External Evaluation

Umeed-e-Nau Project

Health and WASH Support project for drought affect people of Umerkot, Sindh

Project implemented by: CARE International in Pakistan (CIP)	**Evaluation conducted by:** Alfalah Development Foundation (ADF)
Project Duration: February – May 2019 (Planned) May – August 2019 (Actual start) Sep – Nov 2019 (Extention) 1st – 24th December 2019 (NCE)	**Evaluation Report:** December 2019 **Team Lead:** Mohammad Israr Khan Khattak

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1 Abbreviations:

ACD	Assistant Country Director
BHU	Basic Health Unit
BOQs	Bills of Quantity
CIP	CARE International in Pakistan
CRM	Complaint Response Mechanism
CWSA	Community World Services - Asia
DWSS	Drinking Water Supply Scheme
FGD	Focus Group Discussion
FI	Food Items
FSL	Food Security & Livelihood
HH	Household
IEC	Information Education and Communication
IP	Implementing Partner
KAP	Knowledge Attitude and Practice
KII	Key Informant Interviews
LFA	Logical Framework Approach
LHW	Lady Health Worker
LSR	Low Surface Reservoir
MISP	Minimum Initial Service Package
M&E	Monitoring and Evaluation
MMC	Mobile Medical Camps
NCE	No Cost Extension
NDC	National Disaster Consortium
NFI	Non Food Items
NOC	No-Objection Certificate
O&M	Operation and Maintenance
ODF	Open Defecation Free
PCRWR	Pakistan Council of Research in water Resource
PHC	Primary Health Care
PHED	Public Health Engineering Department
SNDA	Sindh Drought Need Assessment
SMT	Senior Management Team
SSF	Slow Sand Filter
ToRs	Terms of References
UC	Union Council
VC	Village Committee
WASH	Water, Sanitation and Hygiene
WSS	Water Supply Systems

Definitions:

DAC	The Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD) to measure aid presents a set of criteria widely used in evaluations of development programs
Nadi-Filters	A clay water pot locally known as Nadi in Sindhi language, a type of water container vertical in height and bulged in the middle provides filter water on bio-sand filtration mechanism
SPHERE	Minimum standards in emergency

2 Executive Summary:

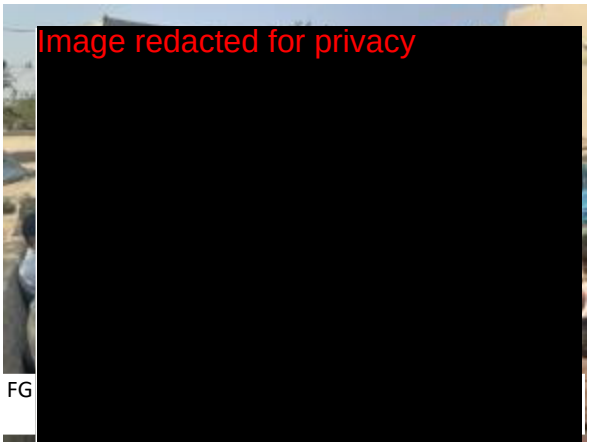
2.1 Relevance & Appropriateness

- The project interventions were designed keeping in view the critical recovery needs of the drought affected communities. During the FGDs and interviews with different stakeholders, the project interventions were declared as responsive to the needs of the drought affected people. Most of the beneficiaries of different project components were found satisfied with support provided. During household level interviews, 91% of the beneficiaries showed their satisfaction over the project inputs as well as the timing of the support provided.

FGD with female in village and UC Faqir Abdullah

- Findings of the final evaluation indicate that CIP rightly identified the needs in holistic manner, as the people in the target area were struggling for water and vulnerable to different health related hazards. The project was designed on the findings of the need assessment of the Natural Disaster Consortium (NDC) comprised of IoM, FAO, UNICEF, ACTED and HANDS. CIP team did try to carry out specific needs within sub-sectors of WASH and Health through stakeholder consultations to an extent possible. Mostly the secondary data was utilized for designing the project keeping in view the information available and donor requirements. This to some extent, did contributed towards few challenges in implementation and required adaptive management.

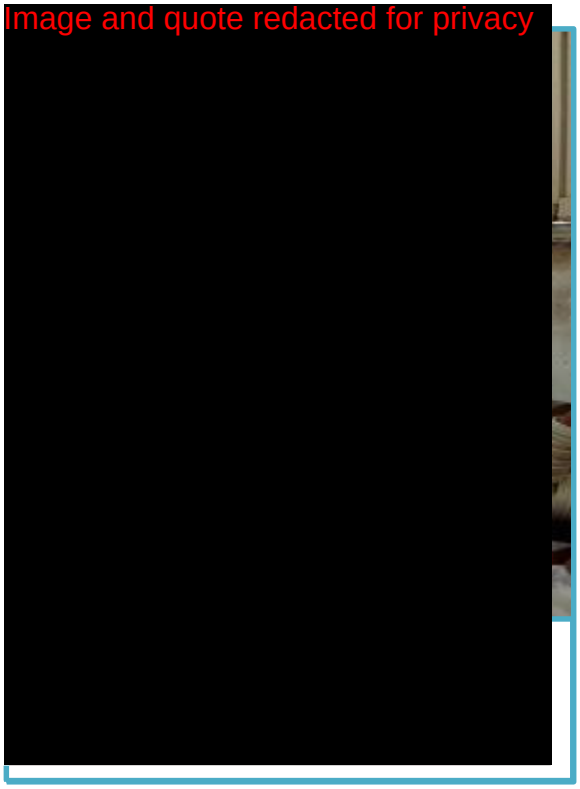
- During the household survey, 85% of the project beneficiaries mentioned that there has been appropriate beneficiary selection as per laid down criteria. According to the respondents of HH survey, Fifty four (54%) beneficiary selection was carried out by VCs, 30% by the project staff, 10% recommendation by landlords, and 6% selection was through reference by friends and relatives. However, the whole selection process was declared to be as per the criteria resulted through verification by both the VCs and project staff. There was no specific criterion for beneficiary selection for Health interventions as it was offered broadly to community members living in the target area.



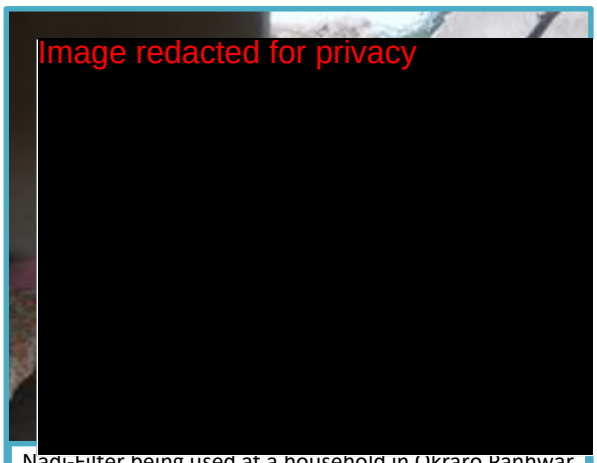
FG

- The flexibility demonstrated by both the funding agency i.e. (UNOCHA) and implementing agency i.e. CIP is worth mentioning as it catered to the dynamic changing situation on the ground. This enabled need based changes in the design of different inputs especially inclusion of SSF and increase in the number of NADI filters.

2.2 Effectiveness



- The community appreciated all the project activities particularly the MMCs due to quality services, equipment and medicines. The health activity produced instant results and there had been least instances of water borne diseases due to Nadi-filters, awareness raising on nutrition and hygiene education.
- The project management mobilized two MMCs simultaneously and prioritized villages on the basis of vulnerability for frequent rotations. These MMC's overall management, quality of medicines, availability of modern equipment and services of experienced medical and para-medical staff were declared highly satisfactory. As per the Health Department representative, for a short-term emergency project these MMCs were considered useful. The government prefers long term solutions through provision of human resources and activation of existing dispensaries and BHUs in remote area but this was not possible as per the budget allocation, emergency nature of the project and donor guidelines.
- The average water fetching time in Faqir Abdullah has been reduced to 42 minutes from 2-hours. Likewise, average water fetching time in UC Gapno has been reduced to 19 minutes from 47 minutes. According to the respondents, water collection in Faqir Abdullah was carried out by 93% women, 5% men and 4% girls, in Gapno 86% women and 14% men, in Kaplore 63% women, 32% men, 4% girls and 1% boys, and in Sakhro 41% women, 54% men, 2% girls and 3% boys..



Nadi-Filter being used at a household in Okraro Panhwar village, UC Faqir Abdullah

- As the primary water managers in households, women shared that it took them less time to fetch water now as the provision had been made accessible and closer to their dwellings. 98% of the household survey responses in UC Faqir Abdullah & Gupno confirmed easy access to clean and safe water as compared to 17% (Pre-KAP) pre-project situation. Moreover, it was considerably less physically exerting to fetch water. 91% female respondents at the household interview cited reduction of fetching time for clean water which they used productively for other household chores.

- The evaluation team has found out 83% Nadi-filters are being purposefully utilized and the households were aware about its operation and maintenance. 92% of respondents have shown satisfaction on the quality of water being used in Faqir Abdullah and 97% in Gapno.
- A total of 47% of the HH respondents have shared that they have been collecting O&M fund. During FGDs in UCs of Faqir Abdullah and Gapno, only at one village i.e. Jan Mohammad Solangi, the operator was provided monthly salary only from the collected fund. However, the amount was not sufficient. Similarly, the evaluation team has further verified and confirmed that weak O&M mechanism was available at the 10 DWSS rehabilitated. Although 3 of the water schemes were already managed directly by PHED, that's why their O&M would not be an issue. Nevertheless, O&M at community level for all the drinking water schemes was one of the recommendations in the Sindh Drought Need Assessment. Hence, community level O&M are always helpful in sustaining development interventions.
- During field verification by the evaluation engineer, 89% of the beneficiaries of sanitation/latrine kits have been purposefully utilizing latrine after constructing it, whereas, 86% were aware about its construction and maintenance.

Rehabilitated water reservoir, SSF Tank and Solar panels in village Jan Mohammad Solangi, UC Faqir Abdullah

2.3 Efficiency

- Innovations introduced by CIP and donor's flexibility to understand and approve required changes was also an important factor for paving a smooth path towards achieving successful results of the project. The project had ample resources in terms of staff, mobility, centralized internal control mechanism and patronage available by the competent authorities through senior management team (SMT).
- The allocation of resources for smooth implementation was declared to be appropriate during the KIIs with the project staff and stakeholders. However, the staff sometimes faced challenges for mobility to the filed areas. The numbers of vehicles allocated for the project were limited for all the field areas as compared to the number of male and female staff. The challenge was managed by the project administration by proper planning field travels and provision of alternatives.

- The geographic spread of the project locations was very high as compared to the time and other resources allocated for project implementation which also emerged as a challenge in a short term project. This also affected the efficiency of the program in terms of adequate monitoring, judicial utilization of resources and overall impact on the communities.

2.4 Sustainability

- The capacity building and awareness raising activities like health & hygiene training, nutrition awareness has inbuilt sustainability. The knowledge and information transferred to the communities shall result in behavioral change with the passage of time and shall be transferred from generation to generation. Similarly training under MISP to health related staff are likely to sustain in the area as in the absence of qualified doctors the population is relying on trained health workers for regarding health.
- The rehabilitated water supply schemes shall provide ease of living to the local population with reduced water borne diseases in long run. The community has been utilizing Nadi-filters for cleaning water at the domestic level as a result of the project intervention. The slow sand filtration mechanism at the major water distribution points such as reservoirs/ large storage tanks has been a viable solution for making available water clean.
- CIP has a reputation of building capacities of communities and stakeholders for effective and sustainable implementation of its programmes. CIP and its partner (CWSA) organized communities, which in most cases were pre-existing in shape of different committees working with other organizations. This approach is worth appreciation to avoid resources on duplication of parallel structure formation. However, the capacity building aspect of these village committees was overlooked during the project implementation. The evaluation team that found the village committees lacked documentation like structure, record of activities, minutes of meetings, roles and responsibilities.


care

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Date: 24 December 2019

To

The Executive Engineer
Public Health Engineering Department
Umarkot

Re: **Completion and handing over of Water Supply Schemes**

Dear Sir

CARE is a leading global humanitarian and development organization. Since its establishment in 2005, CARE International in Pakistan (CIP) has been responding to major disasters and undertaking an array of development projects. CIP works through its local partners and a range of stakeholders for development, as well as emergency response related interventions, which makes collaboration a key component of its work, across the country. Health and education, with particular focus on women, are some of CARE's core identified program areas in Pakistan, as part of its Long-Range Strategic Plan.

It is stated that CARE International in Pakistan (CIP) has successfully completed rehabilitation of water supply schemes for the benifit of residents of union councils Faqir Abdullah, Gapno and Atta Muhammad Palli.

The schemes have added value of construction of **Slow Sand Filters** that will improve the quality of water.

The following are the completed water supply schemes:

1- Vehero Sharif
2- Jashno Sharif
3- Muhammad Hayat Gapno
4- Fateh Muhammad Dal
5- Saper Dal
6- Jan Muhammad Solangi
7- Haji Hoat Khan Bellar
8- Ghano Panwar
9- Mithu Khan Khaskheli
10-Faqir Abdullah


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The above water supply schemes are handed over to Public Health Engineering Department, Umarkot for operation and future maintanence.

CARE International in Pakistan is thankful to Public Health Engineering Department, Umarkot for continued support and cooperation.

Signed by:
Dr Adil Younis
Project Manager
CARE International in Pakistan
Umarkot
Date: 24/12/2019

Signed by:
Abdul Rasheed Bhutto
Executive Engineer
Public Health Engineering
Umarkot
Date:

Copy:
Deputy Commissioner, Umarkot
UN OCHA, Islamabad

ASSISTANT ENGINEER

2.5 Impact

- In both WASH and Health interventions, the impact on behaviors and practice can be observed with passage of time. The trend of use of latrines, water filtrations, consultation with qualified health practitioners, realization of importance of health care especially maternal health and last but not the least hygiene awareness are likely to impact positively on beneficiaries' individual and communal lives for many years.
- Communities have increased the use of latrines over prevailing open defecation practices and this trend has been seen improving, particularly in the area where latrines have been introduced for the first time. During HH interviews and FGDs, beneficiaries confirmed that the provision of latrines under this project has helped them a lot.

3 Recommendations:

- Generic need assessment studies least provide opportunity to design area specific interventions, therefore, local level stakeholder consultation would have been a window for more realistic planning. This would have enabled CIP to overcome challenges e.g. timely identification of DWSSs and their real-time performance related appraisal within the project life, inclusion of proper O&M activities.
- The MMCs started late due to NOC, but were helpful to the health department in order to reach the people in far-flung desert. Functionalizing government health facilities with provision of regular services is the preferred approach as per the department but this was not permissible under the project resources.. The health department also recommended that efforts on these lines would have been a starting point for CIP to carry out future collaboration in the far-flung drought affected areas i.e. Kaplore and Sakhro. While quoting examples of PPHI, the department desired to promote public-private partnership (PPP) model, which are effectively reaching out the underserved people.
- The introduction of SSF and Nadi filters are worth appreciation and should be scaled-up to other areas where people have been using contaminated water, however, for ensuring sustainability there is a need to conduct rigorous O&M training to the communities.
- There is a high need for capacity building of the village committees in record keeping, funds management and conflict resolution. This will not only increase the effective life of the schemes rehabilitated but also minimize the potential of conflict escalation within the communities especially regarding water management.
- In order to put in place, effective behavior change communication model, there is always a need to reflect upon the local conditions and alternatives available. The session on nutrition should include local available commodities grown in the area. Meat and fruits are essential, but are they accessible in terms of affordability? The IEC material thus developed should be tailored to local conditions for greater effectiveness. The indigenous organic edibles with high value nutrients and its effective use can be included for future programming.
- It is recommended to plan targets primarily on the basis of number of families (a nucleus family) or number of households (a compound with one or more families) levels.

- The project has collected valuable data regarding health indicators in the project area. This data, if analyzed diligently, can be the basis for future interventions both by the Govt. and Humanitarian organizations.

DWSS – Fateh Mohd Dal, canal water stored in rehabilitated ponds, pushed into elevated tanks with solar power to filter through SSF and channelized through gravity flow to distribution points near households in village.

4 Project Introduction:

Through the project, CIP devised a comprehensive strategy to provide life-saving nutrition-sensitive health and WASH support to vulnerable population of District Umerkot, with a special focus on pregnant & lactating women (PLWs) and children. The project focused on Moderate Acute Malnutrition (MAM) children; promote improved Infant and Young Child Feeding (IYCF) and Behavior Change initiatives in order to protect and ensure breastfeeding, as well as provision, treatment and referral of micronutrient deficiencies. Acute malnourished children and PLWs were planned to be treated through Community-based Management of Acute Malnutrition (CMAM) interventions.

The emergency Health component planned to include contextually-appropriate Minimum Initial Service Package (MISP) for women, girls and adolescents to prevent maternal and neonatal mortality and morbidity. Nutrition promotion, nutritional supplements / multi-vitamins, medicines and referral systems for complicated cases provided. The WASH component of the project is aimed at reducing the impact of drought and malnutrition by addressing the underlying causes through provision of potable water, and effective hygiene and nutrition sessions.

5 The Project External Evaluation:

This report present the external evaluation of Umeed-e-Nau project - Health and WASH Support project for drought affect people of Umerkot, Sindh. The project was implemented by CARE International in Pakistan (CIP) through its partner CWSA under UNOCHA's PHPF-III from February – December 2019. Due to late issuance of NOC, the project could actually be started in the month of June instead of February. The project evaluation contract was awarded on 27th November 2019. The evaluation field work as per the following methodology was carried out from 4th – 9Th December 2019.

The evaluation of the CIP's Umeed-e-Nau project has been carried out as per the DAC criteria such as Relevance/appropriateness, Effectiveness, Efficiency, Impact and Sustainability. However, CIP has included an additional criteria i.e. Project Management.

5.1 Evaluation Methodology:

A project brief presentation was carried out by the CIP team including the Assistant Country Directory (ACD) and the MEAL Manager. The evaluation methodology was discussed in the inception meeting with CIP officials. The framework for the study was also presented and decided upon a list of documents to be shared with the ADF. Project proposal, Pre-KAP report, weekly/monthly reports, beneficiary database, village lists and other relevant documents were shared to finalize the field work itinerary and the sample size of the villages and beneficiary for the evaluation study. The program evaluation study designed by ADF was a summative, exploratory and cross-sectional in nature. Both qualitative and quantitative methods have been applied to capture data.

An inception report along with a work plan and tools for data collection in the field was shared with CIP team for review and comments. The tools were found appropriate and suggestions were made to capture gender disaggregated data as much as possible.

Activities	November					December																					
	26	27	28	29	30	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Planning Meeting With Client																												
Secondary Data Review																												
Development / Design of Tools & Detailed work Plan																												
Finalization of tools & team orientation																												
Field visits /data collection																												
Verification of DWSS, filters, latrines																												
Design/ develop database, testing & tabulation sheets																												
Data Entry & Validation																												
Preparation of draft report																												
Prep and submission of final report and case studies																												

5.2 Data Collection Tools:

The data collection tools included the following

- Questionnaire for households interviews
- Checklist for infrastructural schemes verification
- for Engineers,
- Focus Group Discussion (FGDs) guidelines
- Key Informant Interviews (KIIs) including CIP and CWS staff, PHED and District Health Department.

Focused Group Discussion (FGDs):

During the field work the project staff informed the evaluation team that water in the canal has been released after 35 days that's why possibility of combined FGDs of male and female can be carried out to ensure maximum participation without disturbing the community. A total of 11 FGDs were carried out in the UCs of Kaplore, Sakhro, Faqir Abdullah and Gapno (3 with men, 3 with women and 5 combined with both the gender). In these FGDs 118 men and 146 women participated.

Household Questionnaires & Sampling:

The household questionnaires included different sections related to Health and WASH as per the project mandate. Male evaluation team members collected data from male members of the household whereas female team members collected data from female household members. Each male or female respondent represented a different household. Gender parity for household questionnaires was maintained. Simple random sampling technique/method was used in selection of household, whereas villages were selected on the basis of remoteness and vulnerability. The following table shows total beneficiaries, total family size with 95% confidence level with interval of 5.

Project Name / Location	Total beneficiaries	Total Families	HH Survey Sample
Umeed-e-Nau Project - Health and WASH support for drought affected people	60,000	8,571	368

The following table shows village and gender wise sampling of household:

Union Council	Village	Female	Male	Grand Total
Faqir Abdullah	Faqir Abdullah	19	17	36
	Fateh Mohammad Dal	14	16	30
	Haji Hoth Khan Babar	11	15	26
	Jan Muhammad Sulangi	20	16	36
	Mitho Khan Khaskheli	8	5	13
	Okraro Panhwar	16	20	36
Faqir Abdullah Total		88	90	177
Gapno	Gapno / Choudhry Hayat	13	19	32
Gapno Total		13	19	32
Kaplore	Amerhaar	17	5	22
	Lakha Bheel	16	10	26
	Ramsar	20	10	30
Kaplore Total		53	25	78
Sakhro	Lal Bah	13	14	27
	Maroohar	11	10	21
	Sadamani	17	16	33
Sakhro Total		41	40	81
Grand Total		195	174	368

Checklist for tangible outputs (water schemes, filters, latrines):

Verification exercise was carried out by an experienced engineer who moved separately to all 10 DWSSs and collected data mainly on functionality of the scheme, scheme status (completed, ongoing, unsuccessful, etc.), O&M practices, condition and utilization of slow sand filters, community perspective about scheme and quality of output and civil or mechanical work of the scheme. Apart from the engineer, the consultant and co-lead has also been visiting and verifying Nadi-filters and sanitation kits/latrines provided to the community. The evidences were also recorded in the form of photographs of each scheme.

Project tangible outputs verification by the engineer

S. No.	DWSS Name	Nadi Filters	Sanitation Kit / Latrine
1	Fateh Mohammad Dal	26	26
2	Sapar Dal	20	20
3	Faqir Abdullah	39	39
4	Jan Mohammad Solangi	40	40
5	Haji Hoth Khan Babar	20	20
6	Okraro Panhwar	50	30

7	Mitho Khan Khaskheli	25	25
8	Gapno	30	0
9	Janhiro	29	0
10	Vehro	0	0
Total		**279**	**200**

Key Informant Interviews (KIIs):

Key information interviews (KIIs) were carried out with 7 persons including 3 key staff members from CIP, 2 from CWSA, 1 from PHED and 1 from District Health Office.

Evaluation team formation:
A gender balanced team was deployed for the field data collection. A total of 9 evaluation team members participated in the data collection process in the field. It included the lead and co-lead consultants, an engineer, 3 male and 3 female data enumerators. Other team members include MIS personnel and Communication expert.

5.3 Data Analysis:

Household questionnaires data entry was carried out in MS-Access database. Data cleaning and validation carried out and queries were developed to do different analysis of data. Similarly, the data was also exported to MS-Excel in order to develop graphs for presentation.

Analysis of qualitative data of FGDs was carried out in a way to find perceptions at the community level and to compare it with the findings of the quantitative analysis of the household survey. It was ensured to collect all the responses which the group revealed during the FGDs. Trend analysis was conducted to conclude the discussion regarding each discussion point/question.

The scheme/infrastructure verification data was collected through a checklist. Its analysis mainly reflected on the current status of the facility, functional/operational or not, condition of the civil work carried out, benefit to the community, utilization and sustainability and O&M practices.

5.4 Limitations of the Study:

- The evaluation was carried out towards the end of the project during NCE period of the project. Some important activities such as construction work on slow sand filters were ongoing as this activity was initiated during September 2019. Hence, the impact of the project especially access to clean drinking water couldn't be fully assessed..
-
- Some of the important project documents such as Post-KAP could not be compiled in order to be used by the evaluation team. Similarly, M&E reports on process monitoring were not available to see how M&E system was involved in the project management.

6 Evaluation Findings:

6.1 Relevance & Appropriateness

The project Umeed-e-Nau has rightly targeted the needs of the drought affected people in Umerkot while realizing the fact that WASH and Health assistance had been declared among the most important needs by the humanitarian fraternity. Linking and integrating both Health and WASH has been regarded as highly significant strategy that the project adopted with the intention of creating higher impact. CIP designed the project with more emphasis on integration of WASH and Health interventions. Hygiene and Nutrition were among the crosscutting themes of this project, but were also included as standalone components for greater impact.

Strengthened the existing capacity with heavy E. Motor, power supply, and water pipe laid for water distribution to community at Village and UC Gapno

The project interventions were designed keeping in view the critical recovery needs of the drought affected communities. During the FGDs and interviews with different stakeholders, the project interventions were declared as responsive to the needs of the drought affected people. Most of the beneficiaries of different project components were found satisfied with support provided. During household level interviews, 91% of the beneficiaries showed their satisfaction over the project inputs as well as the timing of the support provided.

Latrine constructed by beneficiary in village Hoat Khan Babar, UC Faqir Abdullah

As per the Sindh Drought Need Assessment (SDNA) report, water and sanitation were highlighted as the most urgent needs in severely affected drought affected areas. The WASH Component was not implemented in UC Kaplore and Sakhro and was limited to the heath component only. . The project opted to provide much needed health services along with psycho-social support, nutrition-sensitive hygiene education and provision of clean delivery kits to PLWs. Nevertheless, need for provision of potable water and sanitation issues was also affirmed by the community during Focus Group Discussions (FGDs). Therefore, these remote UCs will benefit from sanitation/latrine kits and Nadi-filters and should be considered for future programs.

The project interventions were appreciated both by community and officials of the relevant government departments as they addressed the utmost needs in the drought scenario, since Govt. had been struggling for resources; the support provided by CIP was very relevant and timely despite delays due to unavoidable reasons.

83% of the beneficiaries have been using Nadi-filters and they were aware of its mechanism and O&M

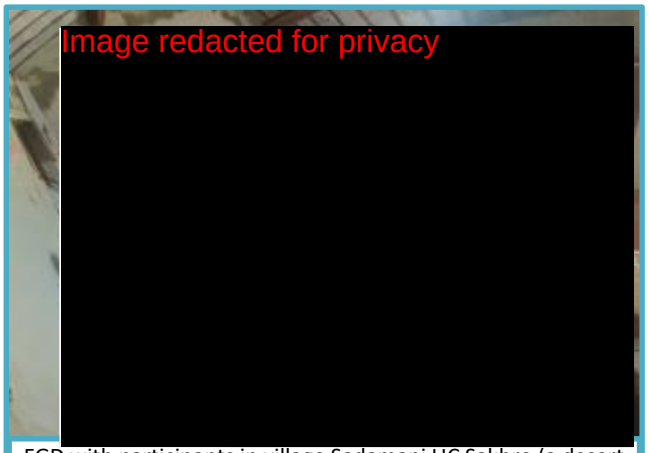
Findings of the final evaluation indicate that CIP rightly identified the needs in holistic manner, as the people in the target area were struggling for water and vulnerable to different health related hazards. The project was designed on the findings of the need assessment of the Natural Disaster Consortium (NDC) comprised of IoM, FAO, UNICEF, ACTED and HANDS. As per the understanding with the donor, and recent assessments conducted, specific needs within sub-sectors of WASH and Health have not been assessed, and mostly the secondary data was relied upon in designing the project. This to some extent, did contributed towards few challenges in implementation and required adaptive management. Increase in number of Nadi-filters, selection of community Drinking Water Supply System (DWSS), inclusion of Union Council (UC) Gapno to meet the target of rehabilitation of water system count, slow sand filter (SSF) at water systems and inclusion of Ultrasonography services for women in the mobile medical camps (MMCs), and clubbing several activities with MMCs are some of the examples of adaptive management.

A primitive technique used by community in UC Kaplore to collect rain water in wells for animals, washing, bathing, etc.

Moreover, the needs assessment had been largely sector focused, depending more on the strategic technical fields of CIP than based on a prioritization by affected populations. The evaluation team, however, has found no hint or evidence that life-threatening needs had been overlooked in favor of pre-conceived prioritized interventions by CIP in the targeted project area.

The LFA presents a logical relationship among results, indicators, and activities. Some of the indicators in health and WASH assistance were not explicit and hence cannot be comprehended

to assess the results like availability of waters in liters/person/day, definition of quality and safe water, definition of malnourished children and adults in drought affected areas, awareness benchmark for the community on health and WASH, indicators regarding level of awareness, etc. Though the proposal was developed according to the guidelines of donors, however, the LFA did not present target, indicator and activity for clean drinking water such as SSF construction, water quality tests and its dissemination to the community. The outcome 2 of the project aims at provision of safe drinking water to the community. The rehabilitation of water systems was not enough for provision of safe drinking water due to potential contamination at the water source i.e. canals. Therefore, an innovative, cost efficient, indigenous and effective strategy was adopted to construct elevated slow sand filters (SSF) water tanks and connected with water collection points / low surface reservoirs (LSRs) at the community level.



FGD with participants in village Sadamani UC Sakhro (a desert UC)

Selection of the geographic intervention area (district/union council) was often decided by the district administration in the area. The choice of villages within a UC was based on CIP and CWSA assessments. All CIP and CWSA staff interviewed stated that the PDMA, district administration, and concerned line departments played a pivotal role in avoiding duplication and major gaps.

Beneficiary selection was one of the most important tasks for the village committees that were formed. CIP and CWSA field staff verified beneficiary lists through house-to-house visits and after consultation with village committees (VCs) agreed on carrying out certain changes in beneficiary selection. This ensured participation of the community to an extent. The evaluation team had found very small indications or evidence of wrong selection of beneficiaries. During the household survey, 85% of the project beneficiaries mentioned that there has been appropriate beneficiary selection as per laid down criteria. Fifty four (54%) beneficiary selection was carried out by VCs, 30% by project staff was 30%, 10% selection by landlord, and 6% selection was carried out by friends and relatives.

FGDs with participants in village Okraro Panhwar UC Faqir Abdullah

The evaluation team found most of the project activities to be relevantly focused. In all beneficiary interviews and FGDs, a high level of relevance was observed to the project interventions. Though, the project was planned to integrate both Health and WASH assistance for greater effectiveness, however, diverse geographic spread of the project, minimized the potential for creating sustainable impact. In only one UC Faqir Abdullah, both the WASH and Health interventions were integrated. In other UCs though there was higher demand for WASH but only Health support was provided due to non-availability of sweet water.

The flexibility demonstrated both by the funding agency i.e. (UNOCHA) and implementing agency i.e. CIP is worth mentioning as it catered to the dynamic changing situation on the ground. This enabled need based changes in the design of different inputs especially inclusion of SSF and increase in the number of NADI filters.

6.2 Effectiveness:

6.2.1 Overall Project execution & attainment of objectives

Most of the project activities under health and WASH have been completed..

The project has the following broader objectives / outcomes:

1. Drought affected women, men, girls, and boys have improved and proportionately equal access to Primary Health Care (PHC) services including Minimum Initial Services Package (MISP).
2. Drought affected people have improved, equitable, and sustainable access to appropriate quality and sufficient quantity of safe drinking water, adequate sanitation facility and hygiene practices that meet the specific needs of women, men, girls, and boys.

The Outcome 1 is related to health intervention with an Output and listed a total of 6 activities to be carried out. As per LFA, all the activities were separate in nature thereby having separate implementation processes.

These activities were as the following:

1. Provision of psycho-social support for drought affected women
2. Provision of prenatal and postnatal health care information, counseling, services and clean delivery kits to pregnant women
3. Provision of family planning information, counseling and services
4. Provision of obstetric and new born care services

5. Establishment of referral system for complicated medical cases, severe acute malnutrition (SAM) cases, and obstetric care
6. Deployment of mobile health teams for Primary Health Care

The activity 1 was planned to be carried out through psycho-social support centers (PSC) but the laid down process could not be followed. Awareness sessions were carried out with the community without provision of IEC materials to the community for sustaining knowledge. IEC charts / banners were displayed during the sessions. It was found out that the project was able to provide quality health services to the target population.

The Outcome 2 was about WASH with an output with the following activities:
1. Rehabilitation of up to 10 nonfunctional water supply schemes
2. Distribution of up to 500 NADI water filters at household level
3. 100 Hygiene and Nutrition sessions for women and children
4. Provision of up to 1,500 sanitation kits for latrines construction
5. Provision of up to 1,500 Hygiene/Dignity Kits

All the activities were separate in nature and required participation of the village committees (VCs). Therefore, VC formation through a democratic process could have been a separate activity with complete set of processes like its training, roles and responsibility, inclusion in beneficiary identification, distribution of kits, participation in awareness sessions, participation in identification, rehabilitation and supervision of non-functional water system, O&M training and thereby inclusion of sustainability mechanisms such as O&M fund and coordination with PHED responsible authorities. Similarly, water quality tests should have been a separate activity with targets and indicator for later on measurements.

Table: Output wise achievement of the project

S. No.	Project Output	Planned	Achieved
1	# of beneficiaries of health camps and other services to mother and child under primary health care (PHC)	21,800	29,483
2	# of women receiving clean delivery kits	500	500
3	# of family planning awareness sessions conducted	4,000	4,797
4	# of individuals attended nutrition sensitive hygiene sessions	3,000	3,529
5	Rehabilitation of up to 10 non-functional water supply schemes	10	10
6	Installation of Slow Sand Filter	10	10
7	Distribution of up to 3,150 NADI water filters at household level	3,150	3,168
8	# of Beneficiaries of water supply systems	34,000	61,256
9	Provision of sanitation kits for latrine construction	1,000	1,000
10	Provision of up to 1,000 Hygiene/Dignity Kits	1,000	1,000

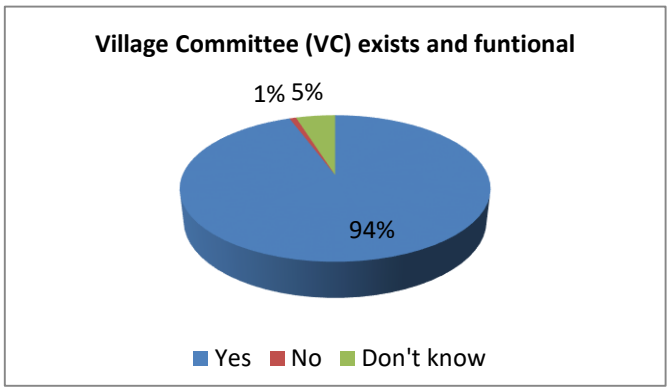
Data management of health and WASH sectors required considerable attention to avoid duplicate counting. It was observed that there has been double counting of beneficiaries in the database but overall targets have been met. In this project, a beneficiary of health services receives assistance from OPD consultation, psychosocial support, ANC/PNC, RH consultation, family planning, SAM, MAM, hygiene

education, delivery kits, etc. The whole Health component revolved around MISP particularly to address sexual and reproductive health (SRH). MISP offers a set of priority life-saving SRH services and activities to be implemented at the onset of every humanitarian emergency to prevent excess sexual and reproductive health related morbidity and mortality. Training was organized for project staff and health workers in the project area for understanding the concept and related competencies.

Similarly, a beneficiary of WASH assistance avails services of potable water, Nadi-filters, Sanitation/Latrine kit, hygiene education, etc. As this project was an integrated/hybrid project, hence health and WASH assistance shares beneficiary in 16 out of the total 44 villages in Faqir Abdullah, Umerkot and Gapno. Twenty eight (28) villages in Kaplore and Sakhro were provided with health assistance only. It is recommended to plan targets primarily on the basis of number of families (a nucleus family) or number of households (a compound with one or more families) levels. Detailed information may be maintained through disaggregated data by gender, age, services and vulnerability.

Complaint Response Mechanism (CRM) was limited to the communication between VCs and project field staff.. Usually the VC's president has been establishing contact with the relevant project staff through cell phone, however, there was no banner and box installed for complaint / suggestion by the community. The CRM log was also missing in the project. During FGD at Gapno, the participants shared a complaint that broken buckets were distributed among the community. Similarly, the sanitation / latrine kits did not had a shovel and a pick-axe. Moreover, at maximum places only 5 ft PVC 4" pipe was distributed in the sanitation kit.

6.2.2 Community Mobilization & Participation:

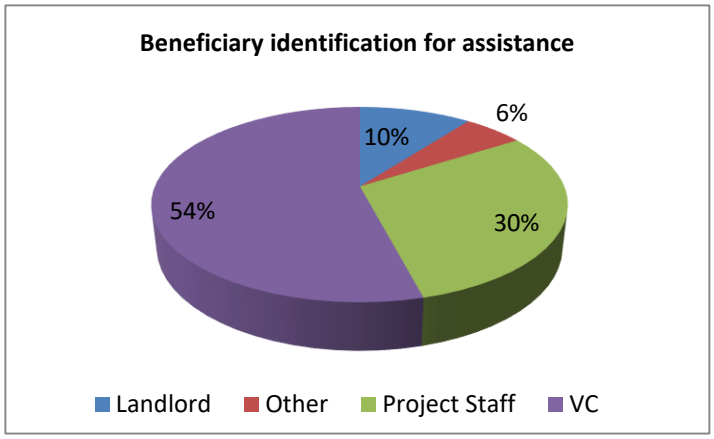


The VCs were formed at the village level after broad based community meetings. There was equitable participation of men and women in VCs. A proper training of VCs was found missing. VCs' involvement was observed in gathering community, information sharing about MMCs and assistance in camp arrangement, identification of beneficiaries, facilitation to the project staff and civil work vendors and appointment of DWSS operator. To achieve greater effectiveness, VCs' could have been empowered and strengthened in carrying out health and hygiene sessions, nutrition sensitive hygiene education, water treatment, follow-up mechanism of Nadi-filters, O&M training and funding mechanism for DWSS, SSFs and LSRs.

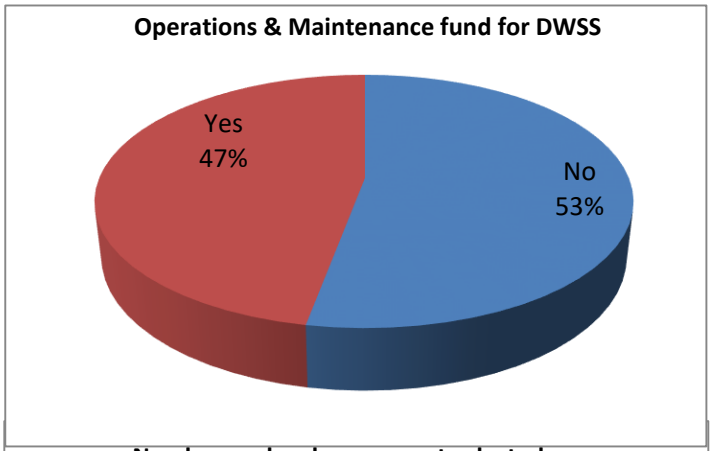
The community appreciated all the project activities particularly the MMCs due to quality services, equipment and medicines. The health activity produced instant results and there had been least instances of water borne diseases due to Nadi-filters, awareness raising on nutrition and hygiene education.

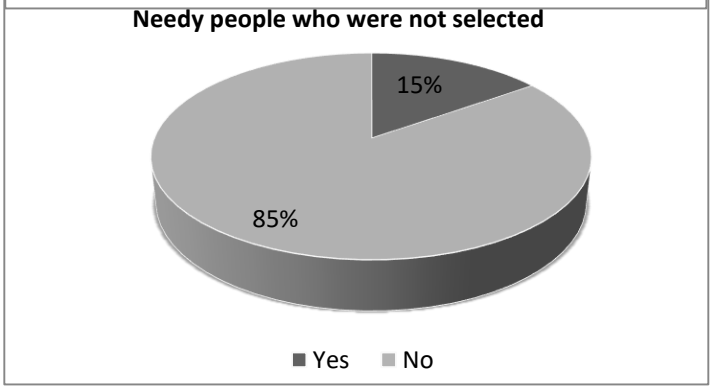
As per HH survey, 94% of the respondents acknowledged existence of village committee during the project. Nearly the same percentage of respondents has termed village committee as functional even towards the end of the project. However, 6 percent respondents were either did not aware or disapproved existence of a VC in their respective villages. During FGDs, it was found out that there have been broad based community meetings at the inception of the project at village level. The project staff facilitated the process of committee formation. The selection of the members was carried out by the community on their own and in most of the cases the VCs were represented by both men and women.

The project beneficiary selection in the targeted villages was carried out by VC, project staff, landlords, and others including relatives, friends, etc. As per 54% of the respondents, the beneficiary identification was carried out by the village committee, 30% respondents termed selection by the project staff, 10% selection was carried out by the landlords and 6% selection facilitated by the friends and family members.



The analysis of HH survey as well as interactions with the communities in UC Faqir Abdullah and Gapno has sufficiently revealed that very limited O&M fund is being collected. A total of 47% of the HH respondents have shared that they have been collecting and maintaining O&M fund. During FGDs in both the above mentioned UCs only at one village i.e. Okraro Panhwar the operator was provided with salary only from the collected fund. However, the amount was not sufficient. Similarly, the evaluation team has further verified and confirmed that no O&M mechanism was available at any of the 10 DWSS being rehabilitated. There is a likelihood that community may start collecting at least Rs.100/- per family per month due to realization among community to keep the operator on permanent basis for the scheme. It was found out that at least 2 operators or watchmen will be required on each DWSS to carry out 12 hours duty by each. Minimum monthly wages, amounts to nearly Rs.10,000/- per month at these

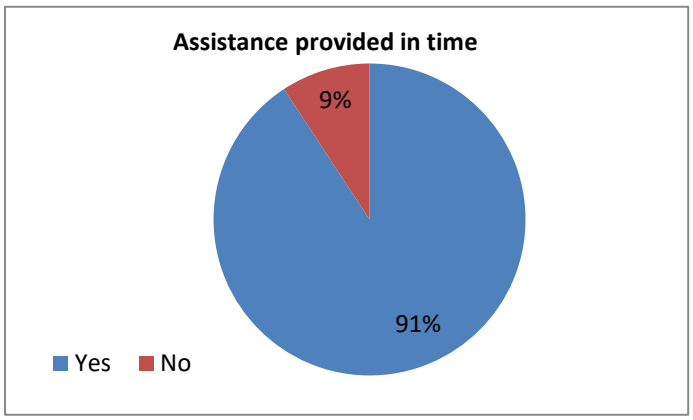




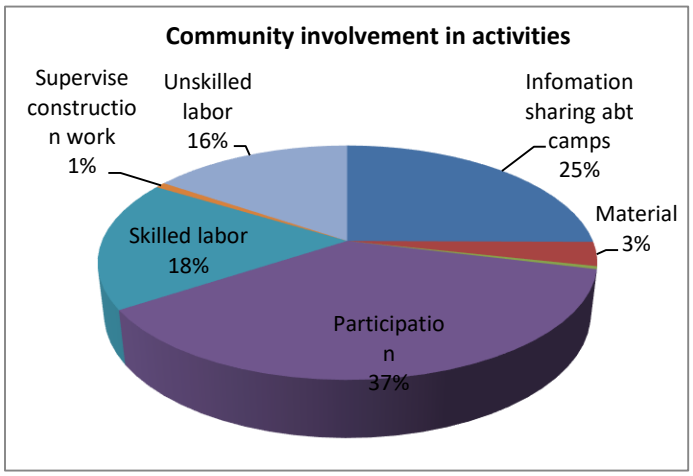
remote villages of Sindh. In order to hire 2 watchmen/ operators will cost Rs.20, 000/- per month. Hence, a monthly contribution of Rs.100/- to Rs.50/- was mandatory to be collected from 300 to 400 families respectively in each village. In order for repair and maintenance, the amount per family will be increased accordingly.

85% of the respondents shared that all the vulnerable people were provided assistance under the project, whereas 15% of the HH survey respondents opined otherwise. As per the FGDs, only those people who have migrated or not available in the village did not receive assistance. Each FGD confirmed that the assistance was provided across the board to all the communities.

As per 91% of the HH respondents shared that the assistance was in time. The participants in FGDs also affirmed that the population in the drought affected UCs required much assistance such as food, water, livestock, fodder and health. The population has not yet recovered from the last year loses and further calamities struck them this year in the form of Locust attack although there has been more rain during this year. So the community in general was appreciating assistance at any time as they were in prolonged crises.



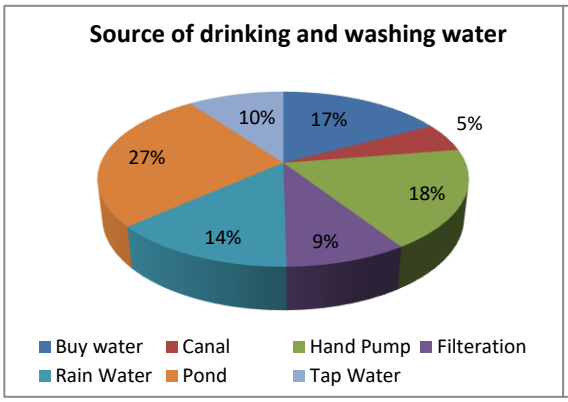
The overall analysis of the community participation in the project activities shows different findings. Out of the total responses collected with regard to community involvement, 37% of the respondents ensured participation in the project activities such as village committees, beneficiary selection, facilitating medical camps, kits distributions, etc. 18% were involved as skilled labor, 16% as unskilled labor and 3% as material provision in the construction of latrine in their own house or in neighbors. 25% considered their involvement in information sharing about the project activities among the native villagers and only 1% of the respondents were part of civil work supervision/facilitation in their village.

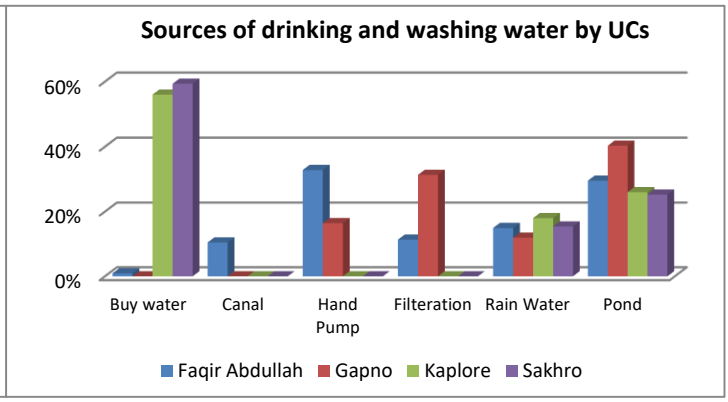


6.2.3 Provision of Clean and Safe Drinking Water:

The project targeted rehabilitation of 10 DWSS. Due to fewer PHED water systems available in Faqir Abdullah and Gapno and no water scheme available in Kaplore and Sakhro, the project opted to

rehabilitate community water systems as well. It was found out during an interview with Mr. Haider Shah, a representative of PHED Umerkot, that as per Water Commission guidelines, all the community water schemes will be handed over to PHED and they will manage its affairs such as operation and maintenance. In order to expedite work, reduce risks, maintain quality and achieve better results, 4 different vendors were involved in DWSS civil work.

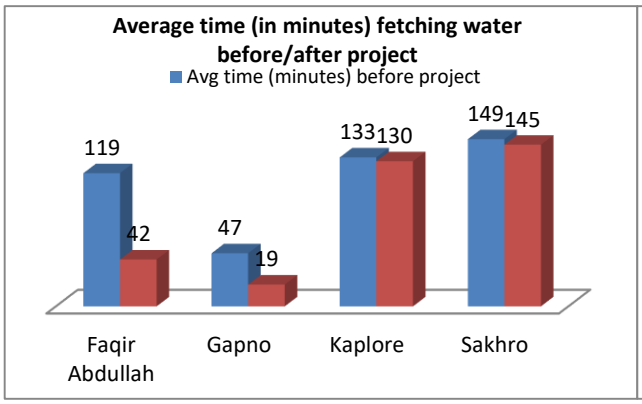


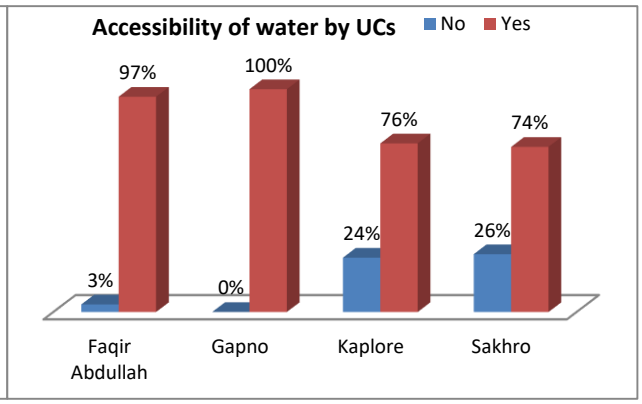


The above graphs show overall responses regarding sources of drinking and washing water in the project targeted area. Majority (27%) of the people opined, ponds as their source of water, 18% get water from hand pumps in Faqir Abdullah and Gapno, 17% buy water of which majority resides in Kaplore and Sakhro, 14% uses rain water in all the project UCs, 10% have access through tap water only in Gapno, 5% termed canal as their source of water.

In Kaplore and Sakhro, in majority of instances people would spend nearly half of their average monthly incomes on buying clean drinking water. These water tankers were brought from Umerkot, and then carefully utilized for drinking and preparing food. Up to 4 low average income families would contribute together to buy a water tank. The water would then be utilized for 15 days at large.

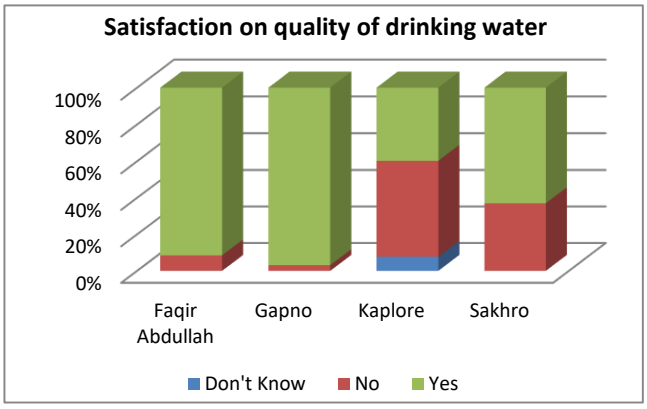
Nadi-filters were provided in 16 villages of Faqir Abdullah, Gapno and Umerkot where canal water was used for drinking purposes. These Nadi-filters were helpful in removing contamination from available canal water at domestic level. As per FGD findings, each household was able to filter up to 40 liters of





clean drinking water on daily basis. However, these filters were not provided in Kaplore and Sakhro as WASH interventions were only carried out in other UCs of the project. People collect water from rain and use it for various domestic purposes including drinking on some occasions. Similarly, drinking water through tankering from Umerkot was also collected from canal source that's why chances of contamination were high.

The drinking water supply has enabled the population in Faqir Abdullah and Gapno to reduce average water fetching time considerably. The average water fetching time in Faqir Abdullah has been reduced to 42 minutes from 2-hours. Likewise, average water fetching time in UC Gapno has been reduced to 19 minutes from 47 minutes. According to the respondents, water collection in Faqir Abdullah was carried out by 93% women, 5% men and 4% girls, in Gapno 86% women and 14% men, in Kaplore 63% women, 32% men, 4% girls and 1% boys, and in Sakhro 41% women, 54% men, 2% girls and 3% boys. As WASH component of the project was missing in Kaplore and Sakhro, that's why no likelihood of any impact can be seen. However, in Faqir Abdullah and Gapno the short and long term impact is visible as the accessibility to the water collection points or tap water in the nearest proximity to the community has been ensured.

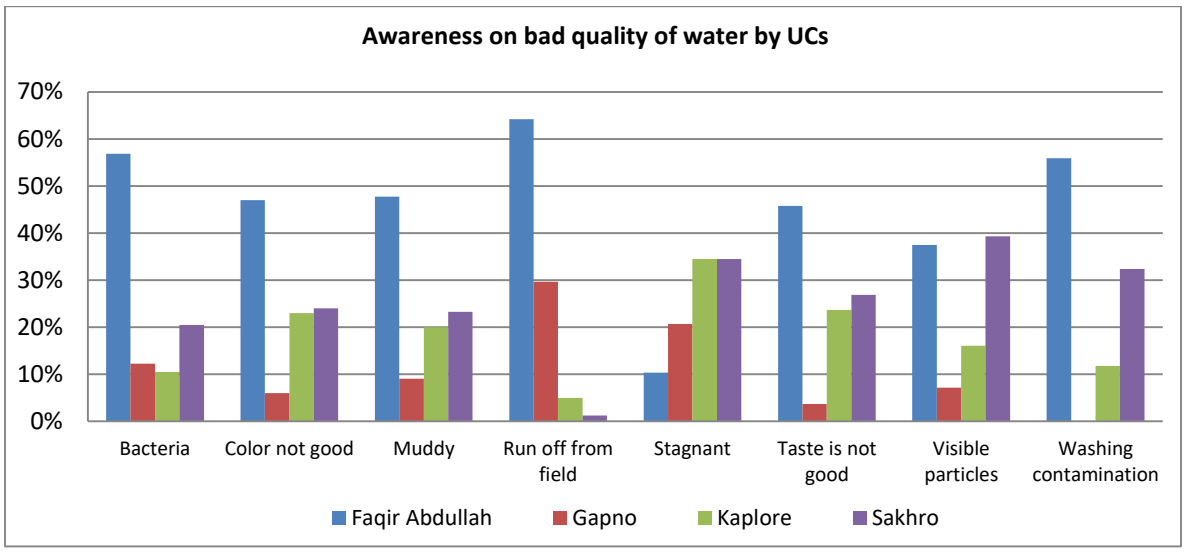


This is worthwhile to mention that a majority of the HH respondents and FGD participants have affirmed receiving of Nadi-filters and that these have been utilized. The evaluation team has found out 83% Nadi-filters are being purposefully utilized and the households were aware about its operation and maintenance.

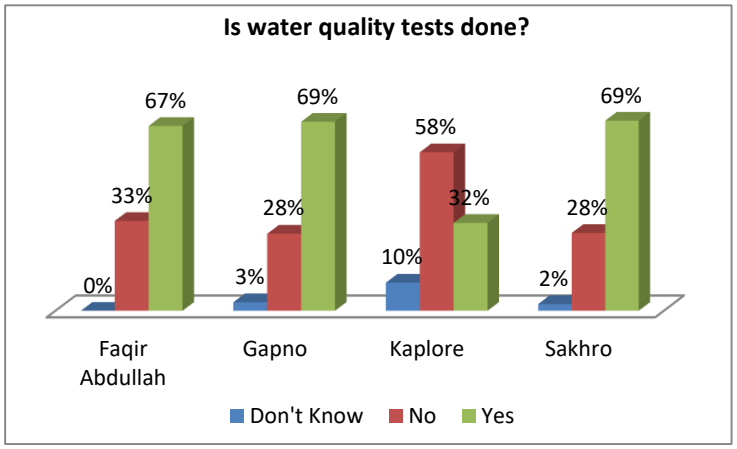
92% of respondents have shown satisfaction on the quality of water being used in Faqir Abdullah and 97% in Gapno. Whereas, the satisfaction on quality of the drinking water was recorded less in UC Kaplore and Sakhro, where WASH activities did not take place, though the water has been bought from Umerkot and transported to this community through tankers.

6.2.4 Knowledge, Attitude and Practices:

The awareness sessions on health, nutrition, hygiene, water handling, etc. were also made part of MMCs. This component should have been carried out separately so that ample time and focus could have been ensured. During the awareness sessions banners were displayed. However, IEC materials were not distributed among participants nor affixed at communal places for wider understanding, sustaining knowledge in the long run. Though the community was provided with the knowledge of different food items (FIs) having essential nutrients, however, the information could have been better tailored to include the quality and nutritional value of indigenous food and edibles..



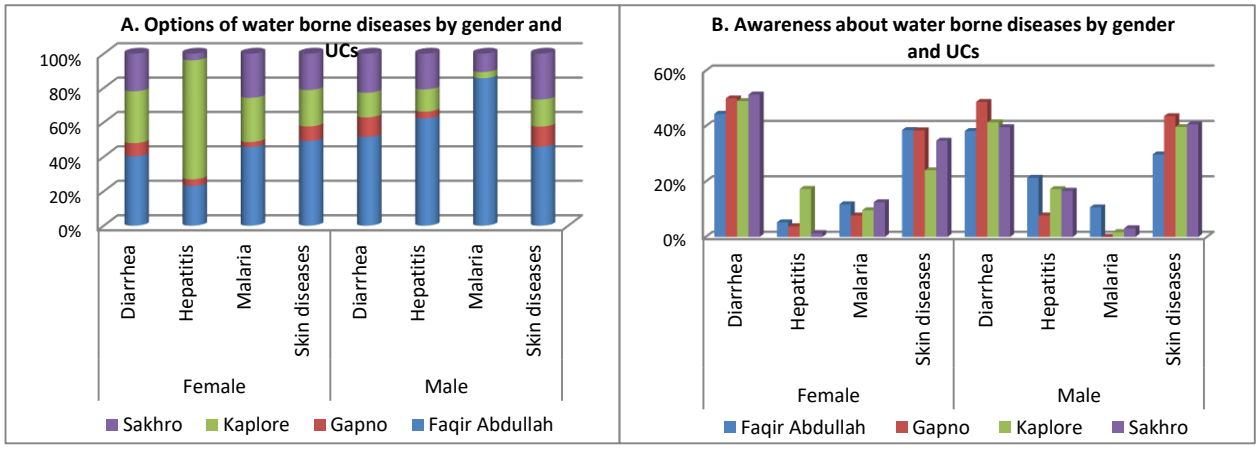
The graph on quality of water by UCs shows level of awareness among the community in the project targeted UCs. Each option weighs 100% in 4 UCs, for example, germs / bacteria makes water bad for drinking purpose. This option was opted by nearly 58% in Faqir Abdullah, 12% in Gapno, 10% in Kaplore and 20% in Sakhro as one of the definitions of bad water. Although the project has also carried out nutrition sensitive hygiene education in Kaplore and Sakhro, however, the level of awareness was far less as compared to Faqir Abdullah where WASH interventions were carried out in full scope.



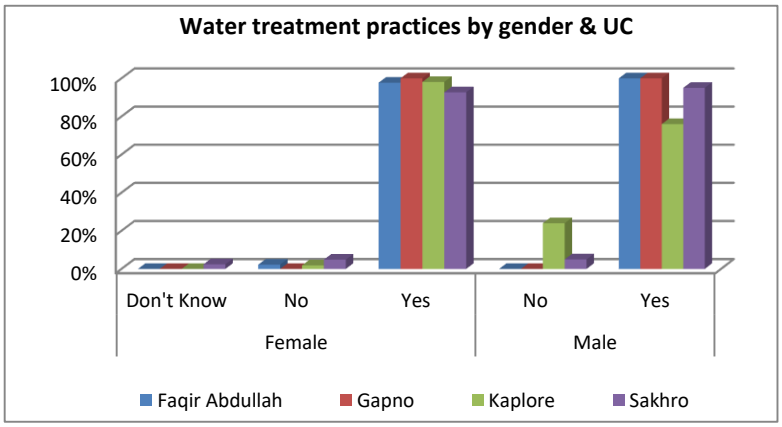
According to the HH survey, up to 69% of the respondents acknowledged that the available water in the targeted UCs has been tested for quality, whereas up to 33% of the HH responded in negative. However, a very negligible percentage of the respondents shared that water quality tests were carried out by CIP in Umeed-e-Nau project and that these tests were conducted by SAWFCO some time ago. As per the KIIs with project staff, water quality tests were planned to be carried out at 3 levels i.e. at source (canal), at reservoir (being rehabilitated by the project), and at LSRs (being

provided at the community door steps). It was found out that only few tests at source level were carried out.

As per the analysis presented in graph-A, each disease option weighs 100% separately for male and female respondents in all the project UCs, for example, diarrhea presents cumulative total of all the responses in 4 UCs by male and female separately. This shows more responses in Faqir Abdullah opted diarrhea as being the water borne disease. It is followed by Kaplore and then Sakhro and then Gapno. Similarly, Malaria has been termed by majority (86%) of males in Faqir Abdullah as a water borne disease and very less male respondents in other UCs. Hepatitis has been opted as water borne disease by majority of females (69%) in Kaplore and majority of males (62%) in Faqir Abdullah.



The analysis presented in graph-B shows responses on knowledge about water borne diseases by male and female respondents in each UC. 40% to 45% of the female respondents in all the UCs have opted for diarrhea and 22% to 38% considered skill diseases as the water borne diseases. Whereas, a very low percentage of female considered hepatitis and malaria as the water borne disease. Similarly, nearly 40% male respondents considered diarrhea and skin diseases were related to water. The graph shows, out of the total female respondents in Faqir Abdullah, 44% opted for diarrhea, 5% for hepatitis, 12% for malaria and 39% for skin diseases to be the water borne disease. Similarly, out of the total male respondents in UC Gapno, 49% termed diarrhea as the water borne disease, 8% termed hepatitis, no one mentioned malaria and 44% mentioned skin disease.

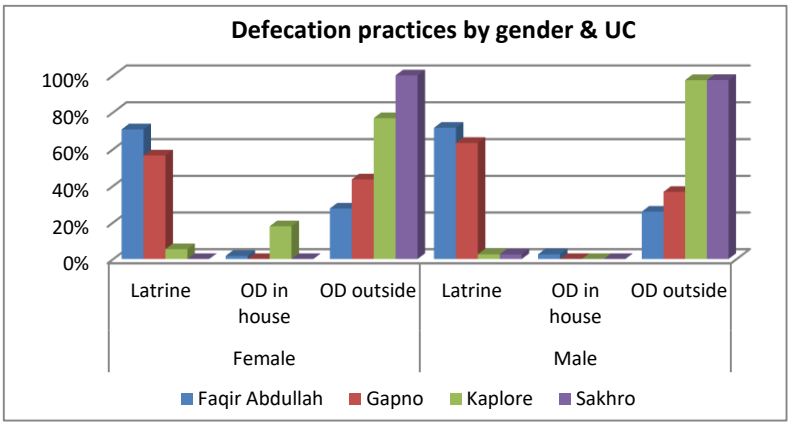


Both the above mentioned scenarios show an average level of awareness among male and female respondents about water borne diseases. As maximum as 51% of female and maximum 49% of male respondents have opted Diarrhea as the water borne disease. It is recommended, while setting awareness level indicators regarding water borne diseases particularly Diarrhea, the target value should not be less than 70% for both male and female beneficiaries in a project.

A majority (76% to 100%) of the HH respondents, both men and women, have shared that they have been practicing water treatment at their household levels in order to avoid diseases and ensure quality of life. As per FGD participants the safe and clean water is only used for drinking and preparation of food. In UC Kaplore and Sakhro, the tanker water also has contamination quite often that's why it requires treatment before use. While responding to the methods used for water treatment, the respondents of HH survey mentioned boiling, filtration through cloth, keeping water in clean container, Nadi-Filters/bio-sand filters, purification tablets and keeping water in the sun.

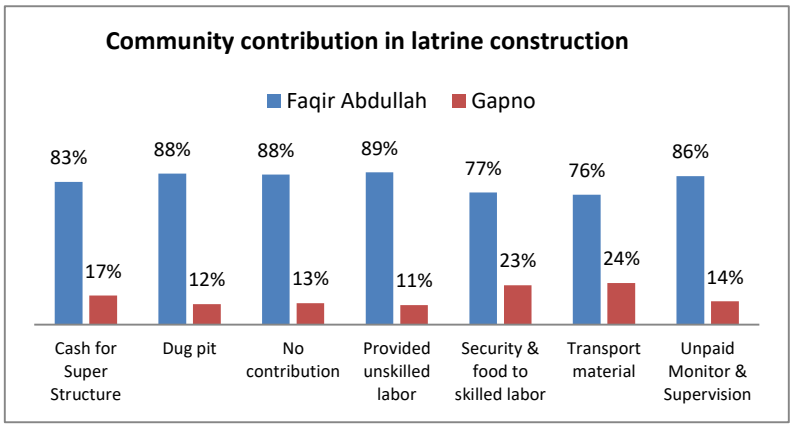
6.2.5 Sanitation Practices

During field verification by the evaluation engineer, 89% of the beneficiaries of sanitation/latrine kits have been purposefully utilizing latrine after constructing it, whereas, 86% were aware about its construction and maintenance.



The graphical analysis shows defecation practices of men and women in project targeted 4 UCs. Interestingly, the uses of latrine practices have increased for both the gender in Faqir Abdullah and Gapno due to the fact that sanitation kits were provided for latrine construction. The participants of the FGDs also appreciated provision of sanitation kits for latrine and termed it helpful in avoiding open defecation. Both men and women affirmed that these latrines ensured convenience, dignity, privacy, safety, hygienically improved environment and provided manure.

The evaluation team confirmed that 86% of the latrines constructed by the beneficiaries on their own and were used properly. The OD practices in Kaplore and Sakhro can be seen as very high due to lack of WASH activities in these areas. Similarly, HH survey also shows high level of achievement of overwhelming participation in latrine construction by the community in Faqir Abdullah.

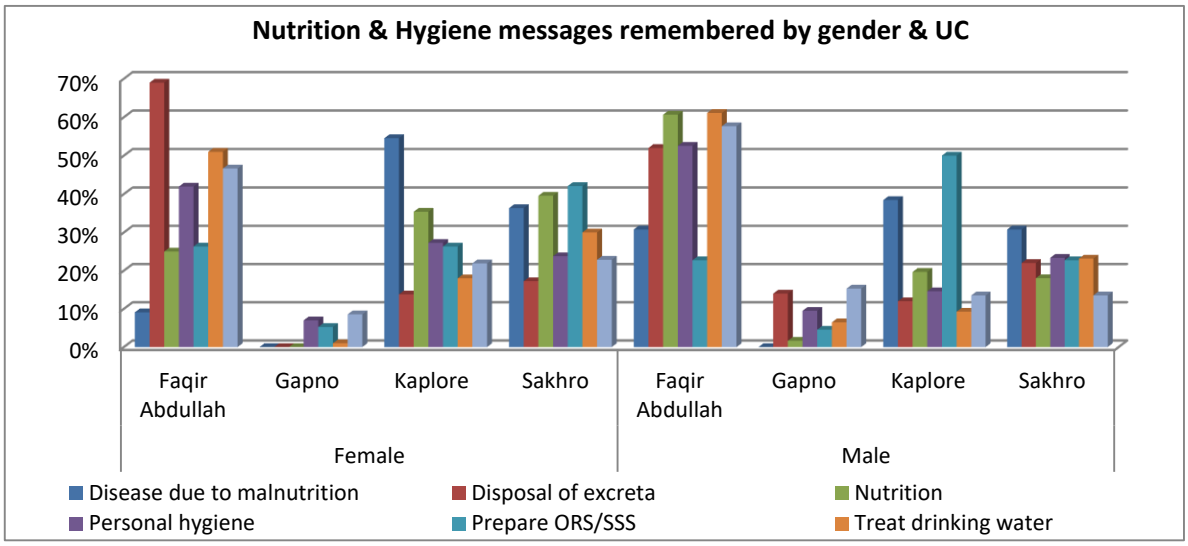


6.2.6 Health and Nutrition-sensitive Hygiene Education

Due to quality health services in the project, the families have made savings which helped them easily buying water and food. It was interesting to note that not a large number of people were found as malnourished. As per the project data regarding MMCs, a total of 584 pregnant women were screened for malnutrition and only 90 (15%) were found as moderate acute malnutrition (MAM) cases in all the targeted UCs including desert UCs of Kaplore and Sakhro.

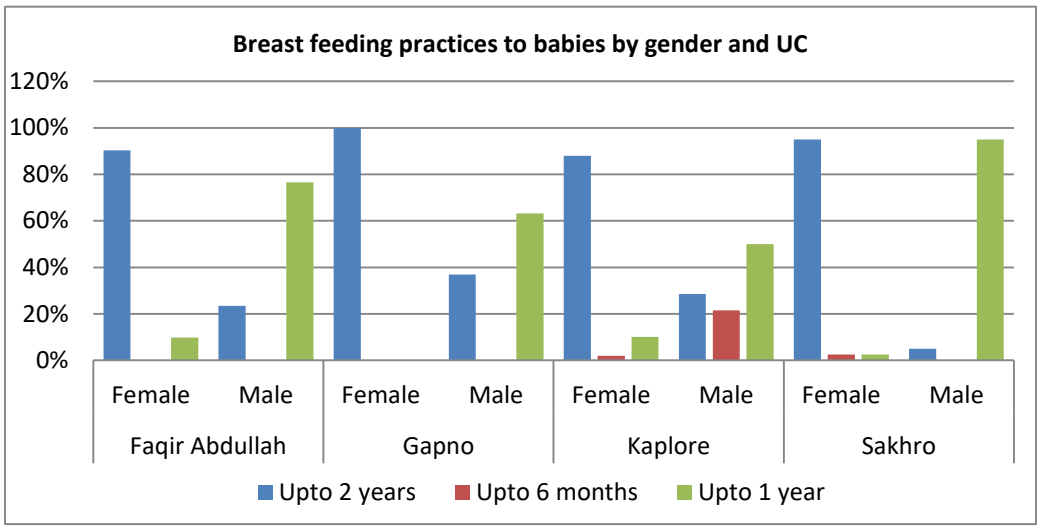
A total of 2,857 (1,322 being girl) 5 years children were screened for malnutrition and 5% (150 children (68 being girls)) were found moderately malnourished. Whereas 2% i.e. 45 (22 being girls) below 5 years children were found as Sever Acute Malnutrition (SAM). One of the reasons for these low percentage of SAM and MAM in the drought affected areas (Kaplore and Sakhro) was the availability of organic rich edibles including mashroom, water-melon, wild-melon and its seeds, Ber/Sider fruit, mustard, Pippan (Phalli), Chibhr, Gowar, Goat Milk, etc. According to KIIs, these people have been living an active life and mostly used organic food that's why their in-built resilience to disease was quite strong. Nutrition sensitive hygiene education has certainly enabled the local population to understand positive result of the healthy life practices.

Indigenous and organic food in deserts of Sindh with high nutritional value, includes mashroom, chibher, bair/Ziziphus, water melon and seeds, wild water melon, seeds, red chilies, Phalli, etc.

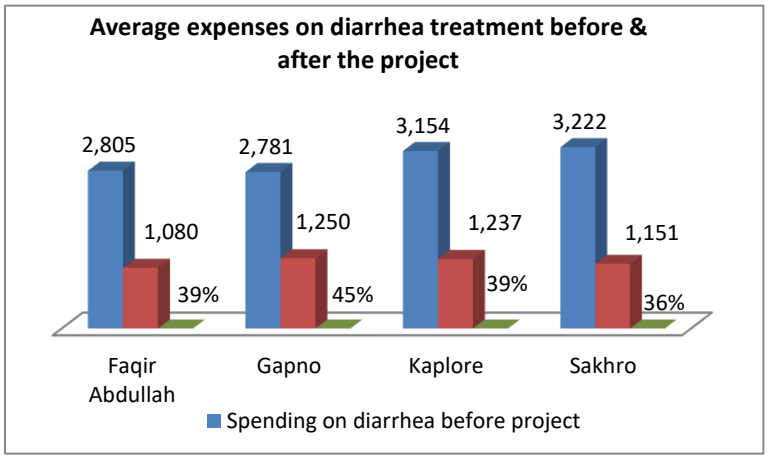


The above graph shows nutrition and hygiene related messages being remembered by male and female respondents. Up to 70% of female respondents in Faqir Abdullah remembered messages on disposal of

excreta, 50% females remembered water treatment, 45% remembered ORS preparing, 40% messages on personal hygiene, etc. Similarly, in Kaplore and Sakhro female remembered 54% and 35% messages respectively on disease due to malnutrition. Other messages including disposal of excreta, nutrition, preparing ORS, treating water, personal hygiene and complications due to malnutrition are remembered by 12% to 40% of females in Kaplore and Sakhro. In Kaplore, 38% and 50% males remember messages on nutrition and preparing ORS respectively. However, up to 30% of male remembered messages on nutrition and hygiene in UC Sakhro.



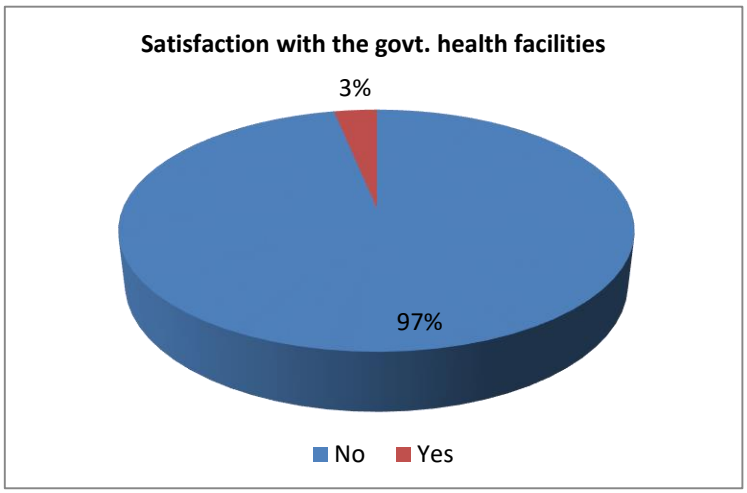
The above table presents analysis of 3 options such as mother's milk or breast feeding for up to 2 years, up to 1 year and up to 6 months by UCs and further by gender. As per the graph, 90% of the female opted for breast feeding for up to 2 years in UC Faqir Abdullah. In UC Gapno, 100% female opted for 2 years of breast feeding. In UC Kaplore and Sakhro, 88% and 95% females respectively opted for up to 2 years of breast feeding. On the whole, more than 93% of females have opted for up to 2 years of breast feeding to new born babies in order to ensure good health of the child.



The evaluation team has found out from HH survey and through FGDs that there has been decrease in the incidences of diarrhea after nutrition and hygiene related practices have improved in the entire project targeted UCs. Similarly, mobile medical camps (MMCs) have also helped the targeted population by providing free and quality treatment during the project period. The graph clearly reveals the amount being spent by the respondents upon treatment of diarrhea has reduced drastically. In UCs Faqir Abdullah, Gapno, Kaplore and Sakhro the respondents have been able to save 39%, 45%, 39% and 36% respectively by adapting preventive measures. The calculations were made on the basis of frequency of occurrence of diarrhea in a household and average expense while taking the patient to the doctor in Umerkot.

Organizing MMCs at community level on rotation basis in 44 villages was challenging task. The project has achieved it successfully by providing quality services at the door steps of the drought affected community. There was a challenge to effectively reach all the villages with an appropriate frequency. However, the project management mobilized two MMCs simultaneously and prioritized villages on the basis of vulnerability for frequent rotations. As per the Health Department representative, Dr. Mahboob, these MMCs are not considered a viable solution for Govt. in terms of cost associated, to cater to the needs of huge population. However, MMC's management, quality of medicines, utilization of modern equipment and experienced medical and para-medical staff were declared satisfactory.

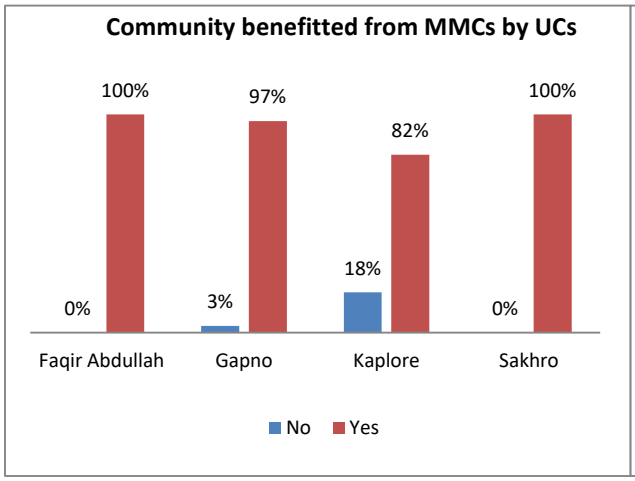
According to the HH survey 97% of the respondents have shown dissatisfaction over the govt. health facilities. During the FGDs, the participants shared that only empty buildings of the government owned health facilities are available in the UCs. There was no furniture, equipment, staff or water facility available. According to the respondents, the MMCs were providing high quality services to all the population which was confirmed during FGDs. The specialized services such as ANC/PNC, SAM/MAM measurements, psycho-social support and OPD consultation and referrals were extremely helpful.

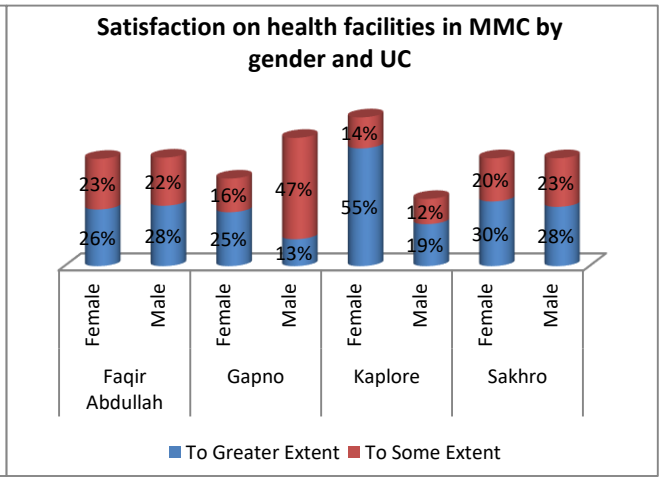


Deployment of mobile medical camps (MMC) was the major output and comprised of various activities such as establishment of psychosocial support centers, provision of prenatal and postnatal health care information, counseling, services and clean delivery kits to pregnant women, provision of family planning information, counseling and services, provision of obstetric and new born care services, establishment of referral system for complicated medical cases, severe acute malnutrition (SAM) cases, and obstetric care. All these activities were carried out in a village when there was MMC. In most cases MMC was deployed twice or rarely thrice a month. The frequency of MMC was set as once in 7 days, however, the MMCs were organized mostly on fortnightly basis and in some cases thrice a month. According to a majority of FGD participants, there were only few emergency instances in which they used to take their patients to Umerkot for treatment; otherwise, they would wait for next round of medical camp in their area. Meanwhile, preventive practices for diarrhea control were adopted by the community.

Participants of all the FGDs have also appreciated the MMC being organized in their villages. According to majority of the participants of FGDs and HH survey respondents, there were quality free medicines, qualified male and female doctors and para-medical staff, latest equipment, Ultrasound with expert doctor for ANC/PNC services, separate free consultations for men and women, delivery kits, etc. in the MMC. According to the representative of the District Health Office (DHO), the MMC were usually considered less effective in terms of replication and up scaling. However, CIP and CWSA, being

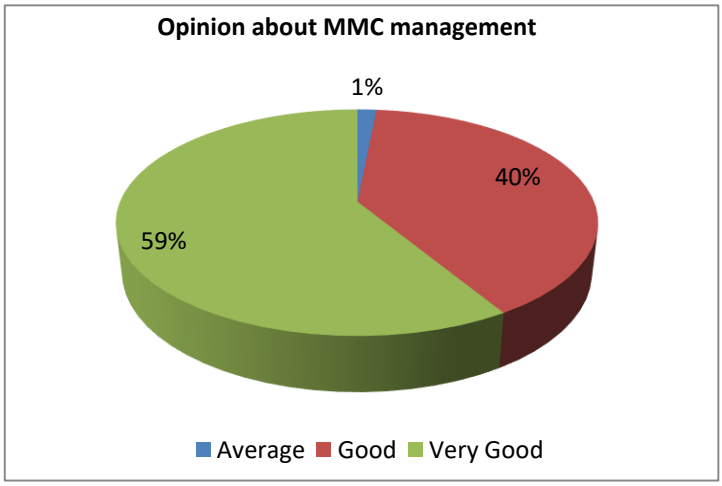
experienced enough, were allowed to organize MMCs. Nevertheless, this short-term support was very effective due to quality of services. The Govt. itself only follows sustainable model to place human resource along with medical facilities at the basic health units (BHUs). Due to scarce resources, the government was struggling to arrange qualified human resource.





Implementation strategy for health and WASH interventions was relevant and useful. In an emergency situation a short project can be successfully implemented through short term quick measures like organizing mobile clinics with quality medicines, equipment and trained staff. As the project had been also focusing on pregnant and lactating women (PLWs) that's why arrangement of potable Ultrasound equipment along with Lady Ultra-sonographer was ensured. The project did try to hire an expert Gynaecologist, but could not find an appropriate candidate due to hard area and tough working conditions. A total of 299 examinations (198 fetal wellbeing, 72 gynaecological, 29 abdomens) were carried out through the Ultrasound equipment by the lady doctor. A total of 983 (including 535 women and 120 girls) patients were timely referred for further examination and proper treatment to other hospitals in Umerkot.

The participants of the FGDs in UC Kaplore and Sakhro shared that they had been able to save considerable expenses on their health. The savings were used to purchase food and water. It was calculated with the FGDs participants that almost 2/3 (two-thirds) of the income going into buying water in these UCs. Hence, at that critical time, savings in health expenses due to support from the project was effectively utilized. It was also discussed during FGDs that the frequency of the MMCs was at least fortnightly then how the support was



helpful? The community shared that the complicated cases were referred in time to other hospitals and other curable illnesses were treated through quality medicines. Except for emergency, the community used to wait for next MMC for medical consultations which was communicated to them through the VC representatives in the village. Furthermore, as per the HH survey respondents, 59% termed MMC management as "very good", 40% termed it "good" and only 1% termed it as "average".

6.2.7 Gender & Inclusion:

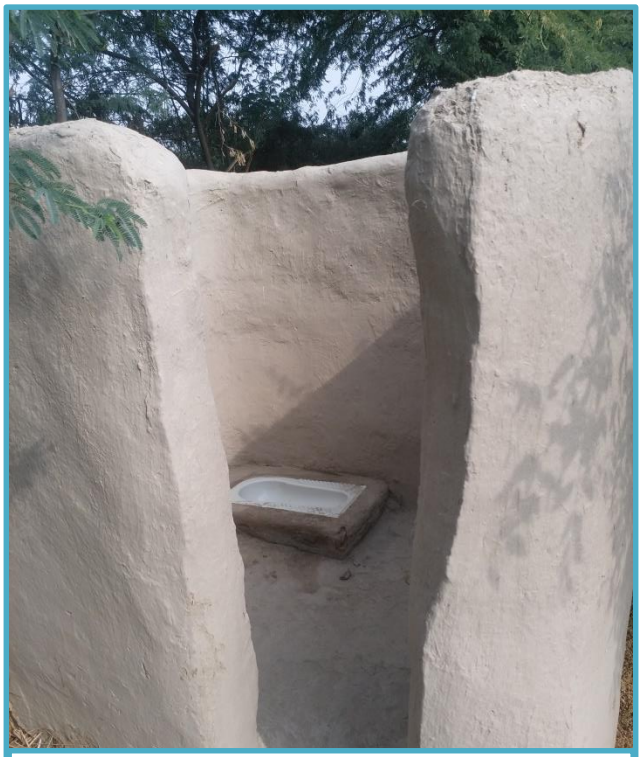
Under the Umeed-e-Nau project, a total of 35,156 women/girls and 21,918 men/boys were provided access to improved health and WASH services. The project beneficiary data shows 62% female and 38% male, whereas, 48% girls and 52% boys were included in the humanitarian assistance. This data shows a significant contribution of CIP humanitarian response towards gender sensitive programing in drought affected area of District Umerkot.

A Nadi-Filter being used in a household in village Mitho Khan Khaskheli in Faqir Abdullah UC

As per the findings of household survey and FGDs, a positive impact through health and WASH interventions has been observed on women and girls. As the primary water managers in households, women shared that it took them less time to fetch water now as the provision had been made accessible and closer to their dwellings. 98% of the household survey responses in UC Faqir Abdullah and Gupno confirmed easy access to clean and safe water as compared to 17% (Pre-KAP) pre-project situation. Moreover, it was considerably less physically exerting to fetch water. 91% female respondents at the household interview cited reduction of fetching time for clean water which they used productively for other household chores. The water borne diseases have considerably reduced in the project area and hence provided enough saving to women to improve their food, health and buying drinking water. Moreover, under the protection components, most of the beneficiaries included women. These measures enabled CIP to achieve a higher gender marker of Gender Sensitiveness under the projects implemented in Umerkot.

6.3 Efficiency

The provincial government of Sindh remained supportive to humanitarian assistance in drought affected areas. Overall community was found supportive in majority of cases which made it easy to carry out assistance. Other humanitarian organizations including UNICEF, WHO, FWO, CWSA, SAWFCO, HANDS, Shifa Foundation, etc. were also complementing the project before, during and after through their interventions projects either in school sanitation, food security and livelihood, education, and health projects.



Latrine constructed through indigenous material in village Mitho Khan Khaskheli, UC Faqir Abdullah

Innovations introduced by CIP and donor's flexibility to understand and approve required changes was also an important factor for paving a smooth path towards achieving successful results of the project. The project had ample resources in terms of staff, mobility, centralized internal control mechanism and patronage available by the competent authorities through senior management team (SMT).

The project included mobile medical camps for provision of health facilities to the community which proved efficient in utilizing resource judiciously. The awareness raising activities and all the health activities were carried out parallel to MMC. This had certainly helped in carrying out different project activities simultaneously by different team members. Such strategy can be termed as most efficient in terms of resource utilization, but less effective due to different nature of behavior change communication activities with long-term impact. Behavior change communication model requires frequent interactions, attention, and empowering of VC to remain organized, motivated and mobilized. A well capacitated and proactive VC requires rigorous efforts in terms of facilitation to select right people as VC members, awareness about project objectives and continuity of project activities after phasing out. Such strengthened VCs help in achieving project objectives and prepare communities in better way to cope up with future emergencies of similar nature.

During HH interviews, more than 91% of the respondents declared the response and support received was in time. This fact has also been supported by various KIIs with different stakeholders including relevant local government departments, CIP and IPs staff.

CIP has been best placed in terms of required capacities both on program and operational management sides. The procurement of material process has been well documented, efficient and systematic.

However, according to KIIs with the IP staff, the procurement process at the CIP end also contributed towards the delay in some activity especially the hard components.

The allocation of resources for smooth implementation was declared to be appropriate during the KIIs with the project staff and stakeholders. However, the staff sometimes faced challenges for mobility to the filed area. The numbers of vehicles allocated for the project were limited for all the field areas. Due to cultural constraints female staff could not travel adjacent to male staff.

Geographical Spread:
The geographic spread of the project locations was very high as compared to the time and other resources allocated for project implementation. It affected the efficiency of the program in terms of adequate monitoring, judicial utilization of resources, limited chances of durable impact over the communities and connectedness.

Partners' Contribution:
CIP implemented its Programme through CWSA. However, under this project, some of the activities were directly implemented by CIP such as construction of water schemes and SSF. The efficiency of this integrated project was also dependent on contributions from partner organizations and communities. The presence of CWSA in the area helped CIP especially in community mobilization and coordination with the stakeholders including line departments, eventually leading to smooth implementation. Communication between CIP and partner organization was regular during implementation. CIP and partner staff met regularly to discuss day to day field work and challenges. The project implementation requires a focus on achieving approved targets and processes as elaborated in the project documents. Project management requires job specialization in various components like maintaining a gender lens, internal control, process and progress monitoring, evaluation, implementation of strategies, aligning project with humanitarian principles, guidelines and standards, etc. These elements have been catered to a greater extent. Project implementation through CWSA also helped in job segregation.

Community Contribution:
Community contributions were incorporated into program design both in terms of decision-making about the site selection for medical camps, identification of beneficiaries, participation in latrine construction and facilitation to the contractors for civil work. The community contributions were solicited through social mobilization efforts and by the formation of committees. However, the approach of working with contractor minimize the chances of involving local people for as unskilled labor. However, keeping in view the time constraints for construction work to be completed, the approach of working directly with the contractors proved useful.

6.4 Project Management

It was observed that the role of data management was appropriately handled, but the M&E function of the project management was not fully visible. In the absence of the M&E plan, the project management became difficult to collect data as per planned frequencies and timely generate information for the project management. The project's weekly report (22-27 July) shows that the project was struggling with MIS and M&E staff. It was observed that the position of the M&E Officer was filled 2 times but staff could not stay for longer period of time and hence the implementation of monitoring plan and related activities were delegated to other staff at field as well as at the head office levels. As a result the project management found it difficult to update data and compile post KAP in time. Emergency projects do face such challenges, but these challenges should have been timely taken care of by the project management in consultation with the concerned HR department.

Although rehabilitation of 8 out of the 10 DWSSs were completed in time, but only 1 DWSS along with SSF i.e. Faqir Abdullah scheme could be made functional for provision of clean and safe drinking water within the project life. The remaining work on the DWSS rehabilitation and installation of media for functionalizing SSF was completed during NCE period of the project. As per the project management, delay in achieving WASH related outcome and output was due to various factors like heavy rains, slow pace and performance issues of civil work and some community level challenges for the vendors. Delaying factor influenced the civil work at the community level in village Mitho Khan Khaskheli and village Haji Hoth Khan Babar. This scenario raises question on the effectiveness and proactive role of the VCs. Due to involvement of the CIP's SMT, these issues were addressed to expedite project activities. The project management has involved 4 civil work vendors to expedite work and complete it within the project ending date. This was worth appreciating that CIP has involved local vendors in rehabilitation and installation of SSF. The project has enhanced vendors' capacity on SSF which was innovative and cost efficient solution in the project area. Such best practices can be replicated in other parts of similar environment in the coming future.

The project had ample resources and particularly human resource to carry out this emergency short-term project well in time. CIP has also managed to recruit few essential human resources for the project during the no-cost-extension (NCE) period starting from 1st – 24th December 2019.

CIP was more under pressure after the first quarter of the project when the burn rate was very low. The evaluation findings were of the view that the project targets were not much focused in the initial phase. So, the project activities got immensely delayed initially due to various reasons, of which issuance of NOC was on the top. Therefore, the implementation also requested for extension of time without cost and project team had to really push activities and regularly visited the project areas and offered guidance and technical support for program quality and timely implementation to its partners. The role of the national office (Islamabad) and CWSA field office was found instrumental especially in the last phase of the project, while understanding and adjusting the activities according to emerging dynamic needs of the project and improving program quality and accountability.

6.5 Sustainability

The capacity building and awareness raising activities like health & hygiene training, nutrition awareness has inbuilt sustainability. The knowledge and information transferred to the communities shall result in behavioral change with the passage of time and shall be transferred from generation to generation.

The Knowledge about water quality and its purification methods and handling shall remain an asset for the community and shall result in decreasing the incidences of water borne diseases. During the FGDs with the communities, it was found that some of the community workers especially women (Lady Health Workers) have already started dissemination of the information among other community members.

CIP has a reputation of building capacities of communities and stakeholders for effective and sustainable implementation of its programmes. CIP and its partner (CWSA) organised communities, which in most cases were pre-existing in shape of different committees working with other organizations. This approach is worth appreciation to avoid resources on duplication of parallel structure formation. However, the capacity building aspect of these village committees was overlooked during the project implementation. The evaluation team couldn't find documentation of these committees like structure, record of activities, minutes of meetings.

Though the project has provided innovative structures like the filtration chambers at the source of water supply, however, the aspects of Operation and Maintenance (O&M) has been missing. During interaction with the communities in FGDs and KIIs, it was found that the village committees have not been provided training on O&M of the schemes. The operators of the scheme only have been made aware of operation of the water pumps only. The situation may put the investment into a risk of non-functional schemes if not maintained properly.

While asking about the O&M cost of the schemes developed, most of the communities did not collect any consumer charges from water beneficiaries. The only money collected from the households was meant for paying the salary of operators. However, the village committees lacked record of the money collected and spent. During the KII with PHED department, it was mentioned that the department has budget for maintenance of the schemes which fall under its domain, however, for each scheme, they have to conduct proper tendering, which takes huge time.

The project document didn't define a clear exit strategy for different components but generally mention coordination with line departments like PHED, Agriculture and Irrigation. During discussion with the project team, it was observed that the exit strategy has not been well communicated across the board. During KII with PHED, the process of handing over of the community water schemes were discussed, for which the department had agreed to take the custodianship.

6.6 Impact

The evaluation findings suggest a positive impact of the WASH intervention especially on women. Being the primary water managers in households, women during the FGDs shared that it took them less time to fetch water now as the provision had been made accessible and closer to their settlements. 98% of the household survey respondents confirmed easy access to water in UC Faqir Abduallah.

In Both WASH and Health interventions, the impact on behaviors and practice can be observed with passage of time. The trend of use of latrines, water filtrations, consultation with qualified health practitioners, realization of importance of health care especially maternal health and last but not the least hygiene awareness are likely to impact positively on beneficiaries' individual and communal lives for many years.

Communities have increased the use of latrines over prevailing open defecation practices and this trend has been seen improving, particularly in the area where latrines have been introduced for the first time. During HH interviews and FGDs, beneficiaries confirmed that the provision of latrines under this project has helped them a lot. During FGDs with the communities, it was mentioned that women practice open defecation. What make it worse is that they only had to defecate in the dark either in early morning or wait till evening. This makes them highly vulnerable to different hazards including wild animals.

In the areas where only Health interventions were carried out, the people during FGDs mentioned that they had access to proper medical consultation and quality of medicine. However, those benefits were limited to MMCs arranged during the project life.

Countless young men and women have learnt basics in self-organization, beneficiary selection, construction and hygiene. Moreover, the innovative structure like SSF and utilization of Nadi-filters has resulted in transfer of skills to contractors belonging to same area. How much this acquired knowledge will survive and impact life quality in the village, can only be evaluated through longer term engagement with the same communities.

No negative impacts of the CIP interventions have been observed. However, during FGDs, it was observed that there were some concerns among few of the participants about the use of water from LSR in village Jan Mohammad Solangi. Few HHs failed to pay water user charges being collected for salary of the operator of scheme and resulted in concerns raised over the performance of VC. The committee members needed to be further capacitated to effectively resolve conflict situation and management of funds being collected.

Conclusion:
The short term integrated project on Health and WASH with high geographic spread in drought affected areas of Sindh was indeed a challenging task. Under all the given circumstances including risks, issues, challenges, innovations, etc. the project was still able to achieve all the major targets in the best possible manner. The technical backstopping was effectively available for the project management in the field. The

project helped its beneficiaries in improving their life through provision of quality health services and provision of clean drinking water through innovation like domestic level filters and communal level slow sand filters at the DWSS's source. Organizing community in a short term project is always a challenging task, however, establishment of VCs and its involvement in project activities has initiated a step towards sustaining the interventions.