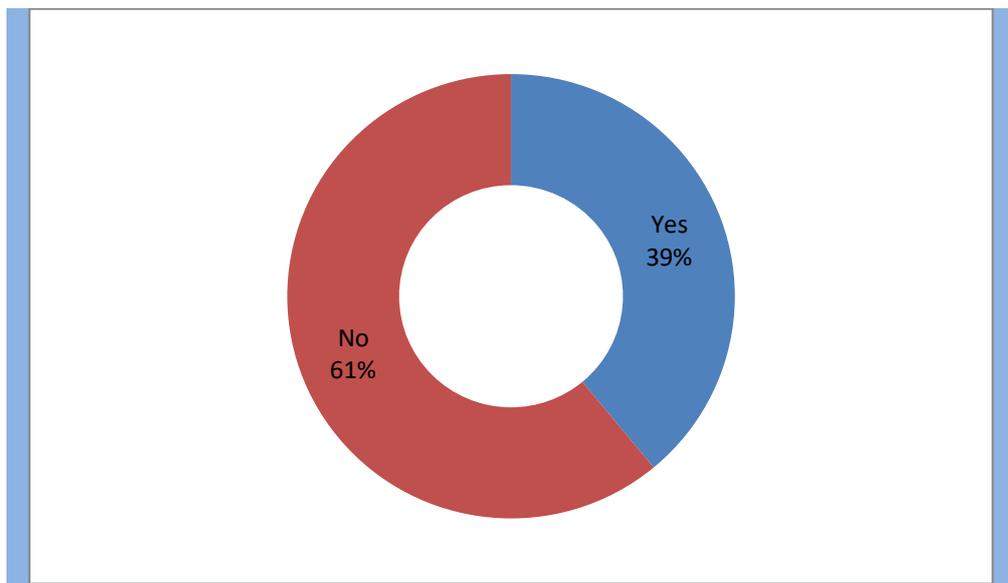


Figure 18: Water Supply Scheme O&M Responsibility

According to the quantitative data, 61% respondents shared that there is no regular i.e. monthly or quarterly fund collection mechanism in place for the O&M. However, the funds for O&M appear to be collected on need basis i.e. when maintenance is required. The funds are collected from all the households who benefit from the water supply scheme. This approach helps ensure each benefitting

HH contribute to the maintenance of the water supply scheme. Therefore, a single HH is not overburden to bear the overall cost of maintenance.



**Figure 19: Existence of O&M Fund Collection Mechanism**

This results in efficient utilization of the community resources and ensures that the WASH infrastructure provided remains functional. For those who cannot afford to pay, the community in general, their friends and relatives in particular pay on their behalf.

Under the project, a plumbing kit was also provided to facilitate the operation and maintenance of the water supply schemes.

Unlike the water supply, the respondents said that sanitation facility is the individual HH responsibility. Moreover, they should take care of it. The community shared that they are keeping their sanitation facility clean and carryout any minor maintenance. However, as the HHs has less purchasing power, therefore, for majority the major rehabilitation cost is unaffordable.

### **3.5 Risk Management**

The risk management section is detailed below:

#### **3.5.1 Project No Objection Certificate (NOC)**

The project faced a major challenge in terms of obtaining the NOC. The project was implemented through obtaining permission and support of district Shangla administration till October 2017. The permission to work was granted from district administration after every 2 to 3 months. However, the project activities remained suspended for three months i.e. from November 2017 till Jan 2018. The activities resumed after issuance of formal NOC by the government. The NOC issue is largely considered to an uncertain activity. The project did well by making working arrangements at the ground level to implement the project.

#### **3.5.2 Staff Safety Protocols**

CWSA shared that they have staff safety protocols which they have followed during the project implementation. Besides having a security focal person at Islamabad, the CWSA admin officer based at Shangla office was the security focal person for the field office. CWSA maintained close information

sharing with the security agencies at the field level. They also respected any advice coming from the security agencies to avoid visiting any particular area on any particular day.

NCA has standard protocols regarding ensuring the staff safety and they also provided regular guidance remotely and through field visits, as required. More importantly, NCA staff delivered security and first aid training to the CWSA field staff in Besham to ensure everyone is well aware of the security requirements and is capable of providing first aid.

CWSA coordinated with the local administration related to the visitors coming from Islamabad to ensure local administration provide security, if needed.

### **3.5.3 Procurement Procedures**

CWSA hired the services of vendors through competitive bidding process. These vendors supplied items at certain community level distribution points. The items were carried by the community from that particular point to their villages by themselves. NCA played quality assurance role to ensure the supplies provided are of good quality. In case of shelter repair kit, the delivery was delayed as NCA and CWSA did not compromise on lesser quality of items to be supplied to the communities. Therefore, the vendor was compelled to provide approved quality of material.

### **3.5.4 Engagement with Government Departments**

The project appeared to have good coordination with the Deputy Commissioner (DC) and Nazim Office. The project also regularly liaised with the security agencies to remain updated regarding the overall security situation and to ensure staff safety. However, direct coordination with Public Health Engineering Department (PHED) could be improved in the future interventions. For example the water supply schemes rehabilitated under the project are Public Health Engineering Department (PHED) schemes. However, there was no direct coordination maintained with PHED. The project mainly coordinated with the Deputy Commissioner (DC) and Nazim office. CWSA shared that the list of water supply scheme rehabilitated was shared by the DC office. There was change in CWSA project manager who was coordinating with the government prior to the project suspension. This may have also contributed towards affecting the coordination efforts. It would be prudent to further strengthen coordination with the government in future projects. This can be done through engaging them in field monitoring visits, and providing them project feedback on regular intervals. This could also help in managing some of the undue pressure coming from not so friendly community members.

### **3.5.5 Other Field Challenges**

The project was also faced with undue pressure (local politics) in some of the communities. This resulted in allocation of significant amount of time of senior team members to manage and resolve such issues.

The ownership of water sources is an important aspect especially in the mountainous terrain of Shangla district. However, the evaluation team did not come across a situation where the water schemes rehabilitated have created tension in the community. This is mainly due to the fact that these schemes already existed and only rehabilitated (also including some extension work) under this project.

However, the latrines appeared to be in much demand in the communities and everyone likes to have one installed with their home. This is a positive sign that there is improved awareness and demand at the community level but at the same time it has created slight friction between the community members who did not receive the latrine and the committee, and to some extent with the CWSA staff. It is important to widely and thoroughly share the selection criteria with the communities.

Shangla receive rains and snow on regular intervals, due to its terrain during/and after the rains landslides are common which makes safe movement of the staff nearly impossible e.g. the project lost almost 15 days of activities in April 2018 due to rains.

### 3.6 Cross Cutting Themes

The cross cutting section is detailed below:

#### 3.6.1 Gender Considerations

**Women Ownership of the Interventions** – The project engaged women in the project activities. The implementing partner deployed women staff to ensure it has outreach to the women in the community as the local culture is considered to be more rigid and doesn't allow outsiders to interact with the women in the communities. The project included the women on the committees. In this regards, separate women committees were established. Respecting the local culture separate hygiene and other awareness sessions were arranged for women. Women views were obtained related to the intervention implementation.

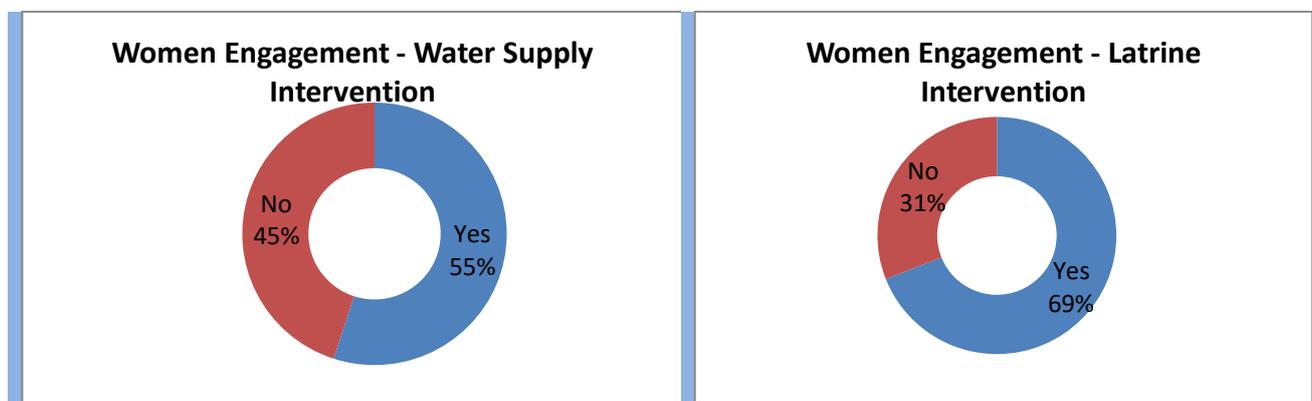
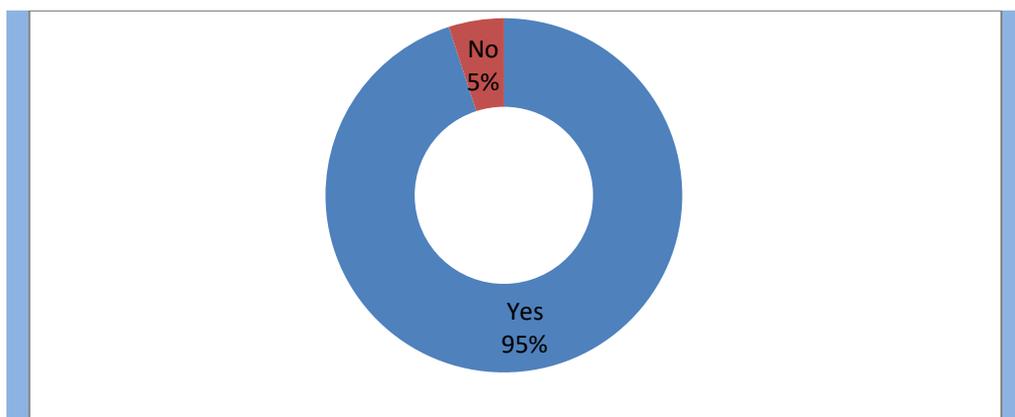


Figure 20: Women Engagement in the Project

The data suggests that women were largely engaged in the project in terms of identification of sites for provision latrine assistance. The above data also confirms that women had comparatively better engagement (69% as per quantitative data) related to sanitation infrastructure as these were constructed inside homes. However, in instances when they were not engaged, the reasons for their non-participation identified were mainly the cultural barriers. A majority of the respondents who said women were not engaged in the project delivery were of the view that it is only the men's role to engage in the project activities.

The respondents shared that women and girls are primarily responsible for cleaning of latrine. Similarly, it is women and girls who are responsible for collection of water. Therefore, it is utmost important to engage them at the start of the project so that they have a better ownership.



**Figure 21: Women Privacy Needs Considered in Latrines Intervention**

The above figure suggests that the sanitation facilities provided under the project were appropriately situated considering the cultural and privacy needs of women. Almost all the latrines were within the boundary of houses. There were 5% respondents who considered latrines are improperly placed considering the privacy requirements of women.

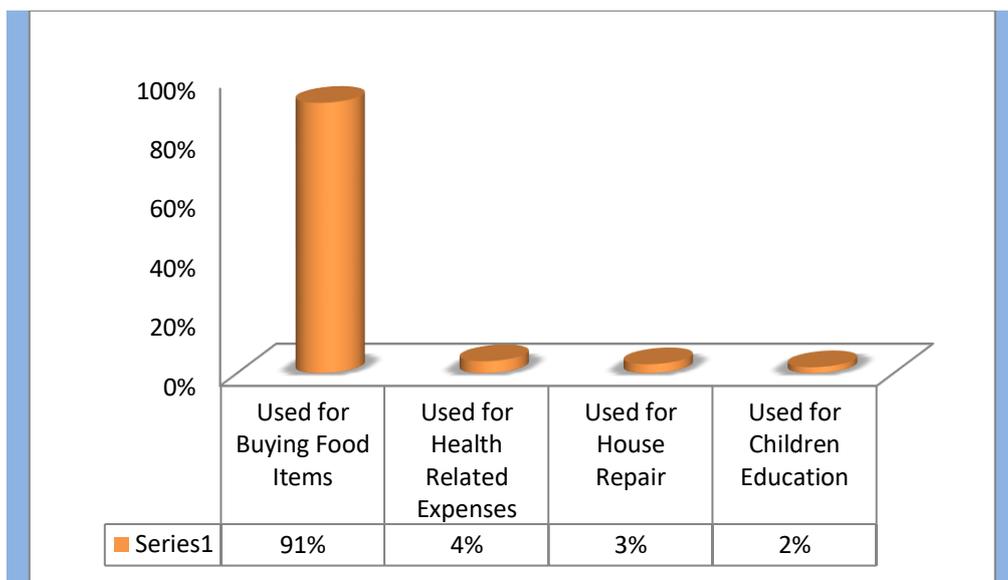
**Access to Basic Necessities of Extremely Vulnerable** - The project included the extremely poor and also People with Disabilities (PWDs).

### **Case Study 3 – Poverty and Cash for Work**

*Taj Begum is living in village Dandoki union council Kuz Kana in Shangla along with her husband and five children. Her husband is a daily wager and she is a housewife. She told that as it is the age of inflation and it is very difficult to fulfil the daily needs of the family being daily wager. Then it is also challenging that my husband sometimes find opportunity of temporary job but sometimes he returns back without earning a signal penny. That is why I bought a small calf and looking after it so that this way I should also contribute to the earnings.*

*We did not have latrine at home and all the family members were going for open defecation. It was very difficult in rainy days and at night time to go outside for defecation. We were in need of latrine but we could not afford its cost due to poverty.*

*Then this project came to our village. They did survey of the households and finally our household was selected for the provision of new latrine construction. We were provided with construction materials for latrine. My husband worked as labourer and hired a mason for construction. The project team paid wages of the mason and also they paid cash for work to my husband for working at own house. Now we have pour flash latrines at home and all the family members are using it.*



**Figure 22: Utilization of CFW Amount**

The above graph suggests that community utilized CFW amount mainly (91%) on purchasing edible items. Approximately, 4% used the CFW amount to cover health related expenses. Similarly, 3% and 2% used the CFW amount for house repair and for children education respectively.

**Reduction in Burden on Women** – As the responsibility of water collection rests with women and girls. Therefore, due to the project intervention the distances and time to collect water has reasonably reduced with water point’s available closer to HHs (mainly inside house). This means the women and girls have lesser burden on them to carry heavy water pots through long distances (hilly terrain). Moreover, now they have spare time which they can use for recreational purposes or for carrying out other HH chores.

#### **Case Study 4 – Burden on Women**

*A housewife of village Dandoki union council Kuz Kana in district Shangla said that being a housewife doing cleanliness of the house, cooking food, looking after my children and bringing water from the spring for household uses were main responsibilities of my routine life. She particularly pointed out that fetching water from the source was very difficult for her as the water source was at quite a distance.*

*When this project started and the team discussed the water scheme to be constructed with the villagers who identified this scheme based on consensus. They constructed a water storage tank within the village and connected the water to it from the spring. Now we have very easy access to water and can pitch water anytime. “I am much thankful to this project which really eased my life”.*

**Improved Safety and Security for Women** – The availability of latrines improved the sense of privacy, safety and security for women who were previously practicing open defecation.

**Sanitation Infrastructure Provided with PWDs Support Components** - This project had a unique feature under which WASH facilities were also provided with additional components such as ramp, hand rail and special commodes. These additional features were provided to ensure the PWDs have access to sanitation facilities.

### Case Study 5 – Latrine with Special Features for PWDs

*My name is Muhammad Aftab and I am the resident of village Chaghum in Shangla. I am disabled and my family is a poor. There was no latrine at our home and I was facing a lot of difficulty because Shangla is hilly area and I was facing severe problems while going for defecation. Besides, it also causes different diseases but we could not afford to construct latrine at home. It was blessing that this project came to our area and they started assessments for different interventions. Fortunately they were providing latrines with special features for persons with disabilities (PWDs). They assessed our home and provided special latrine to our household. This latrine has English commode and supporting handle. Now I can go and use latrine at home without any risk and difficulty. We also received shelter kit, hygiene kit and health and hygiene awareness session along with waste bin in the project. Now all of our family members are using this latrine and we are very much thankful for this assistance.*

#### 3.6.2 Environmental Protection

For better environmental protection / management the type of latrines used was of pour flush type connected with septic tank. This ensured safe disposal of human excreta.

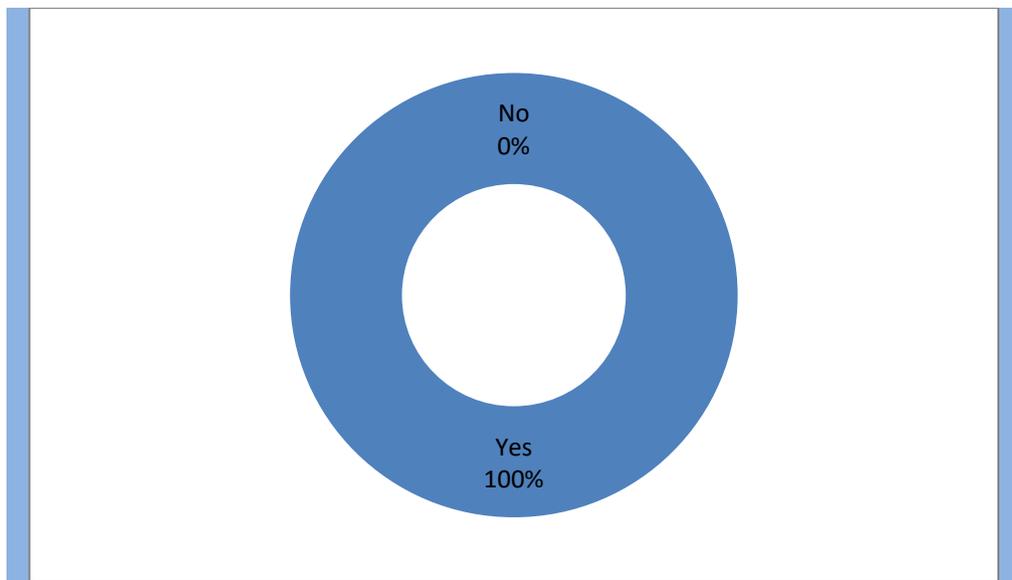


Figure 23: Surrounding Cleaner after the Project

Most of the assessment participants shared that the waste water from the bathing facility is disposed in soakage pits, however, some respondents also said that it is disposed in the open drain. This situation needs to be improved in the future for better environmental management. Overall, according to the quantitative data, everyone (100% respondents) agreed that their surroundings is cleaner than before.

### 3.6.3 Integrating DRR

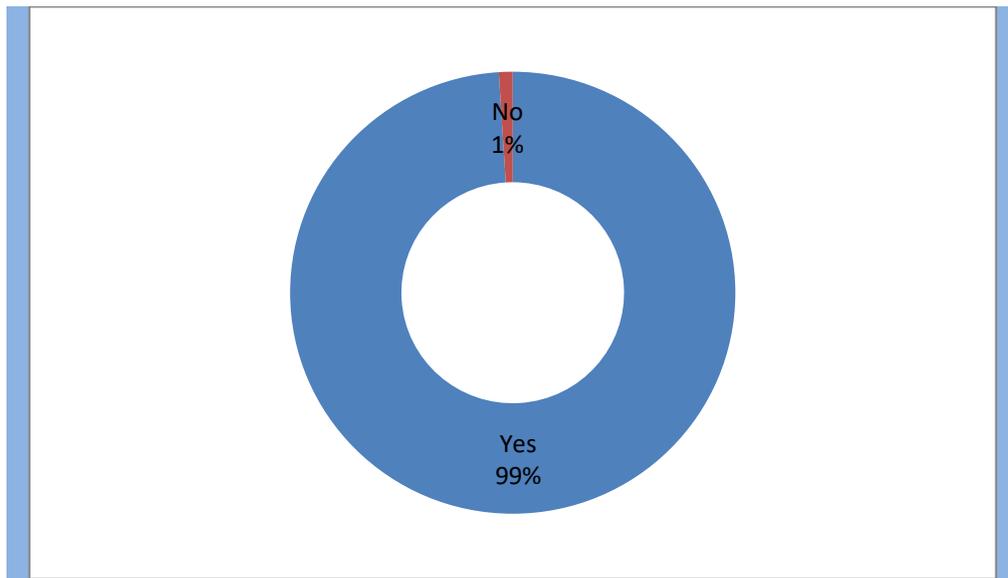


Figure 24: Community Received Awareness related to Safe Construction

Though the project was primarily focused on WASH but it has also helped communities to develop disaster resilient construction. Almost all (99%) the respondents shared that they have received messages related to safer construction methods and disaster risk reduction. They were able to recall messages like: shelter construction in safe places, use of wood in joints and lighter roofing.

The construction activities carried out through community participation under the project had DRR component incorporated e.g. the communities identified safer sites for latrine construction and also the latrines were constructed on raised plinth with proper plinth protection measures – refer to below given photo.



Improved and Safe Construction Practices - Latrine

Similarly, the project adopted use of High Density Polyethylene (HDPE) Pipe in the land slide areas. In addition, the water tanks were constructed with locally available stones, dressed and with proper interlocking – refer to below given photo.



Improved and Safe Construction Practices – Water Supply Schemes

The community widely use blocks for construction in the project area. Due to the project interventions, the communities now provide proper curing to the blocks before usage. This practice ensures the blocks attain adequate strength.



Improved and Safe Construction Practices – Proper Curing of the Blocks

### 3.6.4 Beneficiary Feedback Mechanism

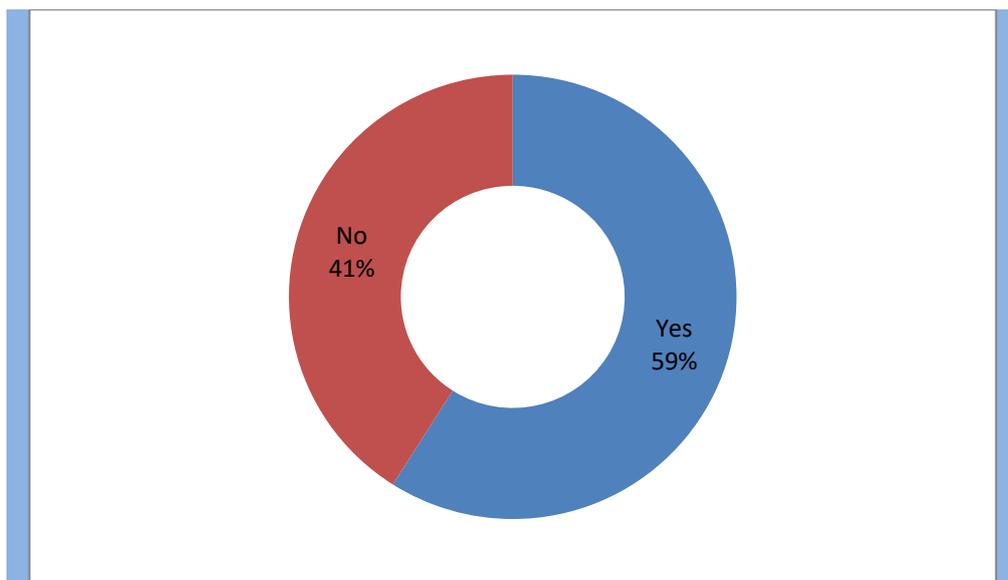


Figure 25: Awareness about the Feedback Mechanism

Around 59% of the respondents were aware of some sort of beneficiary feedback mechanism. The FGD participants also shared that a contact number was provided to them in case they want to provide any feedback

or register any complaint. However, a large number of respondents did not have any information regarding a complaint or feedback mechanism. Those who said there was no complaint mechanism also shared that they know CWSA staff visiting them and they could have provided their feedback to them, if any.

The FGD participants who said that the complaint number was provided also shared that most of them did not make any complaint as we had no issue to report as they were satisfied with the project interventions.

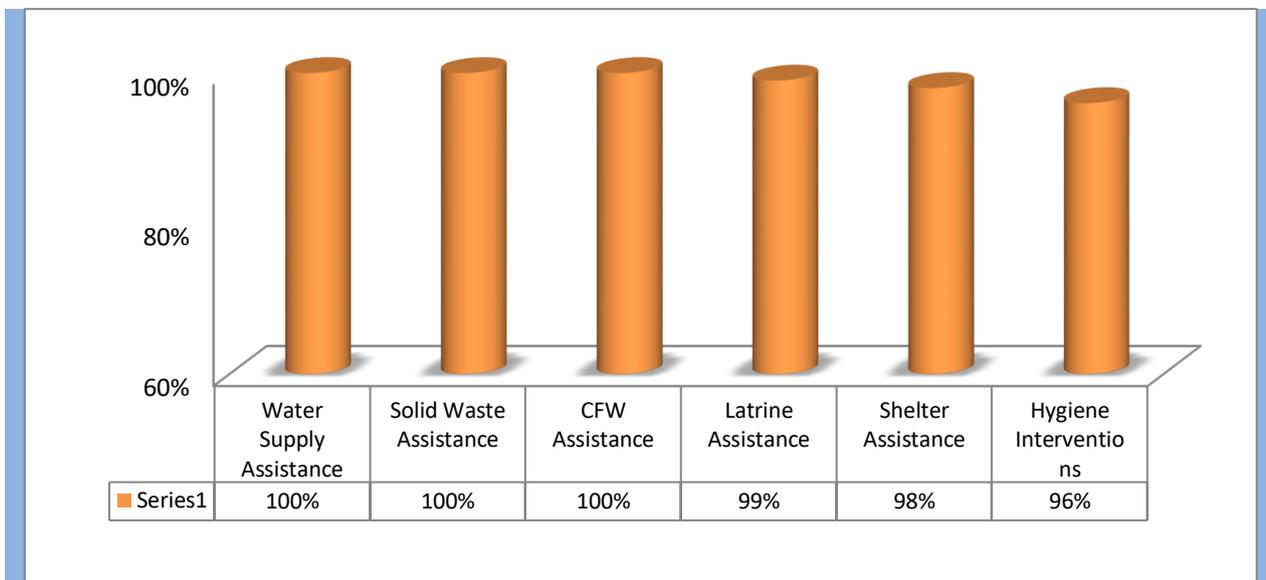


Figure 26: Satisfaction Level with Project Assistance

#### 4. Conclusions

Based on the above discussions the following conclusions are made against each evaluation criteria:

##### 4.1 Relevance

The evaluators believe that the project design was relevant and aligned with the needs of the communities. Prior to project design, through need assessment and secondary data, the community needs were identified. There was another follow up study conducted at the time 2 additional UCs were included in the project. From the data it is evident that prior to the project the main source of drinking was surface water from streams. However the water supply schemes were either completely or partially damaged. Generally, there were no latrines as open defecation was common. The targeted area is also prone to natural disaster such as earthquakes and heavy rains. There were significant damages done to the shelters in the project targeted area.

##### 4.2 Effectiveness

The project adopted an effective approach which ensured that all the targets set are met within the available budget and timeframe. There was direct engagement of the community in the project intervention besides engagement through committees. This helped improve the community ownership of the project interventions. This ownership is reflected through high percentage of WASH infrastructure functionality.

There is improvement in the living conditions of the communities as open defecation has been reduced and access to drinking water has improved. Overall, this resulted in reduction of water borne and sanitation related diseases e.g. diarrhoea.

The project raised communities' awareness regarding safer construction. This will help communities respond to any future emergency in relatively better and improved form.

The women and girls in particular have a sense of ownership besides feeling more secure and comfortable to have sanitation facility within the HH boundary. Similarly, the water points closer to their HHs have reduced the time of water fetching. They can utilize that spare time in completing household chores and recreational purposes. In fact, some spare time can be invested in some additional livelihood activity e.g. carrying out embroidery work etc.

### **4.3 Efficiency**

The project duration was extended till end of April 2018 to mainly cater for the time lost due to NOC challenges, political challenges, security situations and weather constraints. The cost of latrine construction appeared to be reasonable considering the very hard and hilly terrain. In the remote and hilly terrains of Shangla, the transportation costs in particular are reasonably higher than other plain areas of the country. Overall, the resources were efficiently managed during the project field activities to keep the cost to minimum.

### **4.4 Sustainability**

Under this project, women were engaged in the committees. The women participated in the site selection for WASH interventions particularly latrines. Overall, the feedback confirms that the sites selected for the water points and sanitation facilities were appropriate as per privacy requirements of women. The shelter repair kit was put to various usages by the community. In summary the project interventions are being utilized. This improves the likelihood of long term sustainability of the interventions. The communities have adopted better hygiene practices e.g. washing hands with soap and using tooth brushes. Communities consider themselves to be poor and are unable to spend large amounts on these items. At the same time majority of them are willing to continue these hygiene practices.

### **4.5 Risk Management**

Considering the uncertainties around the NOC, the project did well to work with the local administration to implement the project. The coordination with the relevant government departments e.g. PHED needs to improve in future.

### **4.6 Cross Cutting Themes**

Acknowledging the local cultural constraints, the project managed to ensure engagement of the women in the project interventions. The project ensure the PWDs and extremely poor are included in the project.

## **5. Lessons Learnt and Good Practices**

Following are the key lessons learnt and good practices of the project:

- Engagement of Women in a challenging cultural environment, however, this needs to be further enhanced in the future

- The project included vulnerable and PWDs (through provision of special latrine) in the intervention
- The provided latrines are in use but replication will be a challenge mainly due to the capital cost. Therefore, in future projects emphasis needs to be made on alternative low cost latrine construction options e.g. promoting use of local material for construction of superstructure. In addition, the communities will need to be made aware of the long term advantages of having a latrine.
- The awareness sessions were conducted in local language i.e. Pashto. The awareness raising posters were having sufficient amount of pictorial content together with narrative in Urdu language. This arrangement was appropriate as generally community speaks Pashto but they have better skills in reading in Urdu as compared to Pashto (Urdu is used in schools).
- It would be good improving coordination with the government departments e.g. PHED etc
- Give more time for community mobilization and committee formation – include educated (if applicable) active participants through from all settlements within a village
- Stipend should be given to the masons and plumber for the day they come for attending training as they are poor skilled labourers and they take off from work while coming for the training session
- Weather/ Seasonal constraints should be kept in consideration while planning for construction activities.
- The project maintained good liaison with the security agencies to avoid any unwanted security and safety situation
- NCA staff delivered a security and first aid training to the CWSA staff in the field to ensure everyone is well aware of the security requirements and is capable to provide first aid
- The project help reduce the burden on women – particularly related to bringing water from long distances in a hilly terrain
- Provided latrines with septic tanks and, made provision for soakage pits for the bathroom waste water
- The project enhance the skills availability through training masons and plumbers
- The project injected a much needed cash in the poor community, which is mainly utilized for purchasing food items
- The communities are better aware of the hazards in their area and how they can construct safer shelters
- The project helped in improving the overall environment and health conditions of the targeted communities

## 6. Recommendations

Below are the key recommendations for future projects:

1. **Community Awareness - Cost Effectiveness of the Latrines:** The communities need to be made clearer that the initial construction cost of a pour flush latrine with brick and mortar is slightly higher. However, this latrine is more likely to withstand heavy rains, and will require comparatively less maintenance in the long term. Therefore, it will have longer useful life.
2. **Improved Coordination:** It would be good to improve direct coordination with the relevant government departments e.g. PHED etc. Though, it is observed that district administration along security agencies' say in Shangla does hinder NGOs to coordinate directly with line departments.
3. **Women's Engagement:** Further improve the women engagement in the project interventions in the future. This could be done through working closely with community elders and husbands.

4. **Weather Conditions:** In Shangla weather was a major factor in planning the activities, therefore, weather should be properly factored in the project design
5. **Payments to the Masons/Plumber for Training:** The training days of masons should be compensated financially.
6. **Registration of Village Committees:** To improve the sustainability aspect of the committees, it is recommended to facilitate their registration with social welfare department. This will also help them gain a legal status to receive funding from government and other NGOs.

## 7. Annexes

**Tool 1 - Household Questionnaire**  
**Final Evaluation of Project:**  
**“Integrated Emergency WASH and Shelter support to EQ affected communities**  
**in District Shangla, Khyber Pakhtunkhwa”**  
**NCA ACT Alliance**

Questionnaire ID	
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- S1. Surveyor name :** \_\_\_\_\_
- S2. Surveyor ID :** \_\_\_\_\_
- S3. Date and day (##):** \_\_\_\_\_ **b. Month (##):** \_\_\_\_\_

**INTRODUCTION:**

Assalam-o-Alaikum (Greetings); my name is \_\_\_\_\_. I work for a private company, which is hired to assess the integrated WASH and Shelter project in your village. We would like to ask you a few questions about this project. This questionnaire will take approximately 30 minutes to complete. You will never be quoted on any of the information that you provide. Nothing you say will be publicly attributed to you, and your names will not be given to anyone. Only aggregate data will be reported.

**S4. Do you give permission to continue with this interview? (Circle one number)**

1. Yes
2. No

**A. DEMOGRAPHICS**

1. Province	2. District	3. Tehsil	4. Union Council	5. Village
1. Khyber Pakhtunkhwa	1. Shangla			

**B. RESPONDENT PROFILE (18 YEARS OLD OR ABOVE)**

6. Respondent Name	7. Age (in years)	8. Gender 1. Male 2. Female	9. CNIC Number (if available)	10. Contact Number



(Please select one option and the nearest local market)	3. Available within Shangla district 4. Available outside Shangla district
33. Are constructed / rehabilitated water schemes disasters resilient?	1. Yes 2. No
34. Have you received the water assistance on time?	1. Yes 2. No
35. Are you satisfied with the water assistance activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied
36. Please suggest any improvement in water related activity?	1..... 2..... 3.....

**F. SANITATION (1. Applicable                      2. Not applicable)**

37. What kind of assistance have you received related to sanitation? (Please circle the relevant options)	1. New Latrine 2. Rehabilitation of latrines
38. Are these latrines integrated with bathing facility?	1. Yes 2. No
39. Are these latrines integrated with handwashing facility?	1. Yes 2. No
40. Are these latrines integrated with special feature for PWDs?	1. Yes 2. No 3. Not applicable
41. Were women engaged in the whole process?	1. Yes 2. No
42. Total number of latrines accessible to your HH?	1. (#.....)
43. Is latrine functional after construction / rehabilitation?	1. Yes (Please go to Q. 45) 2. No
44. If no, why? Which component e.g. toilet, bathing facility, handwashing facility etc.	
45. What was the engagement of the community in the construction process?	1. Help in identify the latrine construction location 2. Engaged as a voluntary labour 3. Cost sharing / contributed in terms of cash or kind 4. Other (specify).....
46. Types of latrine provided (Please circle all the relevant options)	1. Flush with septic tank 2. Ventilated Improved pit (VIP) latrine 3. Pit latrine 4. Flush connected to open drain 5. Other (specify) .....
47. Estimated Cost of new latrine in PKR	(        ) in PKR
48. Is cost of new latrine affordable for your household?	1. Yes 2. No
49. What is the expensive item in the latrine and also state the price?	1. .... a. PKR ..... 2. .... b. PKR ..... 3. .... c. PKR .....
50. How the waste water from bathing facility is disposed?	1. Dispose in Soakage pit 2. Dispose in Open drain 3. Other (Specify)
51. Is proper privacy maintained especially considering needs of women?	1. Yes 2. No
52. Are women and children using latrine in night time?	1. Yes (Please go to Q 54) 2. No
53. If no, why?	
54. Are these latrines user friendly for PWDs?	1. Yes (Please go to Q 56) 2. No
55. If no, why?	
56. Who is mainly using this latrine in your household?	1. Adult Men 2. Adult Women 3. Boys 4. Girls
57. How far these latrines are from water source e.g. hand pump?	1. 10 meters or less 2. 11 to 30 meters 3. 31 to 50 meters 4. 51 meters or greater 5. Not applicable
58. Is raw material of latrine available in local market?	1. Available within our UC 2. Available within our tehsil 3. Available within Shangla district 4. Available outside Shangla district
59. How the cost for maintenance is covered for HH latrine?	1. Self 2. VDC / WASH Committee 3. Government 4. NGOs 5. General Public (not VDC / WASH Committee) 6. Other (specify) .....

60. Are technical skills of latrine construction available in local market?	1. Available within our UC 2. Available within our tehsil 3. Available within Shangla district 4. Available outside Shangla district
61. Are anyone from your household practice open defecation?	1. Yes 2. No ( <i>Please go to Q. 64</i> )
62. Who is doing open defecation practices?	1. Adult Men 2. Adult Women 3. Boys 4. Girls
63. Where they normally go for open defecation practices?	1. In fields 2. In house 3. Others (specify) .....
64. Have you received the sanitation assistance on time?	1. Yes 2. No
65. Are you satisfied with the sanitation assistance activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied
66. Please suggest any improvement in sanitation related activity?	1..... 2..... 3.....

**G. SOLID WASTE MANAGEMENT (1. Applicable 2. Not applicable)**

67. Is there any waste bins provided to the household?	1. Yes 2. No
68. Are you using these solid waste bins	1. Yes ( <i>Please go to Q 70</i> ) 2. No
69. If no, how you dispose your solid waste?	
70. Do you think that your household is now clean and free from solid waste after the intervention?	1. Yes 2. No
71. Have you participated in any village / household level cleaning campaign in this project?	1. Yes 2. No ( <i>Please go to Q 73</i> )
72. Do you think the campaign was beneficial for the personal or environmental cleanliness?	1. Yes 2. No
73. Are you satisfied with the solid waste management activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied
74. Please suggest any improvement in solid waste management related activity?	1..... 2..... 3.....

**H. HYGIENE PROMOTION (1. Applicable 2. Not applicable)**

75. What kind of assistance have you received related to hygiene promotion? (Please circle all the relevant options)	1. Attended awareness sessions 2. Received Hygiene Kits 3. Other (Specify).....
76. Are you satisfied with the items of hygiene kits?	1. Yes 2. No 3. Not applicable
77. Have you or your household received hygiene messages in local language?	1. Yes 2. No
78. Please state critical times to wash hands with soap? (Please circle all relevant options)	1. After usage of toilet 2. Before cooking 3. Before eating 4. After working in the fields 5. Other (specify) .....
79. You and your household usually wash hands with water and (Please tick only one option)	1. Soap 2. Ash 3. Sand/ Mud 4. Other (specify) .....
80. In your household, who usually wash their hands with soap / ash / sand? (Please circle all relevant options)	1. Children 2. Adult women 3. Adult men 4. All of the above
81. Have you or any of your household affected from cough and flu, diarrhea, skin diseases, malaria and others in last two weeks? (Please circle all relevant options)	1. Cough and Flu 2. Diarrhea 3. Skin diseases 4. Malaria 5. Others (specify)
82. Do you think your household monthly health related expenses reduced after the project?	1. Yes 2. No
83. If yes, how much? (Per month)	(.....) per month
84. Are you satisfied with the hygiene promotion activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied

85. Please suggest any improvement in hygiene promotion activity?	1..... 2..... 3.....
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**I. SHELTER (1. Applicable 2. Not applicable)**

86. Have you or your household received shelter repair kit?	1. Yes 2. No
87. What items you have received in shelter repair kit?	1..... 2..... 3.....
88. Were you provided technical assistance for the shelter construction?	1. Yes 2. No
89. Are you satisfied with GI sheet for roof instead of mud and concrete?	1. Yes 2. No
90. Did you receive any messages related to safer construction methods / disaster risk reduction sessions?	1. Yes 2. No ( <i>Please go to Q 92</i> )
91. Please recall three key messages	1..... 2..... 3.....
92. Have you or your household received shelter assistance on time?	1. Yes 2. No
93. Are you satisfied with the formation of shelter activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied
94. Please suggest any improvement in shelter activity?	1..... 2..... 3.....

**J. WASH COMMITTEES (1. Applicable                      2. Not applicable)**

95. Is there any committee at village level?	1. Yes 2. No ( <i>If no, please go to next section</i> )
96. Are you member of this committee?	1. Yes 2. No
97. Are women part of the WASH committee in your village?	1. Yes 2. No 3. Separate women committee
98. How frequently committee meet?  (Please circle only one option)	1. Weekly 2. Fortnightly 3. Monthly 4. Quarterly 5. As required 6. Other (specify) .....
99. How frequently women committee meet?	1. Weekly 2. Fortnightly 3. Monthly 4. Quarterly 5. As required 6. Other (specify) .....
100. Are you satisfied with the formation of WASH committee?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied
101. Please suggest any improvement in WASH committee related activity?	1. .... 2. .... 3. ....
102. <b>Have committee received any O&amp;M kit?</b>	1. Yes 2. No
103. <b>Have committee received any O&amp;M training?</b>	1. Yes 2. No
104. <b>Do you think this committee will sustainable after the project?</b>	1. Yes 2. No

**K. CASH FOR WORK SECTION (1. Applicable                      2. Not applicable)**

105. Have you or anyone from your household worked in labor activity?	1. Yes 2. No
106. Have you or your household received any cash for this work?	1. Yes 2. No ( <i>Please go to next section</i> )
107. If yes, how you or your household utilized the money?  (Please circle all that apply)	1. Helped in buying food items 2. Helped in health related expenses 3. Helped in house repair 4. Helped in children education expenses 5. Other (specify) .....
108. Have you received cash on time?	1. Yes 2. No
109. How did you receive the cash?	1. Own 2. Through family member 3. Other (specify) .....
110. Are you satisfied with cash transferred mechanism?	1. Yes ( <i>Please go to Q112</i> ) 2. No
111. If no, why?	
112. Are you satisfied with the cash support through CFW activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied
113. Please suggest any improvement in CFW activity?	1. .... 2. .... 3. ....

**L. FEEDBACK MECHANISM (1. Applicable                      2. Not applicable)**

114. Are you aware of any beneficiary feedback mechanism available during the project?	1. Yes 2. No ( <i>Stop the survey and say thanks</i> )
115. How did you or your household provide feedback during the project?	1. Phone calls 2. Text messages 3. Complaint letter 4. Other (specify) .....
116. Have you received timely response regarding your / your household feedback?	1. Yes 2. No 3. Not applicable
117. Are you satisfied with the feedback mechanism activity?	1. Highly Satisfied 2. Satisfied 3. Indifferent / Neutral 4. Dissatisfied 5. Highly Dissatisfied

118. Please suggest any improvement in feedback mechanism activity?	1..... 2..... 3.....
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(.....**Thank You**.....)

**Tool 2 - Focus Group Discussion Guide**  
**Final Evaluation of Project**  
**“Integrated Emergency WASH and Shelter support to EQ affected communities in District Shangla, Khyber Pakhtunkhwa”**  
**NCA ACT Alliance**

Dated: / / 2018

**Instructions for Interviewer:**

- The interview guide covers only the participants who are beneficiaries of NCA Project and are selected for FGD.
- Please introduce clearly the objective and purpose of this interview before starting it.
- Please use this questionnaire when interviewing the targeted group.
- Please make sure that all questions are covered in the discussion
- Please inform the participants that the FGD will take around 45-60 minutes.

**Consent:** We are from private organization and conducting this study so that we can learn more about the integrated project of WASH and Shelter implemented in a more effective way. We would like to ask you some questions about this, which will take about 45-60 minutes. This interview will not affect any assistance that you may receive from the project. It will however help us to know if we have achieved the goals of the project or not. All the information we obtain will remain confidential. This is voluntary and you can choose not to answer any or all of the questions if you want. However, we hope that you will participate since your views are important. Do you have any questions?

May we begin now?    1. Yes    2. No

**Part A**

Interviewer Name	1.	2.	
Province	Khyber Pakhtunkhwa	District	Shangla
Tehsil		Union Council	
Village		# of FGD participants	

#	Name of Participants	Gender (M/F)	Age	Disability	Women Headed Household	Widow
1						
2						
3						
4						
5						

6						
7						
8						

**Part B: Water Section**

1. What was the role of community in water source identification and construction / rehabilitation of water supply scheme?
2. How the organization supported the community technically and financially to construct / rehabilitate the water supply scheme?
3. Were women engaged in the water source identification and construction / rehabilitation process? What was their role? If not participated, why?
4. Has everyone in the village has equally access to the water from this water supply scheme? If no, who are excluded and why?
5. Have your community dispute related to water supply scheme with other community members? If yes, what is the dispute? Has this dispute solved after the project? Please explain it in detail.
6. Please explain in detail how operations and maintenance of water supply scheme is carried out? How the labor and finances are managed?
7. Has any water quality testing carried out? If yes, please explain it in detail.
8. Do you think water scheme will remain functional in the long run?

**Part C: Sanitation Section**

9. What was the role of community in latrine site identification and construction / rehabilitation?
10. How the organization supported the community technically and financially to construct / rehabilitate the latrines?
11. Were women engaged in the identification and construction / rehabilitation process? What was their role? If not participated, why?
12. Are these latrines equipped with special features for PWDs? Please explain in detail.
13. Was there open defecation in your village before the project? Is their any reduction in open defecation after the project?
14. Do you think these latrines are contaminating the local water sources? If yes, please explain it in detail.
15. Is there any intervention carried out related to solid waste management? If yes, how it is benefiting your community?
16. Do you think your village is now cleaner after the project? If yes, do you think it will remain clean?

**Part D: Health & Hygiene Section**

- |   |
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| 17. What messages you have received related to health and hygiene? Are you satisfied from the hygiene sessions? |
| 18. Have you received hygiene kits in your village? Are you satisfied from the items?                           |

**Part E: Shelter Section**

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| 19. Are you satisfied with the design, construction material (including shelter kit) and workmanship related to the shelter intervention in your village? Please explain in detail. |
| 20. Do you think the shelter provided in your village is disaster resilient especially earthquake?  |

**Part F: Cash for Work Section**

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|--|
| 21. How many person from your village participated in CFW activities? Did all of them received complete payment as promised? Please explain in detail, especially highlight if there are any challenges, delays in payments? |
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**Part G: VDC / WASH Committee Section**

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| 22. Are you satisfied with the selection of members and formation of VDC / WASH committee both male and female? Please explain the VDC / WASH committee process in detail. |
| 23. What are the major responsibilities of the committees? Are you satisfied with their performance?   |
| 24. Will these committees remain functional in the long run?   |

**Part H: Disaster Risk Reduction Section**

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| 25. What messages you have received related to disaster risk reduction? Are you satisfied from these sessions? |
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**Part I: Feedback Mechanism Section**

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| 26. Are you aware of any beneficiary feedback mechanism available during the project? Are you satisfied from the mechanism? Please explain it in detail. |
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**Part J: Others Section**

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| 27. Have you received the project interventions as per schedule? Please explain it in detail, especially if there were any delays related to any specific activities?  |
| 28. Are you aware of mason trained in your village? How are they beneficial for the community? Explain in detail.  |
| 29. What major changes the project has brought in your community? Do you think your community is more disaster resilient? Do you think your village is cleaner then before project? Do you think it has improved the overall health situation in your village and has reduced the monthly household health expenses? |

(.....**Thank You**.....)

**Tool 3 – KII Guide for Masons / Plumbers**  
**Final Evaluation of Project**  
**“Integrated Emergency WASH and Shelter support to EQ affected communities in District Shangla, Khyber Pakhtunkhwa”**  
**NCA ACT Alliance**

**Dated:** / / 2018

**Instructions for Interviewer:**

- Please introduce clearly the objective and purpose of this interview before starting it.
- Please make sure that all questions are covered in the discussion
- Please inform the participants that the KII will take around 30-40 minutes.

***Consent:** We are from private organization and conducting this study so that we can learn more about the project implemented in a more effective way. We would like to ask you some questions about this, which will take about 30-40 minutes. This interview will not affect any assistance that you may receive from the project. It will however help us to know if we have achieved the goals of the project or not. All the information we obtain will remain confidential. This is voluntary and you can choose not to answer any or all of the questions if you want. However, we hope that you will participate since your views are important. Do you have any questions?*

May we begin now?      1. Yes      2. No

<b>Interviewer Name</b>			
<b>Province</b>	KP	<b>District</b>	Shangla
<b>Tehsil</b>		<b>Union Council</b>	
<b>Village</b>			
<b>Name of Respondent</b>			
<b>Gender</b>			
<b>Cell Number</b>			

1. Please tell us about the training you have received? Its duration and quality of the training etc. Please tell us about any improvement to the training, if required.
2. What new skills in particular you have learnt from the training? How you are utilizing these skills now? Are there any issues / challenges due to which you are unable to utilize the skills learnt?
3. How you were selected for the training? Do you think there are enough trained masons in your area after the project?

4. Were you engaged in the construction activities related to shelter, water supply scheme and latrine etc carried out under the project? If yes, how and in what ways these project interventions were different from other similar interventions in the area?
5. Based on your experience, do you think the construction activities carried out under the project appeared to be more cost efficient as compared to other similar activities carried out in your area.
6. Do you think the construction activities are better disaster resilient especially considering earthquake as compared to other construction in the area? If the project interventions has better disaster resilience, due think the community will replicate it?

(.....**Thank You**.....)

## Tool 4 – KII Guide for VDC / WASH Committee

### Final Evaluation of Project

#### “Integrated Emergency WASH and Shelter support to EQ affected communities in District Shangla, Khyber Pakhtunkhwa”

#### NCA ACT Alliance

Dated: / / 2018

#### Instructions for Interviewer:

- Please introduce clearly the objective and purpose of this interview before starting it.
- Please make sure that all questions are covered in the discussion
- Please inform the participants that the KII will take around 30-40 minutes.

***Consent:** We are from private organization and conducting this study so that we can learn more about the project implemented in a more effective way. We would like to ask you some questions about this, which will take about 30-40 minutes. This interview will not affect any assistance that you may receive from the project. It will however help us to know if we have achieved the goals of the project or not. All the information we obtain will remain confidential. This is voluntary and you can choose not to answer any or all of the questions if you want. However, we hope that you will participate since your views are important. Do you have any questions?*

May we begin now?      1. Yes      2. No

Interviewer Name			
Province	KP	District	Shangla
Tehsil		Union Council	
Village			
Name of Respondent			
Gender			

Cell Number	
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1. What is your role in the VDC / WASH committee? What is the overall role of the committee?
2. What was the role of committee in identification of beneficiaries for the various interventions?
3. What was the role of committee in implementation of various infrastructure interventions including monitoring of the activities? Are you satisfied with the project activities?
4. What is the operation and maintenance mechanism for the water supply scheme in your village? What is the exact role of committee regarding this?
5. Is there any communal latrine and/or solid waste disposal points in your village, what is the committee role in maintaining them?
6. Is there any fund collection mechanism related to WASH infrastructure O&M in place? How that fund is managed?
7. Have you received the O&M kit and training? Please explain in detail.
8. Is the committee performing their role currently? Do you think the committees will remain functional after the project?

(.....Thank You.....)