

CARE International in Pakistan (CIP) Humanitarian Project in South Waziristan Tribal District (SWTD): End of Project Evaluation Report

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ACRONYMS

CBO	Community Based Organization
CIP	CARE International in Pakistan (CIP)
CNIC	Computerized National Identity Card
CSO	Civil Society Organization
FATA	Federally Administrated Tribal Area
FDMA	FATA Disaster Management Authority
FGD	Focus Group Discussion
GLA	Government Line Agency
HDI	Human Development Indicator
HH	Household
IDPs	Internally Displaced Persons
IVAP	IDPs Vulnerability Assessment and Profiling
KAP	Knowledge, Attitude & Practices
KII	Key Informant Interview
KP	Khyber Pakhtunkhwa
NADRA	National Database and Registration Authority
NGO	Non-Government Organization
NMD	Newly Merged District
NWTD	North Waziristan Tribal District
OFDA	Office of U.S. Foreign Disaster Assistance
PDMA	Provincial Disaster Management Authority
PHED	Public Health and Engineering Department
PHPF	Pakistan Humanitarian Pooled Fund
PKR	Pakistani Rupees
PWDs	Person with disabilities
SWTD	South Waziristan Tribal District
TDPs	Temporarily Displaced Persons
UNHCR	United Nations Human Rights Commission on Refugees
UNOCHA	United Nation Organization for Coordination of Humanitarian Assistance
WASH	Water, Sanitation and Hygiene

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EXECUTIVE SUMMARY

Over five million persons were displaced from the tribal districts of ex-FATA region over the last decade. Over 90% of these persons have now returned and face massive humanitarian needs. CARE International in Pakistan (CIP) is implementing a humanitarian project in SWTD focused on WASH activities. In October 2019, CIP commissioned a joint independent evaluation to assess its relevance, effectiveness, efficiency, impact and sustainability. The evaluation collected information through a desk review of key documents, 9 FGDs and 200 household interviews with men and women in the project locations, 6 key informant interviews and physical observations. Overall, the quality and impact of the project is high, which is especially commendable given the extremely challenging work environment and external constraints. The detailed findings are as follows:

Project Relevance: The needs assessment process was participatory and both men and women were consulted equally in the household surveys and FGDs. The project subsequently established separate WASH committees for males and females in the selected villages to ensure adequate community participation and also recruited groups of hygiene promoters from within the communities. The project also instituted complaint mechanisms for communities. Overall, communities expressed satisfaction about the level of community participation and consultation in the project. The main complaints about relevance related to the need for new projects on income and shelter. District government staff for the project revealed a high degree of satisfaction with the interaction and reporting of CIP.

Project Effectiveness: The highest satisfaction with quality across all services was expressed by women in SWTD (above 95%). Still a majority of even men expressed high or partial satisfaction for all the services. The activities related to consulting women and establishing women's WASH committees can be considered gender transformative as never before did women in these areas have such consultative status in community activities. Their equal access to other WASH services and the provision of targeted services addressing women's unique needs, such as within hygiene kits and sessions, can be considered gender sensitive and responsive. Overall, community satisfaction with the work on women's issues was high. Program targets were all met.

Project Efficiency: The main avenue for increasing time and cost-efficiency relates to working through local partners. Working through partners can yield cost savings in administrative expenses, increase time efficiency in procurement and help overcome the challenge of distance as local NGOs can more easily maintain camp offices near project sites in many situations.

Project Impact: The highest impact (average around 90% yes for all activities) was reported by women. The highest impact across both genders was reported for water services. Water services reduced the time taken to fetch water and security for women considerably and also gave money savings as some families were paying to get house use water. Women highly appreciated the hygiene information and reported a reduction in diseases in their families.

Project Sustainability: Over 90% of males and females in the project who reported positive impact also reported that the benefits will last at least 2-3 years. The highest sustainability ratings were for water services (average around 95% across both genders). FGDs reveal the training and equipment given to people on maintenance and repair of water services were the main sources of perceived sustainability in the project. Many people also felt that the hygiene promotion information will help them for the rest of their lives. The role of O & M committees is very critical in sustainability of hand pumps. In case of water

supply schemes, the high cost of maintenance makes it difficult for communities to take over and sustain them. The spare parts will have to be fetched from Bannu or even further away from Peshawar, which will be difficult for O&M committees to arrange. Thus, the WASH and O&M Committees should be more well connected to the PHED and district administration for sustainability of the project as currently in some communities, linkages created with authorities by project were not well known.

Project Management: The high degree of success in meeting program targets was made possible by a rigorous procurement process, close and constant liaison with district and security authorities, and the recruitment of high-caliber staff who worked with great diligence and put in long hours, the use of community-embedded hygiene promoters and the effective mobilization of community through WASH committees. Reporting and M&E activities were of good quality.

The main recommendations for CIP for the future are as follows:

- Undertake studies in future projects to ensure that project committees are fully representative of all sections of the community in order to reduce conflicts
- Pursue possibility of cash provision in projects subject to permission from authorities
- Provide more technical inputs for people in making toilets
- Include elements on psychosocial support, livelihoods and income in future projects for both men and women to ensure recovery from trauma and greater self-reliance
- Ensure more capacity building for village committees and link them with other agencies for accessing additional services
- Wherever possible, use partnership modality so as to build local capacity and obtain efficiency benefits.

PROJECT OVERVIEW

Over five million persons were displaced from the tribal and bordering districts of Khyber-Pakhtunkhwa (KP) province over the last decade. More than 70,000 families had earlier returned to South Waziristan Tribal District (SWTD)¹. CARE International in Pakistan (CIP) is one of the few INGOs working in SWTD to help the returning families settle down in their communities. It had earlier completed a PHPF-funded project in NWTB focused on WASH activities. It is now implementing a humanitarian project in SWTD as follows:

Project Title: Immediate Humanitarian Support to Address the Immediate Critical WASH needs of Returned Population of Tehsils Ladha and Makeen, South Waziristan

Project Focus: Water, Sanitation and Hygiene (WASH)

Project Duration: 12 Months 12 day (December 2018 - December 2019)

Targeted areas: Ladha & Makeen tehsils, South Waziristan

Scope of Work:

- Rehabilitation of 07 existing non-functional Water Systems in communities
- Installation of 15 Hand Pumps in the above mentioned communities
- Rehabilitation and improvement of water systems through solarization in 08 institutions/villages (mainly schools); Including 05 Solar Communal pressure pumps; 50 Dustbins installation; 07 O&M Kits for WSS; 15 O&M Kits for Hand pumps
- Provision of 1000 sanitation kits
- Distribution of 1400 hygiene and dignity kits in 14 communities
- 500 hygiene sessions in the target communities
- Construction of 58 latrines in institutions (mainly Schools)
- Provision of 2,200 school hygiene kits in 08 institutions
- Conducting 500 hygiene promotion sessions with male and female community members in target communities.
- Capacity Building training for PHED, Civil Society Actors, NGOs, Government Departments in WASH in Emergencies.

Donor: Pakistan Humanitarian Pooled Fund UNOCHA

Dollar Amount: USD 700,000

Beneficiary Numbers: 51,000 individuals

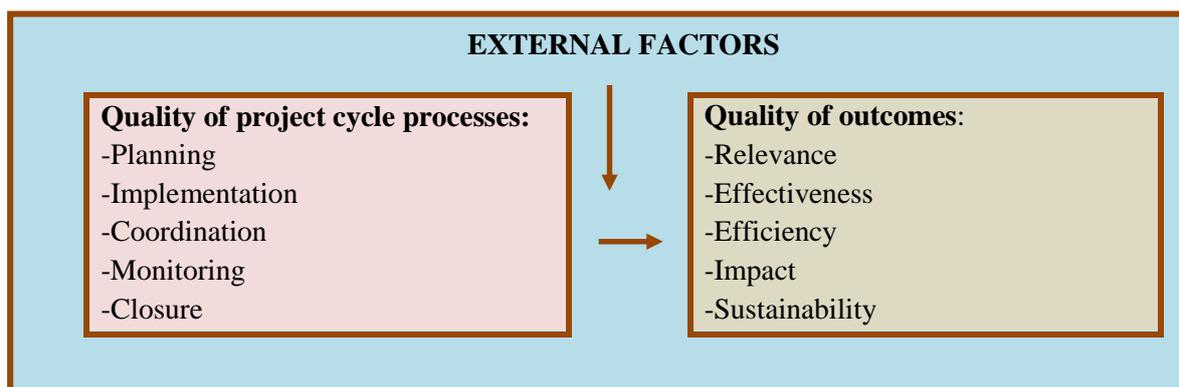
Implemented by CIP

EVALUATION OVERVIEW

In October 2019, CIP commissioned a joint final independent evaluation of the project to assess the relevance, effectiveness, efficiency, impact and sustainability in terms of the goals and objectives of the project and the associated indicators delineated in the project log frames. In addition, the evaluation focused on the cross cutting themes of protection, gender and inclusion, the project's management quality and physical verification of quality of work completed. The evaluation was aimed to specifically provide key lessons learnt and recommendations to guide decision-making about future programming for post-disaster projects and contribute to knowledge, appropriateness and sustainability strategies of similar programs.

¹ Fourth phase of TDPs' return to South Waziristan under way: The News, October 16, 2016

Figure 1: Evaluation Analytical Framework



The evaluation team employed the analytical framework presented in figure 1 for the evaluation. According to this framework, the quality of project cycle processes determines the quality and final outcomes of the project. External factors also affect the quality and the success of the project. Thus, the evaluation started by reviewing the quality of project processes, i.e., planning (e.g., assessment quality, resourcing etc.); implementation (e.g., activity scheduling); coordination, monitoring (e.g., quality of monitoring framework, follow-up etc.); and closure (e.g., hand-over and follow-up). Then the evaluators reviewed project outcomes using the TORs and the project indicators. Based on the review of outcomes, external factors and program processes, the evaluator related specific strengths and weaknesses in project outcomes to specific strengths and weaknesses in project processes and to external challenges. Consequently, it gives suggestions for strengthening project processes and outcomes and overcoming external challenges for future.

The evaluation team applied a mixed-methods approach using qualitative and quantitative techniques to collect data from multiple sources to ensure multiple levels of triangulation. This included data from project documents, key informant interviews, focus group discussions, and household surveys. The team consisted of a Team Leader, Co-Evaluator, Engineer, and male and female enumerators from SWTD. The enumerators were trained and the instruments were tested in the field before field work. Information for the evaluation was collected from the following sources:

Review of project documents

The evaluation team reviewed key project documents, including project proposal, progress reports (narrative), internal monitoring/mission reports, case stories, yearly plan of operation, operational reports, progress reports, strategic framework, output/outcome indicators, etc.

Key Informant Interviews (KIIs)

The evaluation included semi-structured key informant interviews with the following:

- External: Other NGOs, school officials, and District Government Officials.
- Internal: CARE and Implementing partners staff (KII-IA/P)

Focus Group Discussion (FGDs)

Eight FGDs were conducted with males and females (4 each) and one with school children in four villages. Each FGD included 12-15 participants. The FGDs included open-ended questions based on the TORs questions and aimed to obtain rich information related to “how and why”.

Household Survey (HS)

The household survey used closed-ended questions focused on “what and when”. The survey tool was pre-tested in the field. This also provided opportunity for training of enumerators. The household survey sample size was based on the number of beneficiaries for each project. The minimum sample size at 95% confidence level and 7% margin of error was 200. Stratified sampling was used based on gender and tehsils. The sample was broken 60-40% among males and females. In each tehsil, two villages each were selected randomly. 50 persons were interviewed from each of the four villages. The beneficiaries were randomly selected from project beneficiaries list in each stratum, with 10-15% oversampling done to cater to non-presence of some beneficiaries in the field. In case of higher absences, the next persons in the list to the missing persons were interviewed.

Physical Observations

A qualified engineer physically verified a sample of the physical outputs provided by the project, including rehabilitated water schemes, hand pumps, and latrines. The physical evaluation was done in light of relevant national and international WASH standards and the standards mentioned in the project documents.

The evaluation was tasked to answer the following key research questions mentioned in the TORs under the different criteria:

Project Relevance:

1. How were the needs assessed during the design phase of the project? Were the key areas of focus for the interventions identified and did they meet the needs of the most vulnerable in target communities? If not, why not and whose needs were met?
2. To what extent has the program used an inclusive approach and ensured stakeholder participation to design the project components? To what extent was the program successful in being compliant to government policy and integration within the government system?
3. To what extent did the project solicit participation from the direct beneficiaries (both men and women of all social groups) to identify needs and determine strategies to address those?

Project Effectiveness and Efficiency:

4. To what extent was the logical framework (and indicators) appropriately designed? Did the LFA follow SMART definitions and measure key results and activities?
5. To what extent did the project meet its stated objectives? What were the key contributing factors for the project success? Were the implementation strategies relevant and useful?
6. Which activity was perceived most useful by the beneficiaries and the stakeholders? Which activity could have been improved? What was missing? Did the activities address the real needs of participants?
7. How did each project fare on the CARE Gender Marker (i.e. gender blind, gender sensitive, gender responsive or gender transformative? To what extent was the programme successful in addressing gender- and age- specific needs of target populations?
8. To what extent was the project successful in reaching out to most vulnerable populations through its interventions?
9. What were the strengths and weaknesses of the approaches used?
10. What best practices/lessons can be learned for application in future programmes?
11. Under project activities, which tools were perceived as the most useful? Were the type and quantity of materials, if applicable, perceived to be sufficient to address the needs of the community?
12. Did the methodology meet behaviour change communication basic principles (e.g. call to action, simple, technically correct messages and culturally appropriate, gender and age sensitive)?

13. Was the timing of the delivery of the project appropriate e.g. materials arriving on time, trainings held as scheduled, etc.?
14. Were resources used in the most efficient way in terms of having the greatest benefit to improving results?
15. Could the current model have been implemented with the same or fewer resources with similar or greater results?
16. What were the factors that enabled implementation in highly insecure areas, what worked and what did not?

Project Management:

17. Did the project follow the M&E plan? Was it implemented in a timely and appropriate manner? Was the project able to adapt/was flexible to changing needs/priorities over time?
18. Was the monitoring information shared with all levels?
19. Was the level of reporting appropriate and did it provide sufficient feedback to management to allow management decisions to be made?
20. Did CIP engage sufficient and appropriate staff to effectively manage and implement the project?
21. Did CIP incorporate principles of Accountability to Beneficiaries into project implementation? If yes, what was incorporated and how? Was there any evidence of benefits?

Project Sustainability:

22. What components of the project are sustainable?
23. What were the best practices related to sustainability? Any recommendations on how to ensure sustainability that could have been considered?
24. Was the exit plan followed? If no, what was not followed and why? If yes, what was most successful? Was the exit planning done in a timely manner?
25. Is there any evidence of communities continuing activities or reinforcing messages?

Project Impact:

26. What impact did the project have overall?
27. What other unintended impacts or consequences did the project have beyond objectives (both negatively and positively)?
28. What contextual elements contributed to success or created challenges to optimizing impact from project interventions?

For analysis of primary qualitative data, the evaluation team employed a structured approach as follows:

- Summarize key informant interview and FGD notes, and code them according to themes relevant to the evaluation.
- Prepare tally sheets identifying the themes that emerge in the document review, FGDs and key informant interviews to facilitate systematic and rigorous data analysis aimed at identifying key evaluation findings.
- Compare responses of different stakeholder groups with each other and information provided in project documents in order to triangulate as effectively as possible.

The team analyzed the quantitative data by preparing cross-tabs and frequency distributions from the household survey, which were processed and analyzed using Excel. All qualitative and quantitative data to be collected through the review was disaggregated by sex and location. Standard protocols were applied to ensure data quality, including adequate training of enumerators, cross-checking in data entry and rechecking by Team Leader for a sample of data. The evaluators took steps to ensure that the evaluation respects and protects the rights and welfare of the people and communities involved and to

ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. The evaluation methodology relies on triangulation of sources and methods to ensure the validity and reliability of results.

A number of limitations were faced as follows:

- Due to the distances and security situation, access to communities was limited to around 4-5 hours per day.
- Furthermore, accessing the project's stakeholders (i.e., district and local government officials) was challenging due to their busy schedules.
- To counter these limitations the evaluation team coordinated closely with project teams in accessing project beneficiaries and other key stakeholders. Thus, despite the limitations, the team was able to interview almost all targeted persons, except law enforcement agencies which declined to participate in the evaluation.

FINDINGS

The massive displacement and destruction had created major humanitarian needs once the communities returned to their villages and towns. CIP's needs assessments showed that around 40% of the water schemes had been badly damaged and were non-functional while more than 90% of the population was unaware of proper hygiene and sanitation practices. Nearly 80% of the families lacked latrines and were reliant on open defecation². Families were returning to homes with missing roofs, door and windows and damaged structures which provided inadequate shelter. In response to these needs, CIP aimed to provide water and sanitation and hygiene promotion services under the project. The aim was to provide water access, reduce time for collecting water, increase dignity, reduce diseases and increase protection from physical threats.

This chapter presents the findings for the different questions under the criteria laid down in the evaluation TORs. The specific questions in the TORs have been slightly rearranged to increase coherence and reduce duplication.

Project Relevance:

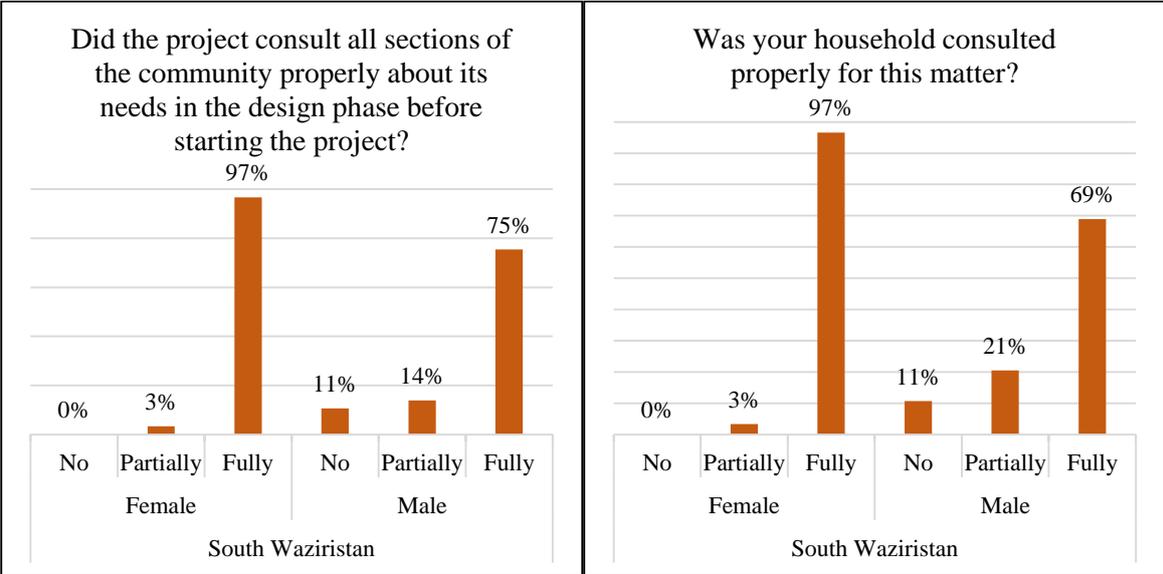
There were four relevance-related questions in the TORs. Three of them related to community participation, consultation and accountability and one related to adherence to government policies. The three related to community issues were as follows:

1. How were the needs assessed during the design phase of the project? Were the key areas of focus for the interventions identified and did they meet the needs of the most vulnerable in target communities? If not, why not and whose needs were met?
2. To what extent has the program used an inclusive approach and ensured stakeholder participation to design the project components? To what extent did the project solicit participation from the direct beneficiaries (both men and women of all social groups) to identify needs and determine appropriate strategies to address those?
3. Did CIP incorporate principles of Accountability to Beneficiaries into project implementation? If yes, what was incorporated and how? Was there any evidence of benefits?

² Project Proposal, SWTD project.

Relevance is largely an outcome of strong project cycle processes related to needs assessments and complaint mechanisms, as per the analytical framework for this evaluation. The needs assessment process was participatory. The starting points for needs assessment were the Inter-Cluster Assessment reports jointly carried out by UN Agencies and Government Counterparts and CIP’s own assessments in these areas in 2017 and 2018. The project proposal and the major overall focus of the project on WASH activities were based on these assessment reports. Once the proposal was approved by donor, CIP undertook further primary needs assessments in the form of pre-KAP (Knowledge, Attitude and Practices) surveys on the status of hygiene practices within the communities. The findings then became the basis for developing hygiene promotion activities. The teams also undertook technical surveys to fine tune the details of project activities, such as the exact technical designs of the WASH activities, the exact locations of the physical infrastructure, the specific beneficiaries for the household-level services for toilets input. The reports of the pre-KAP surveys show that both men and women were consulted equally in the household surveys and FGDs. The project subsequently established separate WASH committees for males and females in the selected villages to help mobilize the communities, undertake community-level decision-making for different project activities and ensure adequate community participation during project implementation. The committees were formed by initially having a large community meeting within each community to explain the project and encourage the community to select the committees. Subsequently, project staff held regular meetings with the committees to discuss on-going implementation and occasionally with the communities around major project events, e.g., selection of water points. The establishment of women’s committees was a major achievement as this had not happened before given the local cultural restrictions in the project areas. The project also recruited groups of hygiene promoters from within the communities. While the committee members were nominated by the communities, it would be useful for such projects in the future to undertake a review of the backgrounds of the nominated committee members to check whether they represent all socio-economic groups within communities equitably. Even though this omission did not create any problems or tensions in these projects, doing so can help minimize the risk of biases in future projects.

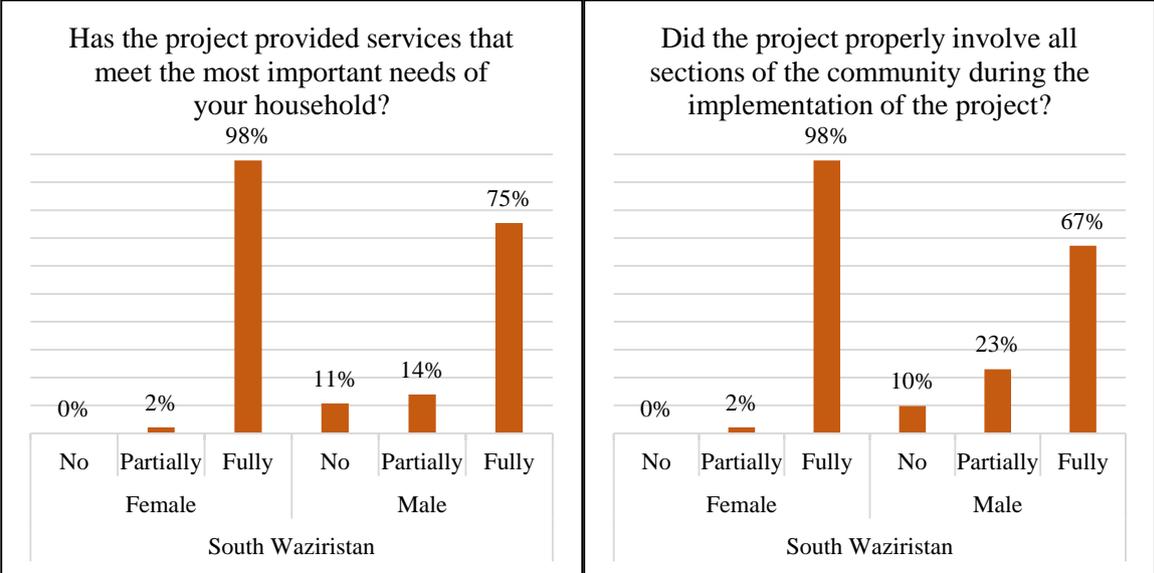
Figure 2: Satisfaction with consultation before project inception



Overall, communities expressed satisfaction about the level of community participation and consultation in the project, although there was some variation in the level of satisfaction across males and females.

Higher levels of full satisfaction with community and household consultation initially were expressed (Figure 2) by females (97%) than males (69-75%). But even so, the percentage of males expressing partial or full satisfaction was close to 90% for both questions. Similar levels of satisfaction were expressed in Figure 3 about provision of services that addressed their most important needs and consultation during project implementation, as shown in Figure 3, with females expressing the highest level of full satisfaction. But even among males, the percentage expressing full or partial satisfaction was around 90% on both questions. The lower levels of satisfaction among males had to do with the fact that men are often not in communities during project meetings due to work responsibilities.

Figure 3: Satisfaction with project services and consultation during implementation



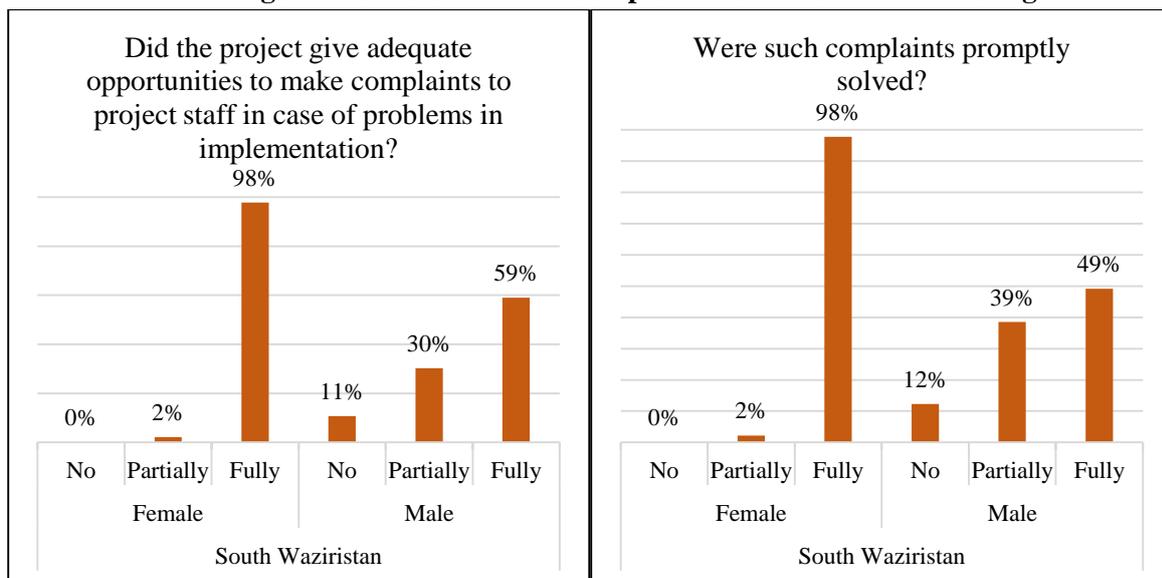
The information from the KIIs with CIP staff and community FGDs helped shed additional light on the questions and some of the overall findings and the variations therein from the household survey as follows:

- The FGDs with males and females in the project revealed that the WASH committees were found to be representatives of all sections of the communities and played a satisfactory role in mobilizing the community and representing their priorities to the projects. The committees were consulted in length to determine the most pressing needs and identify the most deserving households. Female FGD participants in particular said that before the CARE project no other organization had asked about their needs as systematically as CARE did.
- Female FGD participants said that while their most important needs of water and latrines were addressed, they still had many other needs related to health and livelihood/income activities.
- Male community members also expressed a preference for cash grants instead of physical inputs. This also partially explains the lower level of satisfaction among men on most issues.
- Many male and female FGD participants in SWTD indicated that the project has addressed their most important needs, which include water and toilets. But their shelter needs were not met by the project due to lack of funds and they suffer from rain water and hail storms. Some of the participants in Makeen said they needed more water tanks in the market. The main water pipeline providing water to the village is rusted and out of service broken and was not fixed despite

repeated requests. But all these complaints related to services which were not part of the project focus. But still these issues partially explain the lower level of satisfaction among men.

The project also instituted complaint mechanisms for communities, including a dedicated complaint telephone line at CIP office, complaint boxes in communities and regular feedback meetings of project staff with committees. As with the dimensions above, the highest level of full satisfaction with complaint mechanisms and handling (Figure 4) was expressed by females (98%) But even among males, the percentage expressing partial or full satisfaction was around 90% for both questions. The lower levels of satisfaction among males were partially due to the absence of men from communities due to work responsibilities.

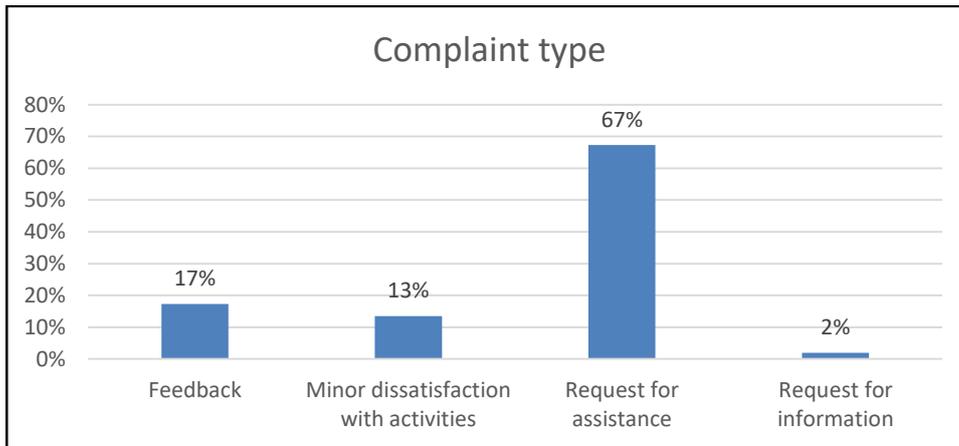
Figure 4: Satisfaction with complaint mechanisms and handling



While a number of complaint mechanisms were established, some issues were mentioned in FGDs and KIIs linked to each one of them. The limited cell phone access in the project areas limited the efficacy of the telephone helpline as beneficiaries had to travel to public call offices in town to make complaints, which was especially difficult for women. The low literacy level, especially among women, restricted the use of complaint boxes. Some of the FGD participants in the project also were not aware of these formal complaint mechanisms. The regular meetings by staff during project implementation helped overcome the problems associated with the first two methods. But the issue here was that meetings were often held when people were busy with their livelihoods and house activities. For communities, the best timings are early in the morning or late in the afternoon so as not to conflict with their own work priorities. But those times are not possible for project staff due to security issues and distances.

Project data below in Figures 5 reveals that the vast majority of complaints related to requests for assistance. Only 12% of the complaints were by females. This may not necessarily be only a reflection of the greater satisfaction of females but also a reflection of difficulties faced by them in accessing the complaint mechanisms, as described earlier.

Figure 5: Nature of community complaints



4. To what extent was the program successful in being compliant to government policy and integration within the government system?

The information with respect to compliance with government policies came largely from project document reviews and KIIS with CIP staff and government counterparts. The main governmental counterparts were the law enforcement agencies (LEAs), district administrative and technical staff in the areas of public health (PHED) and education and provincial disaster management authorities (PDMA). Among these, the LEAs declined to be interviewed. These sources of information reveal that there were no technical or programmatic policy requirements from the government about project activities. However, there were administrative access and reporting requirements. The project staff had to liaise extensively with the LEAs about the areas that were open to NGO activities and about daily security and access information. Project staff also had to liaise and keep informed district administrative and technical staff through regular meetings and periodic reports. Interviews with district staff revealed a high degree of satisfaction with the interaction and reporting of CIP. Staff mentioned that compared to many other NGOs, CIP staff liaised adequately and kept them informed about project activities. This helped district staff better explain the nature of CIP work to LEAs. District staff also visited project activities regularly and expressed satisfaction with the quality and focus of the work. There was a request to extend CIP work to additional Tehsils like Sararogha, which, according to district officials, has very high needs compared to Laddha and Makeen.

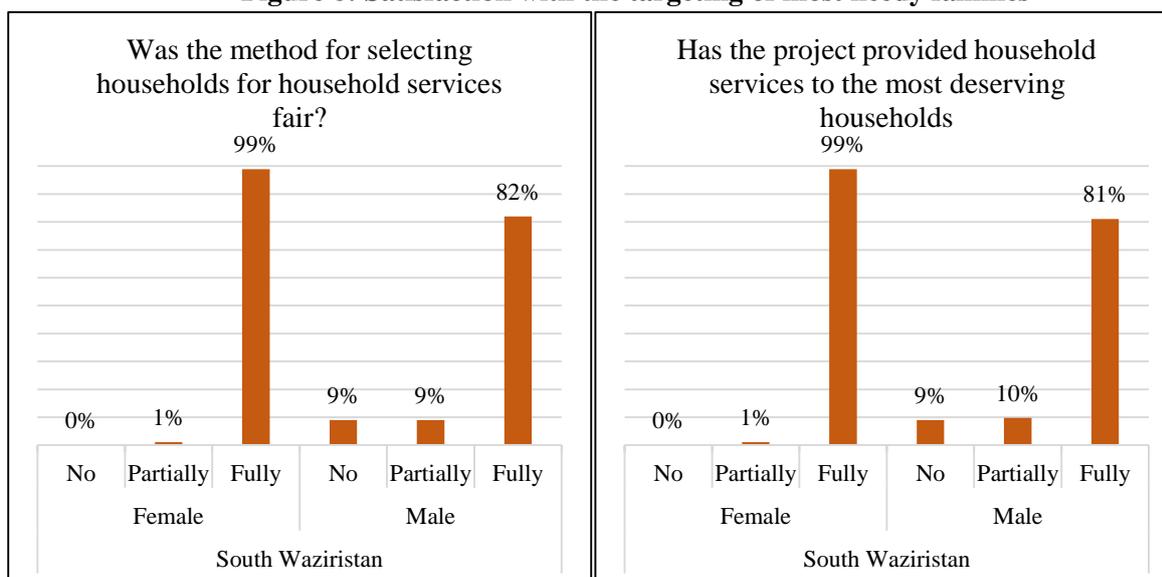
Project Effectiveness

Effectiveness is largely an outcome of strong project cycle processes related to implementation and coordination, as per the analytical framework for this evaluation. The project TORs included ten questions related to project effectiveness. Five of them related to satisfaction of communities with project quantity, quality and inclusion of different groups in project activities, while the rest related to the suitability and utility of project approaches and strategies. The first three questions related to community satisfaction and effectiveness were as follows:

1. To what extent was the project successful in reaching out to most vulnerable populations through its interventions?
2. How did each project fare on the CARE Gender Marker (i.e. gender blind, gender sensitive, gender responsive or gender transformative)? To what extent was the programme successful in addressing gender- and age- specific needs of target populations?

3. Did the methodology meet behaviour change communication basic principles (e.g. call to action, simple, technically correct messages and culturally appropriate, gender and age sensitive)?

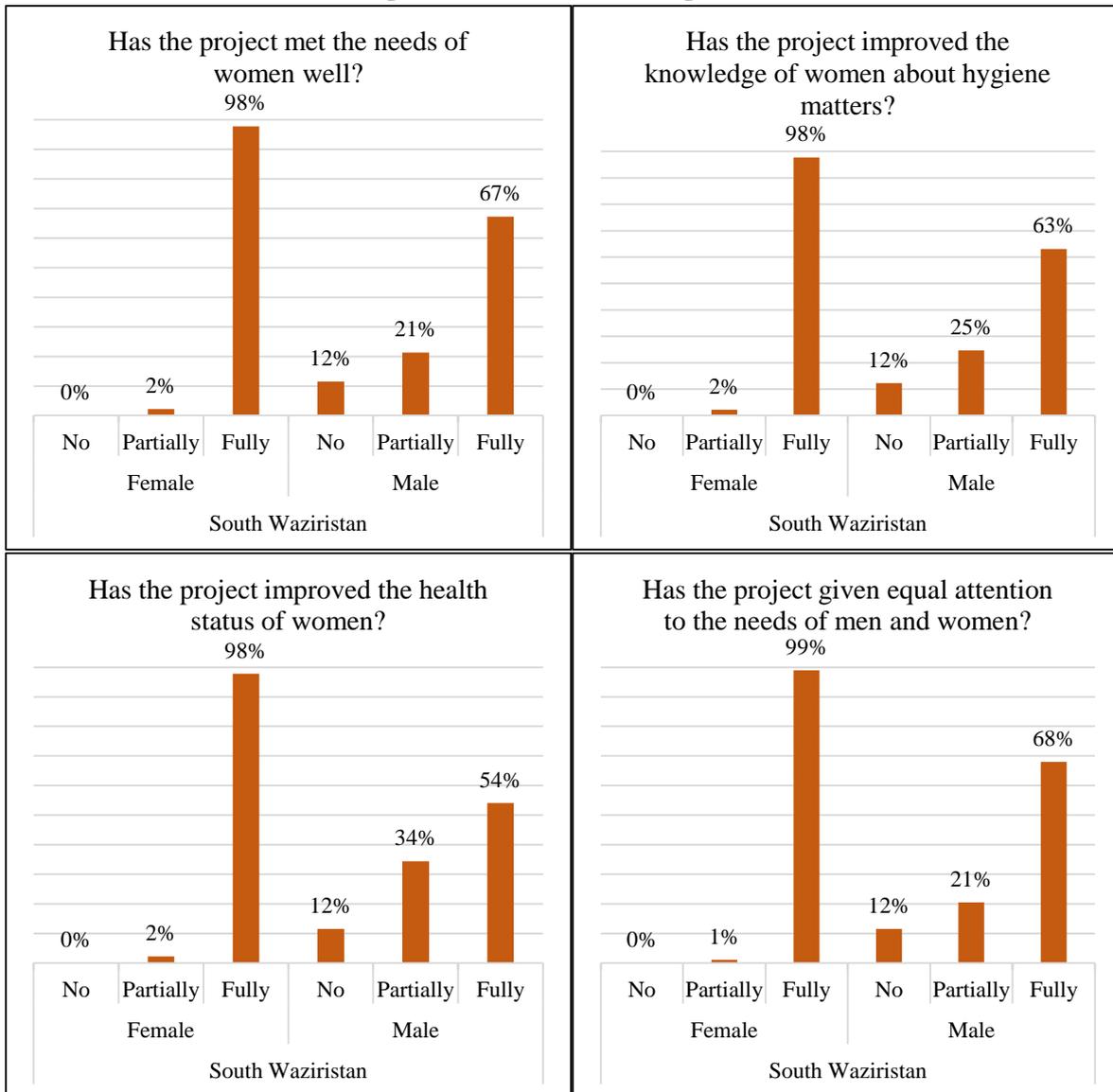
Figure 6: Satisfaction with the targeting of most needy families



The issue of project success in reaching out to most vulnerable populations through its interventions was analyzed in terms of the selection of the most vulnerable villages and then within them the selection of the most vulnerable households for household level services. The results from the household surveys in Figure 6 show that at least 80% of the males and females expressed high satisfaction with the project criteria for identifying the most vulnerable persons and provision of services mainly to such persons. The percentage reached over 97% among females. The selection of villages was done in consultation with LEAs and local district authorities. But existing surveys by UN agencies and government counterparts show that needs were equally high throughout the district due to the major destruction and displacement. According to staff, the agency did undertake an analysis to select the most vulnerable ones within the villages cleared by LEAs though no written report of such as assessment is available. Additionally, the project included a mix of locations in major towns as well as more distant villages away from the towns. In terms of selection of households within the villages, the larger water schemes provided water to the whole community. Where such schemes did not reach the whole community, the projects provided hand pumps to families which were not served by the larger water schemes. Thus, the main issue in terms of reaching out to the most vulnerable persons within communities related to the distribution of household-level services in the areas of toilet and hygiene kits provision to specific households. For this, purpose, CIP developed detailed criteria for identifying the most vulnerable household based on poverty levels, presence of widows and persons with disability etc. These criteria were vetted by the WASH committees who then identified the most vulnerable persons based on them. This selection was then rechecked by monitoring staff through household visits. Thus, overall, an objective and thorough process was developed for this purpose.

Gender issues: Figure 7 reflects the extent to which the project addressed women's needs well, improved their health and hygiene knowledge and gave equal attention the needs of women and men.

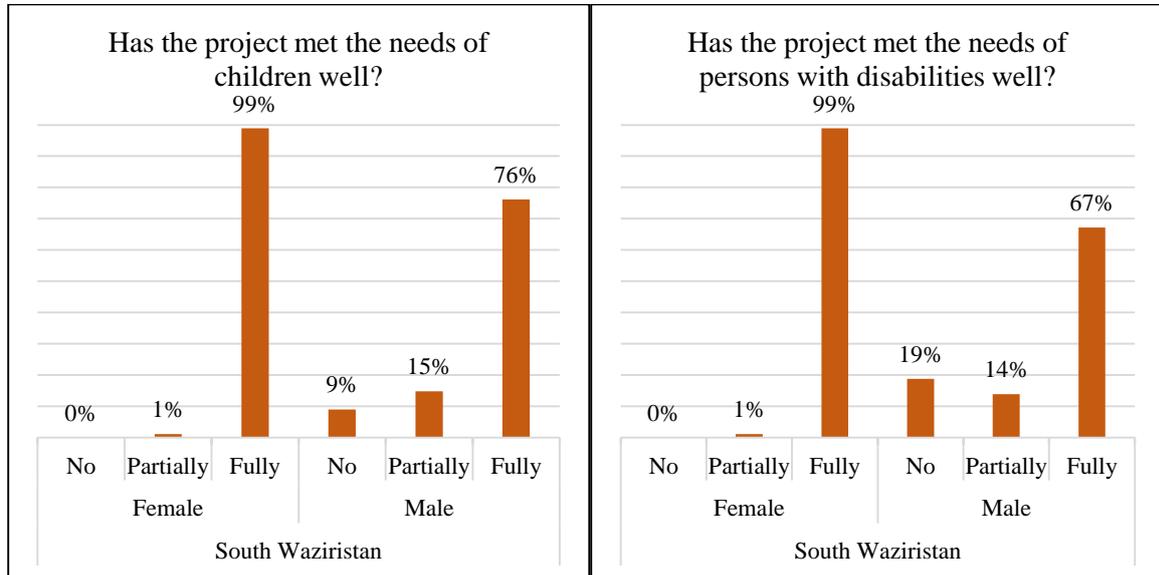
Figure 7: Satisfaction with gender issues



The results show that more than 95% of females expressed high satisfaction on all these matters. While close to 90% of men expressed satisfaction too, this was almost equally divided between partial and high satisfaction. The lower level of satisfaction among males was partially due to their lack of knowledge about the services provided to women. Thus, overall, community satisfaction with the work on women’s issues was commendable, especially given the serious local cultural restrictions on women’s rights. In terms of the achievements on the CARE Gender Marker, the project adopted strategies to address the needs of women equitably. This included doing needs assessments with and forming separate committees for males and females and providing specific services to women such as hygiene kits and hygiene promotion and ensuring that the details of community-level water services were decided in consultation with both men and women. The activities related to consulting women and establishing women’s WASH committees can be considered gender transformative as never before did women in these areas have such consultative status in community activities. On the other hand, their equal access to other WASH services and the provision of targeted services addressing women’s unique needs, such as within hygiene kits and

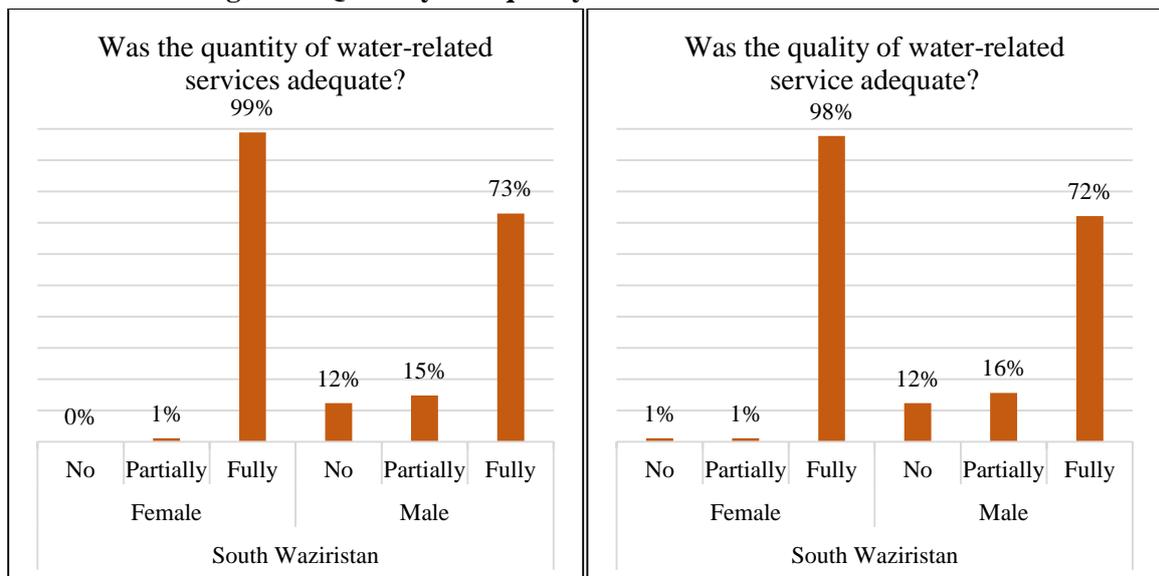
sessions, can be considered gender sensitive and responsive. Similar satisfaction results were found across males and females related to the issues of children and persons with disabilities, as shown in Figure 8. The lower level of satisfaction among males was partially due to their lack of knowledge about the services provided to children.

Figure 8: Satisfaction with services for children and persons with disabilities



1. Were the type and quantity of materials, if applicable, perceived to be sufficient to address the needs of the community?
2. Which activity was perceived most useful by the beneficiaries and the stakeholders? Which activity could have been improved? What was missing? Did the activities address the real needs of participants? Under project activities, which tools were perceived as the most useful?

Figure 9: Quantity and quality of water and sanitation infrastructure



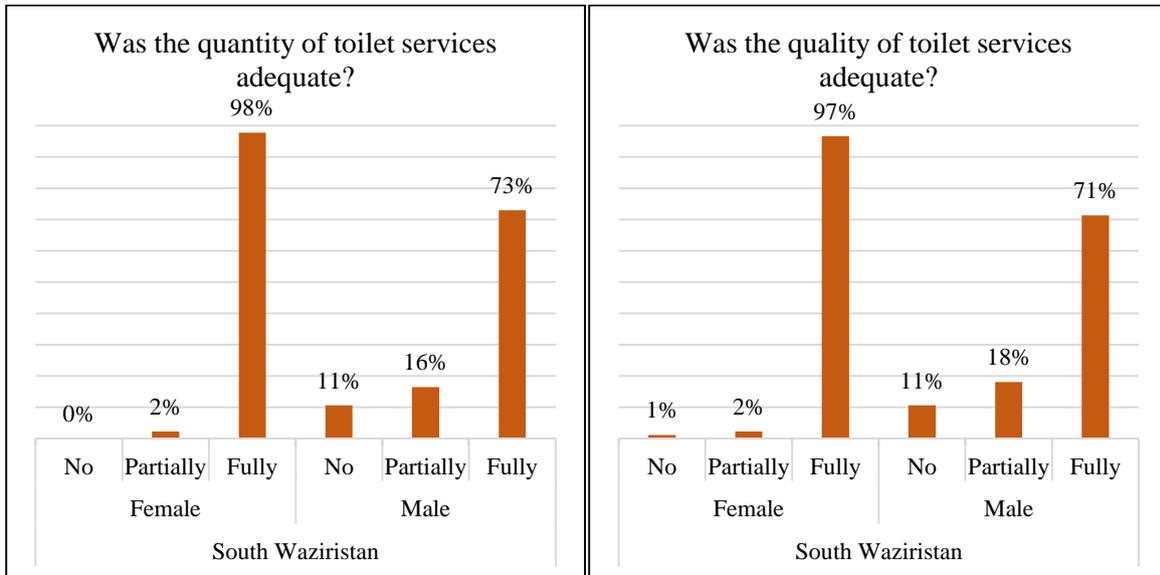
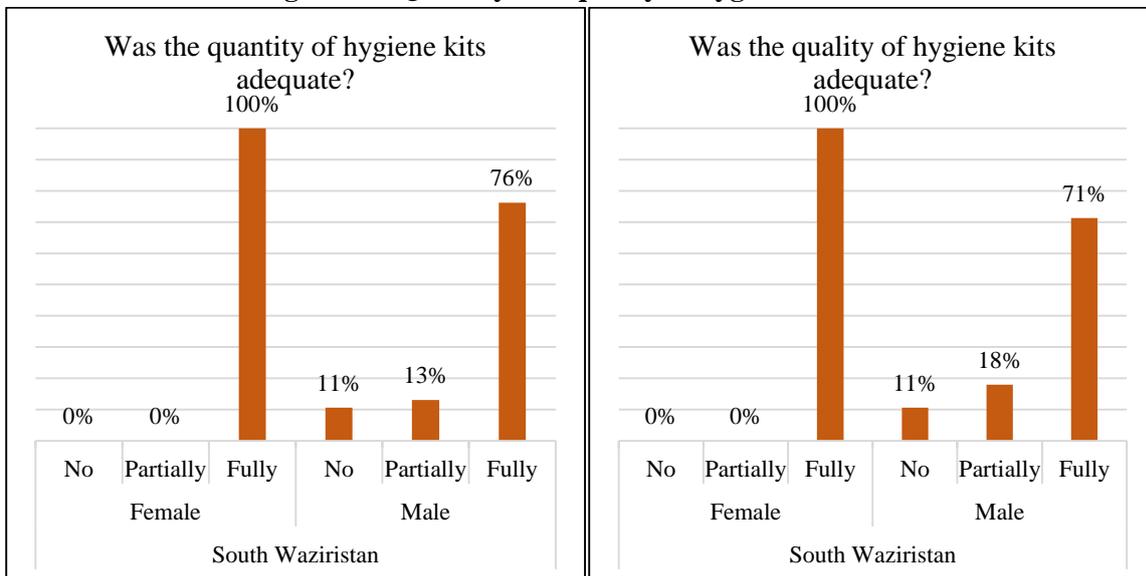
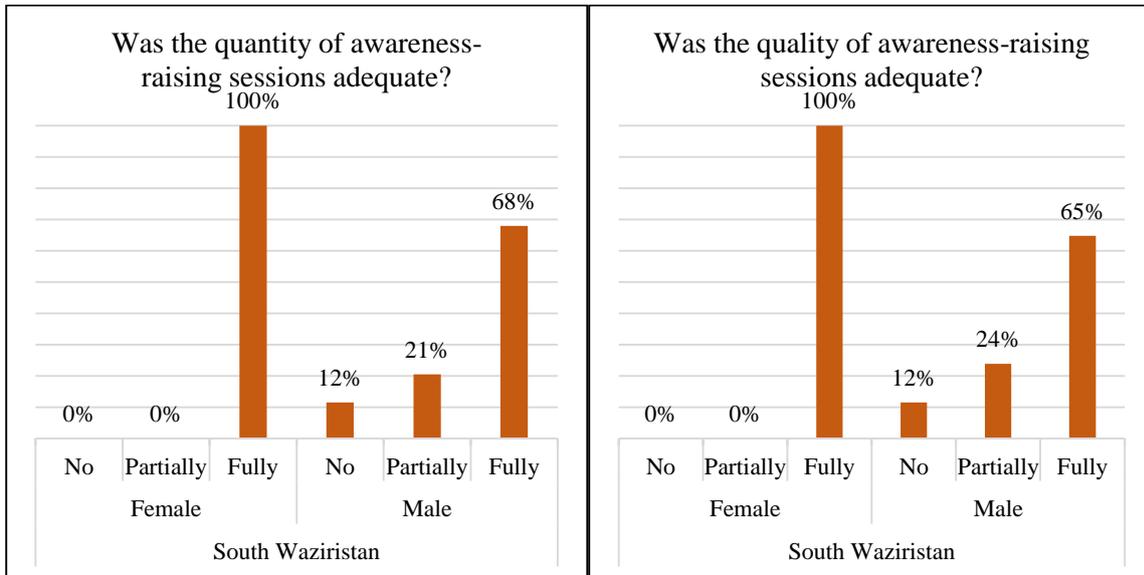


Figure 9 provides information about the level of satisfaction with quantity and quality of water and sanitation infrastructure including the water systems, hand pumps and latrines. In terms of the variations in satisfaction across gender, in line with earlier trends, women (above 97% across different services) expressed the highest levels of full satisfaction. But a majority of men too expressed partial or full satisfaction with these services. The gaps mentioned included lack of full coverage of the whole village in 2 cases for water services, non-provision of shelter services. Some of the participants complained that the plastic commodes provided for the toilets were not good as these commodes make noise when they use them, and are difficult to install.

Figure 10: Quantity and quality of hygiene kits and sessions

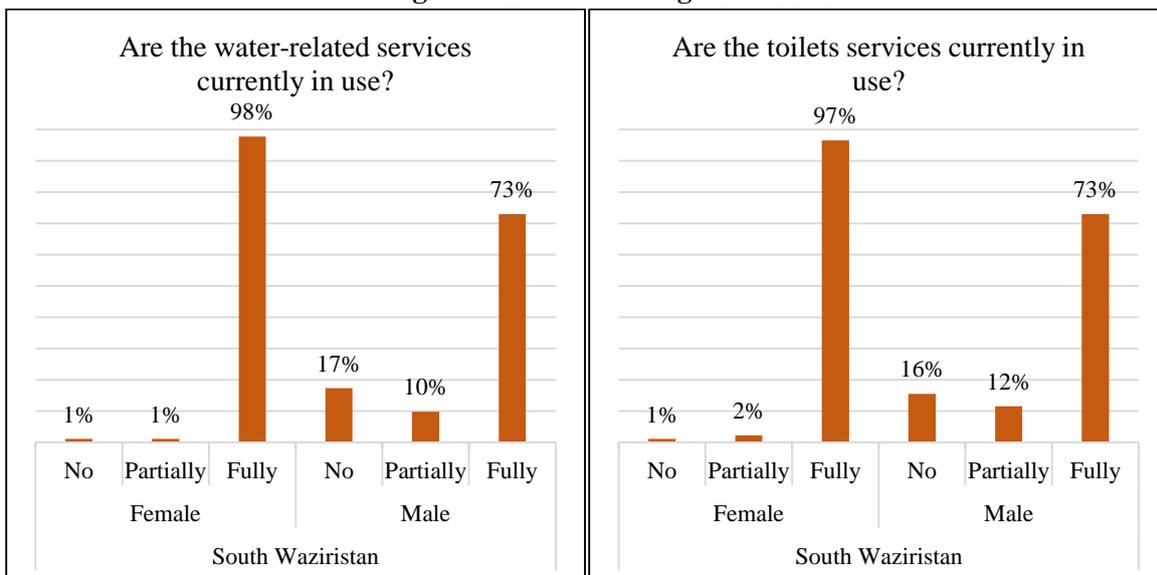


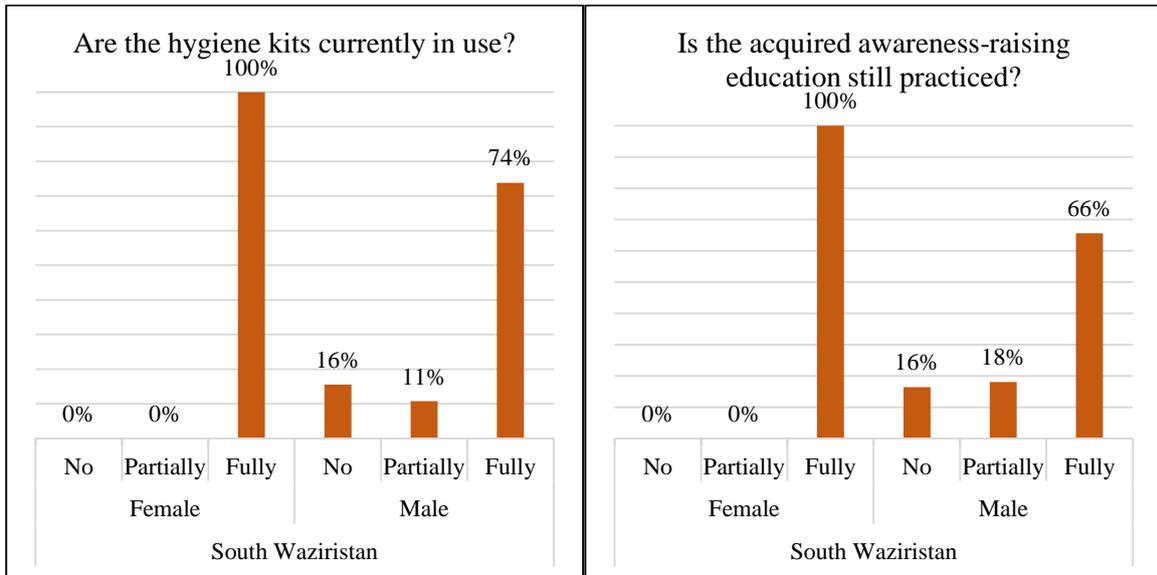


With respect to the quantity and quality of hygiene kits and sessions, women again expressed the highest level of full satisfaction (above 95% on all 4 questions in Figure 10). Suggestions for improvement for these services mainly came from women who appreciated the women-specific items included in the kits but felt that the number of items was not adequate for the large size of their families. They also mentioned that this was the first time they acquired information about hygiene issues which have helped them keep their houses and families cleaner and led to reduction in diseases. In terms of the services, the highest levels of satisfaction were expressed with quality and quantity for water and hygiene kits services.

Figure 11 also shows that in terms of the current use of different services, nearly 100% of the women said that all the water, toilet and hygiene services provided were currently in use. Slightly lower levels of use were reported by men as men often travel outside their villages for work purposes.

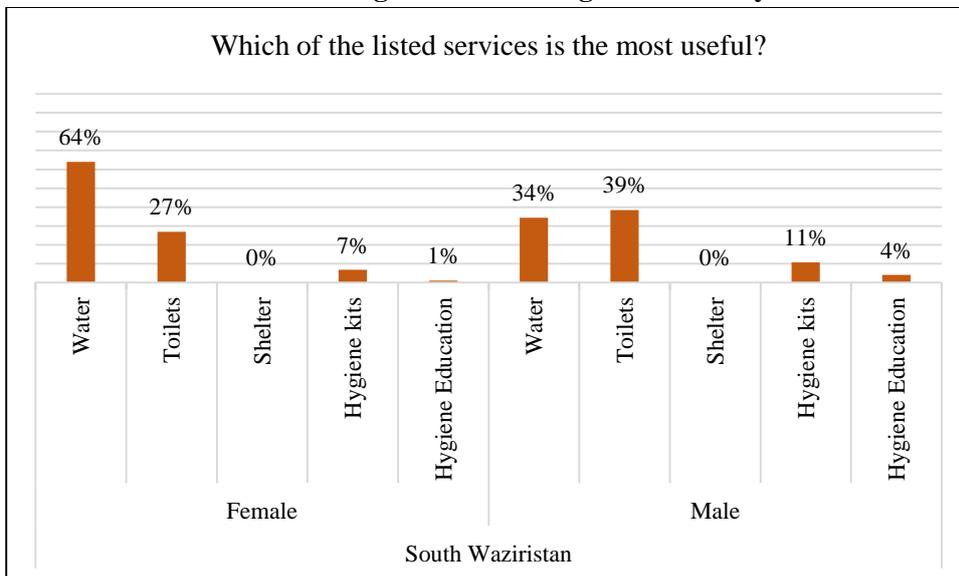
Figure 11: Current usage of all services





Opinions differed significantly across beneficiaries about which service was the most useful (Figure 12). Men (39%) mentioned toilets as the most useful service but a large majority of women (64%) mentioned water as the most useful one. Hygiene kits were seen as the least useful service by men and women. FGDs helped shed light on these differences. Women expressed more utility for water services as they were previously traveling long distances daily to fetch water while for men the main inconvenience earlier was going to bushes for defecation purposes. Hygiene kits were assigned low relative utility due to their non-permanent nature and smaller monetary value.

Figure 12: Ranking of services by most useful



The five questions focused on effectiveness of program approaches were as follows:

1. To what extent was the logical framework (and indicators) appropriately designed? Did the LFA follow SMART definitions and measure key results and activities?
2. To what extent did the project meet its stated objectives? What were the key contributing factors for the project success? Were the implementation strategies relevant and useful?

3. What were the factors that enabled implementation in highly insecure areas, what worked and what did not?
4. What were the strengths and weaknesses of the approaches used?
5. What best practices/lessons can be learned for application in future programmes?

The project had a log frame contained in the proposal. The project log frame repeated the same overall WASH indicator for all sub-sectors. It did not contain specific, measurable targets. Thus, in future, it is advisable to have log-frames which provide separate and relevant indicators for different subsectors and provide specific number and percentage targets. In the absence of these features, the logframe cannot be considered SMART.

Figure 13 provides an overview of the targets and achievements of the projects for different activities:

Figure 13: Targets vs. achievements by activities

Activities	Targets	Achievements
Repair of existing water supply schemes (communal)	7	7
Water supply schemes (institutional)	8	8
Hand pumps installation/rehabilitation (communal)	15	15
Pressure Pumps installation (Communal)	3	3
Latrines construction in institutions	58	58
Dust Bin installation	50	50
Hygiene kits distribution	1400	1400
Hygiene sessions	500	500
Sanitation kits distribution/latrines	1000	1000
Students hygiene kits distribution	2200	2200

The figure shows that the targets were not met by one in the case of a water supply scheme and pressure pump installation. However, these works are under progress currently and are likely to be completed in the coming weeks. All other targets were met. This high degree of success in meeting program targets despite the highly challenging work environment was made possible by a number of good approaches, strategies and practices as follows:

- A rigorous procurement process that succeeded in identifying high quality vendors for the WASH activities. Thus, there was only one case where a contractor had to be terminated due to unsatisfactory work. Multiple vendors were used for different activities so as to reduce work load and eliminate the risks associated with putting all of one's eggs in one basket.
- Very close and constant liaison with district and security authorities which minimized work stoppages by authorities and ensured continuous access to work sites
- The recruitment of high-calibre staff who worked with great diligence and put in long hours

- The use of community-embedded hygiene promoters who were from the communities and lived there, thus partially compensating for the limited number of hours per day that regular staff could put in due to security and logistical constraints
- The effective mobilization of community through WASH committees

Project Efficiency:

1. Was the timing of the delivery of the project appropriate e.g. materials arriving on time, trainings held as scheduled, etc.?
2. Were resources used in the most efficient way in terms of having the greatest benefit to improving results?
3. Could the current model have been implemented with the same or fewer resources with similar or greater results?
4. Compare the approaches of self-implementation by CIP and implementing through partners and see what the value addition is and challenges faced in either approach.

FGDs show that the majority of males and females were satisfied partially or fully with the timeliness of project activities. However, significant delays (around five months) occurred at the start of the project due to delays in obtaining NOCs from PDMA to start the project. Such delays seem common in projects throughout Pakistan based on the evaluation team's interaction with other INGOs, and more so with projects in sensitive areas such as the NMDs. This issue can only be resolved through patient joint effort by INGOs in coordination with donors. Still, the project was able to complete all targets as shown in Figure 13. Since the detailed budgets and expenditure reports were not available, the evaluation team is unable to give any opinion on the efficiency of resource use. However, a rigorous procurement process was followed for major items, which was in line with government regulations too. Thus, the main issue related to efficiency that the report focuses on is about direct implementation vs. partnership modality. Working through a local partner can help in partially overcoming the logistical challenge in SWTD as local agencies have less stringent security protocols and can blend in more easily with the local population. They are also more willing to open camp offices inside NMDs. Cost efficiency may also be higher with partnership modality mainly due to the lower administrative expenses of local NGOs related to salaries, benefits and possibly rents. Since major procurement is usually handled by CIP for even the projects implemented by partners, program expenses are likely to be similar. However, if in future, CIP delegates less complicated procurement to partners, such as for hygiene kits and procurement of local labor, costs may be lower for those too with partnership modality. The time taken to complete such procurement may also be less with partnership modality. Thus, with adequate monitoring by CIP and retention of the procurement of big-ticket items by CIP, partnership modality seems a more efficient option than direct implementation.

Physical verification

The evaluation engineer visited four project sites. The information collected in field visit was used for triangulation of data obtained from reports, assessments and quality spot checks.

Water Supply schemes: The rehabilitated schemes are in running condition. In 2-3 places, tanks were empty as people migrate in winters. In this case it is important to check the full capacity of the scheme in summers. But unfortunately by that time project staff will no longer be available. This means that the PHED has to take responsibility for the same. The engineering design of water supply schemes is appropriate. The use of solar energy technology will make these schemes sustainable as electricity supply is often disrupted to most of water supply schemes. But there is also the possibility that excessive pumping may lead to wastage of water as well as drawing down of water table. So pumping has to be done in such a way to avoid wastage of this precious commodity especially in this region where water is

already scarce and the water table is down. In the second phase if any, the communities should be sensitized to avoid direct connections from the lines used for supplying of water to the tanks. Communities in visited sites were not aware about these issues.

Hand pumps: Communities which were outside the range of existing water supply schemes were provided with hand pumps. This has helped save time of between 2-3 hours daily for women and children who usually had to fetch water from springs situated in far flung places. Hand pumps site selection is appropriate covering around 35-40 people in a neighborhood. Quality assurance reports confirm that project activities from digging the bore hole till installation of the pumps have been monitored by qualified engineers. The water testing also confirms suitability of water for drinking. The hand pumps visited (5) are all in use.

Latrines: All latrines are built according to specification. Constant monitoring has ensured good quality of work. All latrines were appropriately located in the compounds and accessible to women, children and PWDs. The number of latrines is not enough for a compound in all locations where 7-10 people live and it may lead to unhygienic conditions during daily use. The latrines provided in army public school in Ladha were very useful as this school has very high enrolment of both boys and girls students. Open defecation has decreased in areas where a toilet has been provided, though precise estimates were not available from communities.

Other overall observations were as follows:

- Overall CIP has chosen suitable sites for rehabilitation of water supply schemes, hand pumps and latrines. There were conflicts among communities in selection of sites for communal water pumps and water tanks. The project staff had to make an extra effort to solve the conflict and complete the project in time with no major delays. Political interference can lead to uneven distribution of water supply schemes and pumps in some places. The district administration supports the Maliks and award them schemes of water supply, toilets and hand pumps and also influence the development partners to do so. But strong community mobilization has helped in reducing the impact of such issues considerably.
- The Market Rates System 2017 of KP Government has been used for equipment like hand pumps, pipes for main and distribution lines, flush for latrines, solar panels, steel fixings etc. which make them comply with minimum quality standards approved by the government.
- Elaborate water quality tests conducted show that all water points (at Source, Water tank and collection point) are fit for drinking as per the WHO recommendations and the critical parameters including pH, turbidity, conductivity, chlorine residuals and faecal coliform (CFU) were found within permissible limits. The results for hand pumps also all showed satisfactory results.
- The quality assurance done by the CIP was rigorous and relevant performas were developed for physical inspection, follow up and rectification of faults which led to strong structures built for water tanks, toilets or hand pumps.
- The engineering staff members of CIP have vast experience in WASH and social mobilization. The field office is well capacitated and operating efficiently under tough field conditions. Their roles and responsibilities are also very clear.

- The savings from planned activities to fund additional infrastructure shows that funds were well utilized.

Project Management:

1. Did the project follow the M&E plan? Was it implemented in a timely and appropriate manner? Was the monitoring information shared with all levels?
2. Was the level of reporting appropriate and did it provide sufficient feedback to management to allow management decisions to be made?
3. Was the project able to adapt/was flexible to changing needs/priorities over time?
4. Did CIP engage sufficient and appropriate staff to effectively manage and implement the project?

The project maintained comprehensive M&E and reporting activities. This included an M&E plan which mandated regular visit reports by field staff (e.g., engineer and hygiene promoters) like Spot Check reports, Monitoring and Post-Distribution Monitoring Reports and Final Verification Reports to the Field Project Managers of CIP. These reports contained observations related to criteria like relevance, targeting, satisfaction and effectiveness as well as key recommendations based on the observations for improving future processes. The next level was monthly reports by Project Managers to CIP head office. These reports have to be vetted by the district authorities and also shared with provincial government counterparts. These reports contained details of activities completed during the month and major issues faced there-in. There is also a section on recommendations which however was not well covered in many of the reports. A better use of this section would have been to flag management decisions or actions needed to sort out the problems. Finally, there were quarterly reports to the donors.

The project was flexible and adaptable enough to finish the activities in time despite the initial delays due to NOC issuance and curfews. Harsh weather also delayed activities initially. The project also had to drop cash for work activities and switch over to input provision for latrine work due to the objection of local authorities. Other changes were minor and related to changes in the location of some water points based on community feedback. The project employed capable and qualified staff for various administrative, engineering and social mobilization tasks. The project was able to finish the bulk of the activities in time despite initial delays and with good quality. This is in itself a reflection of the sufficiency of the quality and quantity of staff. However, this sufficiency was achieved by staff working very long hours daily to overcome the distance constraint. Thus, CIP is advised to look into the possibility of having camp offices if the security situation so permits or working through partners which can do so.

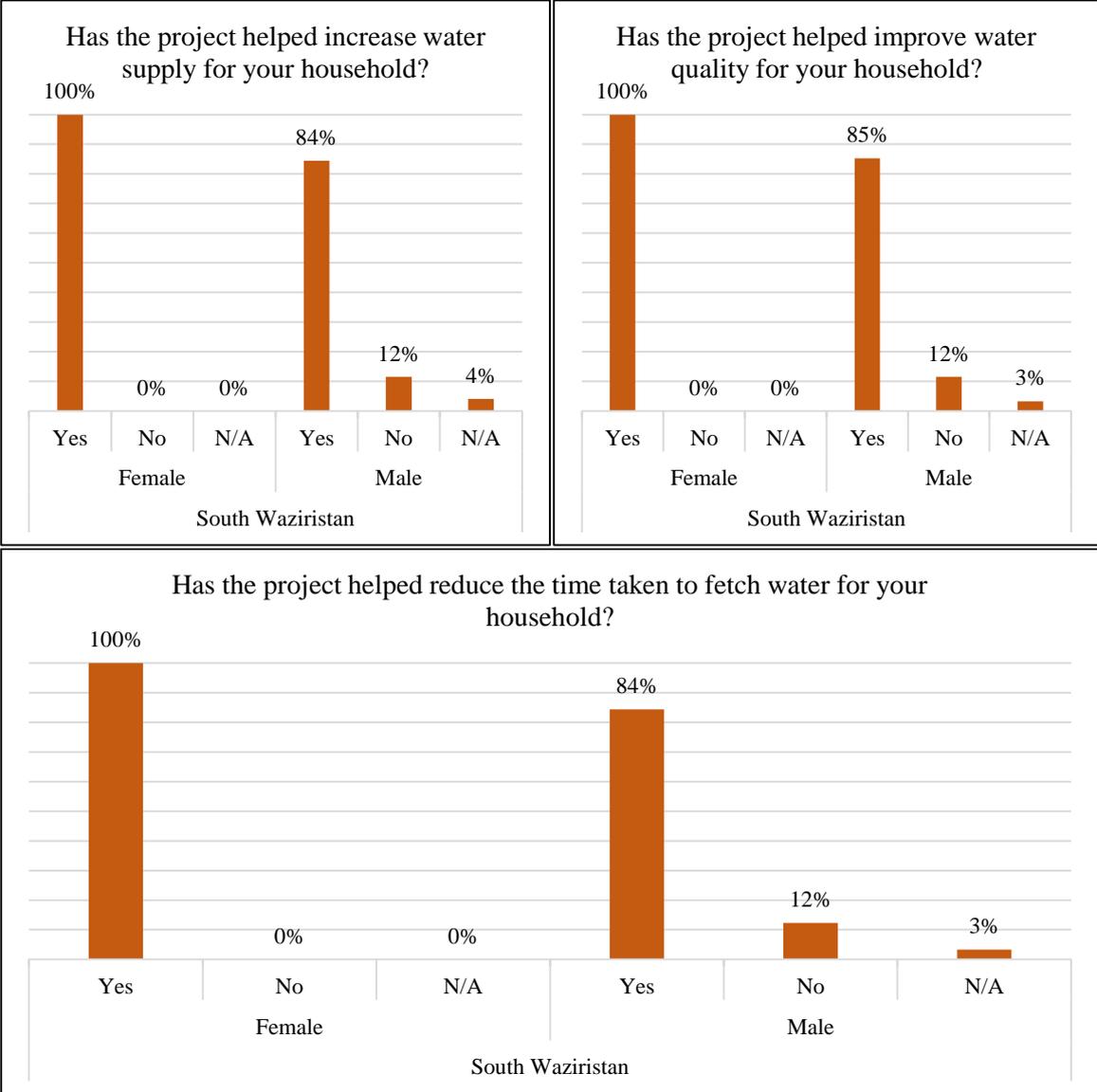
Project Impact:

1. What impact did the project have overall?
2. What other unintended impacts or consequences did the project have beyond objectives (both negatively and positively)?
3. What contextual elements contributed to success or created challenges to optimizing impact from project interventions?

There has been significant positive impact of different services on the lives of communities. For example, for water related services, communities in the household survey reported an improvement in both the quantity and quality of water as well as a reduction in the time taken to fetch water. The highest impact was again reported by women (100% for all three issues in Figure 14). In FGDs, communities reported that before project completion, they were reliant on unsafe, dirty water from contaminated sources and the

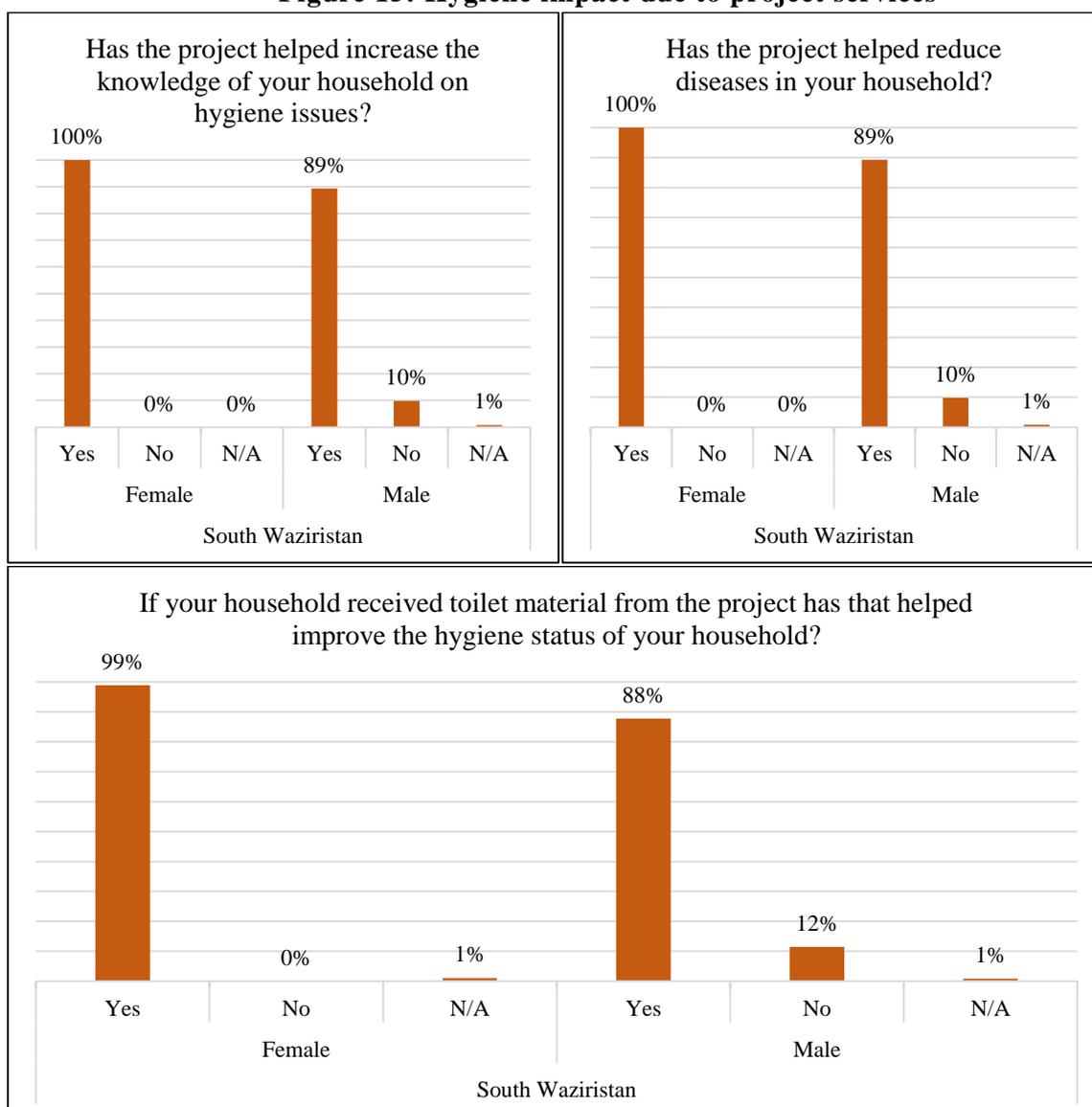
quantity was usually not enough to meet their full daily requirements for their families for cooking, bathing and drinking. People were also appreciative of the convenience introduced as the time taken to fetch water for women and children had reduced by up to 3 hours daily. Some families also reported money savings as they were buying expensive clean water earlier.

Figure 14: Impact due to water services



The other major impact was reported in terms of hygiene issues and reduction in diseases in families due to hygiene kits and sessions and the provision of toilet inputs (Figure 15). The impact was in terms of improved hygiene knowledge and its subsequent impact on reducing diseases in the family as well as the impact of toilets on hygiene status of the family. The best impact was related to the provision of toilet services. Information from FGDs reveal that women were introduced to the concepts of hygiene and cleanliness for the first time by the project and this information had changed the way they maintained hygiene in the household in terms of regular bathing, hand washing etc. FGDs also showed that the incidence of open defecation had gone down considerably in communities though exact figures in this regard were not available. Women also reported increased privacy and security due to the provision of toilets.

Figure 15: Hygiene impact due to project services



The only negative impact of the project reported in the FGDs was the deprivation felt by households left out from the project services. But this was not seen as dissatisfaction with the project criteria but just a desire to see services increased in the future, if possible.

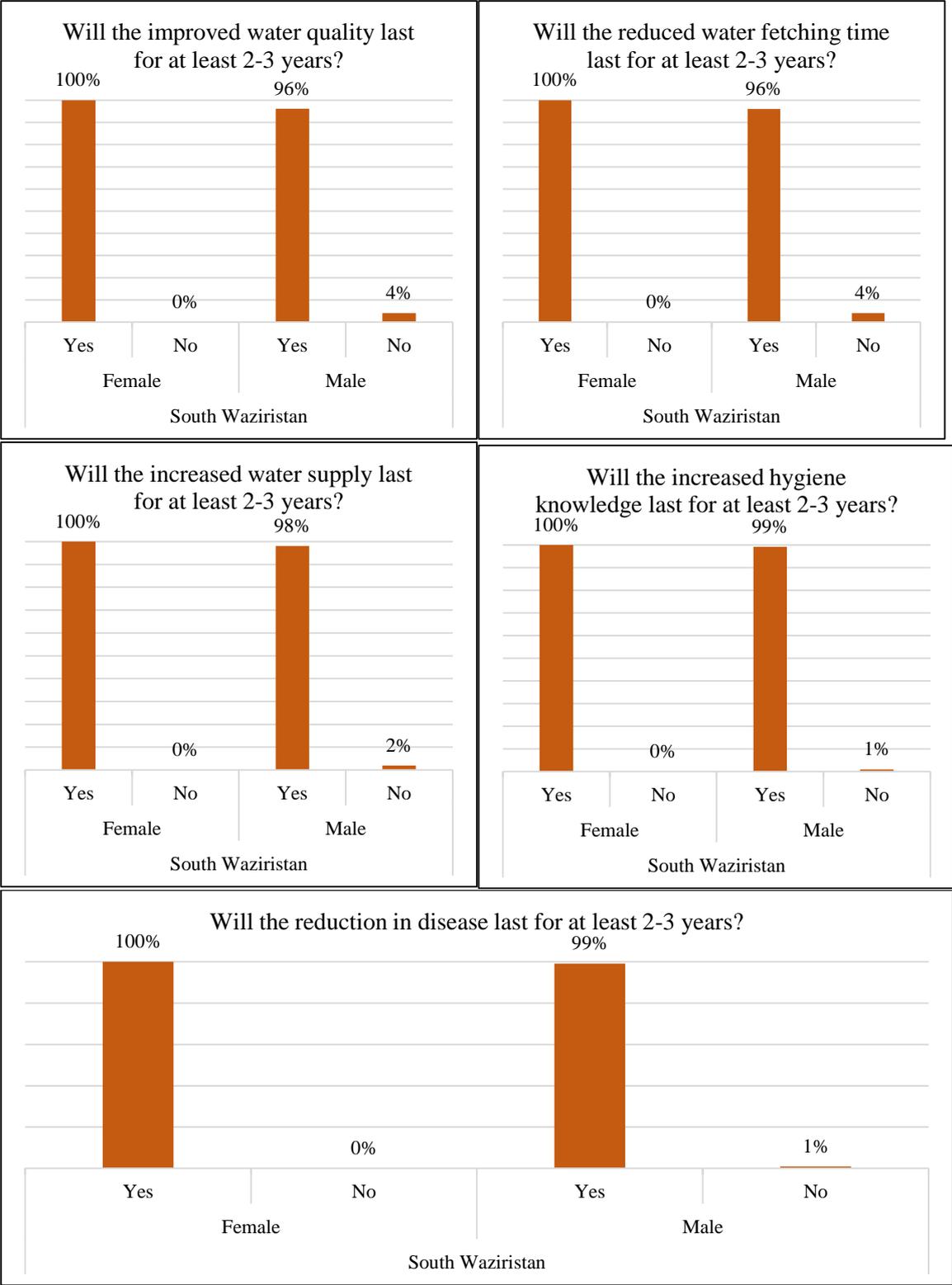
Project Sustainability:

1. What components of the projects are sustainable?
2. What were the best practices related to sustainability? Any recommendations on how to ensure sustainability that could have been considered?
3. Was the exit plan followed? If no, what was not followed and why? If yes, what was most successful? Was the exit planning done in a timely manner?
4. Is there any evidence of communities continuing activities or reinforcing messages?

In terms of sustainability, 90%+ of males and females in the project who reported positive impact also reported that the benefits will last at least 2-3 years (Figure 16). The highest sustainability ratings were for water services (average around 95% across both genders). FGDs reveal the training and equipment given to people on maintenance and repair of water services were the main sources of perceived sustainability in

the project. Many people also felt that the hygiene promotion information will help them for the rest of their lives.

Figure 16: Sustainability of project impact



A key factor in sustainability is the continuation of the WASH and O&M committees after the end of the project. The WASH committees are led by active leaders. This project helped in transfer of technology to O&M Committees. The role of O & M committees is very critical in sustainability of hand pumps. There is a possibility that these may be abandoned due to minor defects. In case of water supply schemes, the

high cost of maintenance makes it difficult for communities to take over and sustain them. The spare parts will have to be fetched from Bannu or even further away from Peshawar, which will be difficult for O&M committees to arrange. They may also be short of funding. Skilled labour is also not available in these areas. Thus, there is a possibility that due to the inability to fix minor or major repairs, the hand pumps and water supply schemes may become dysfunctional over time. Thus, the WASH and O&M Committees should be more well connected to the PHED and district administration for sustainability of the project. PHED should ensure refresher training for the committees after the project phase out, so that these are not abandoned. The PHED has to take over these rehabilitated water supply schemes, especially ground water schemes, because of the high maintenance cost.

LESSONS LEARNT AND GOOD PRACTICES

1. The experiences from the project show that it is possible to ensure gender transformation even during emergency work in insecure and highly conservative environments. CIP established separate men's and women's WASH committees to provide an avenue for community participation in project activities. This was the first time that women's committees were established in these communities and they helped to symbolically establish the right of women to participate in project activities on an equal footing with men. The committees worked effectively throughout the project duration and women were generally happy with their participation in project activities. Gaining the trust of community elders and leaders and local authorities is crucial for achieving success in this regard.
2. Close coordination with civilian and LEA officials proved crucial in navigating the insecure and logistically challenging project environment. CIP was praised by local officials for its transparency and close coordination by local authorities in comparison with other aid agencies working in the area. Good relations with civilian authorities also help in improving liaison with LEAs. Civilian authorities gave examples where they were able to respond to answers raised by LEAs about project work solely because CIP had kept them well informed about their project work and schedule.
3. Where CIP field staff may be hampered by security risks and distances to spend only 3-4 hours daily in communities, the use of local community-based hygiene promoters can help in partially overcoming this constraint. The local knowledge of and trust enjoyed within community by such staff can help agencies undertake culturally appropriate project work. The key to success in using such staff is careful recruitment to ensure that such persons enjoy good reputation within communities and are not seen to be more closely linked to particular elites or sub-groups within communities.
4. Multiple complaint mechanisms may be required to provide ample opportunities to communities to make complaints and ensure accountability while working in insecure and isolated communities. Telephone complaint hotlines may not be universally accessible in isolated areas where cell phones are not operational. The use of community-based complaint boxes may help overcome this problem. However, illiteracy may not allow many within communities to use them. Regular meetings in communities may help overcome both constraints. However, the inability of project staff due to insecurity and distances to be in communities during the hours most convenient to communities, i.e., early in the morning or late in the afternoon, may reduce the efficacy of these meetings.
5. A rigorous procurement process helps both in meeting government and donor requirements and in identifying strong vendors which have the capacity to work in insecure and isolated environments. However, while this stringent process may be suitable for big-ticket and technically complex procurement, such as for rehabilitation of water schemes, the delegation of procurement for less complex and less expensive items to partners when implementing through them could result in cost and time efficiency.
6. Given the lengthy NOC processes for working in tribal districts, adequate time must be allocated in proposal schedules for such processes. Such delays seem common in projects throughout Pakistan, especially in sensitive areas such as the NMDs. This issue can only be resolved through patient joint effort by INGOs in coordination with donors.

CASE STUDIES

Case Study 1: The Story of Parveen Bibi from Village Medan, Sub-District Laddha, SWTD

Over 5 million people were displaced from the formerly Federally Administered Tribal Areas (FATA) in the last two decades. After the return of Internally Displaced Persons (IDPs) back to their areas of origin, overall needs of the returning IDPs included all basic services such as water, education, health, and livelihoods support. Needs assessments in SWTD indicated dire needs and gaps in the areas of drinking water facilities, and hygiene and sanitation.

According to Parveen Bibi (name changed to ensure privacy) of village Medan, sub-district Laddha, SWTD, her family, including, women, kids and elderly, was forced to walk on foot over very long and arduous mountainous tracks to get out of their village to find safer grounds. She recalled, “We along with many other families, walked in the form of a caravan through the villages of Laddha, Kanigram, Taigai, Momia Khel, Lunger Khail, Sirokai, and Gardowai to reach Komal. From Komal, we took a public transport bus to reach the settled area of district Dera Ismail Khan (DIK).”

Parveen Bibi said that in DIK, the first problem her family faced was to find a place to take residence. Her family did not have the resources to afford a rented house that could accommodate her huge family. After extensive efforts, they found a small house. She explained that, “the next challenge was to find work and generate an income and the deprivations my family went through during this time are difficult to explain”.

In 2017, the government of Pakistan (GOP) announced the return policy for the IDPs, who spent very long hours at Khargai check-post to get registered for the ‘Watan Card’ before they were allowed to travel back towards their villages. She explained that, “Around 6 pm, we finally got our Watan Cards and reached our village around 10 pm. It was extremely dark and cold when we reached our village to find our houses in ruins”. She explained that, her family along with other families had to start their life from the scratch once again, with a dire shortage of critical services, such as water, sanitation, health, education and income.

According to Parveen Bibi, during this time CARE International in Pakistan (CIP), visited her village and carried consultations with the village elders to assess their needs and immediately started relief work. According to Parveen Bibi, their primary needs were related to availability of water, latrines, sanitation, and hygiene services. “CIP addressed our needs in a very prompt and inclusive manner by forming representative committees in our village and involved all segments of society to determine and fulfill our needs”. Parveen Bibi said, we will always remain thankful to CIP for bringing services to us, which has reduced the time required to fetch water, reduced expenses of families on buying water, increased safety and privacy and reduced diseases. However, our problem remains rehabilitation of our houses, which are dilapidated and need resources to be fixed. We request CIP to help solve our shelter problems as well”.

Case Study 2: Story of Principal Government Girls Primary School, Noor Ali, Kot Medan, SWTD

Over 5 million people were displaced from the formerly Federally Administered Tribal Areas (FATA) in the last two decades. After the return of Internally Displaced Persons (IDPs) back to their areas of origin, overall needs of the returning IDPs included all basic services such as water, education, health, and livelihoods support. Needs assessments in SWTD indicated dire needs and gaps in the areas of drinking water facilities, and hygiene and sanitation.

According to Allah Noor, at the time of IDPs return, the community’s needs included, behavior change strategies, distribution of dignity and hygiene kits, dissemination of education and IEC material to

promote good hygiene practices, construction of latrines to improve sanitation, and rehabilitation and reconstruction of hand pumps and water supply systems to meet the basic household and personal water supply needs of returning population. Allah Noor said that there were urgent needs for rehabilitation of the village's only primary school, which was in shambles. The school's roof leaked during rain and the children had to defecate out in the open and fetch water from far away distance.

According to Allah Noor, CARE helped reconstruct and rehabilitate the only primary school, which is educating 42 girls and 29 boys. CARE's assistance to the school includes provision of water supply through solar pressure pump, construction of 04 regular and 02 disabled friendly latrines, construction of water station/washing pad, hygiene Kits and awareness sessions through banners posters and through C2C approaches. CARE carried out a very inclusive approach in determining the needs of the school.

Since the rehabilitation of school, the students are much more comfortable at the school, are less distracted and have improved their results. Allah Noor said that although, the most urgent needs of the students have been addressed, the children are in desperate need of warm clothes, jackets, socks, and shoes, to prevent them from falling ill.

CONCLUSIONS AND RECOMMENDATIONS

Overall, the quality and impact of the project is high, which is especially commendable given the extremely challenging work environment and external constraints. The project met all its targets despite the delays caused by the late issuance of the NOCs. Communities have expressed high degree of satisfaction with the relevance, effectiveness, impact and sustainability of project activities. Government counterparts also expressed satisfaction with program quality, reporting and communication. The recommendations in this section largely relate to improving things which are already good or removing minor problems.

- **Undertake studies in future projects to ensure that project committees are fully representative of all sections of the community**

Social and economic sub-groups exist in many communities. Community committees play a critical role in interfacing between communities and project staff and in identifying the most vulnerable beneficiaries. Thus, it is crucial that such communities be representative of all sub-groups in communities. While the projects appropriately allowed communities to appoint persons on to the project committees and no problems were reported in this regard in these projects, in future it would be helpful for project staff to use the services of community-based hygiene promoters to ensure that the committees do indeed represent all sub-groups.

- **Pursue possibility of cash provision for shelter and other services subject to permission from authorities**

There is a strong preference for cash to be provided instead of physical inputs for construction work. Cash provision in the form of vouchers, electronic transfers and physical cash is used globally in emergency situations to increase cash. Within the NMDs, there is reluctance on the part of LEAs to allow cash provision. However, aid agencies have developed a number of mechanisms to reduce this risk. There is a need for CIP along with other to undertake awareness-raising with LEAs to familiarize them with the positive value of cash provision and the mechanisms available to reduce risks associated with it.

- **Provide more technical inputs for people in making toilets**

The toilet work undertaken under the projects was community-driven, with each family responsible for providing the labor for completing the work with the physical inputs given by the projects. There was a request during FGDs to provide greater technical assistance to help ensure that the construction work done by families meets good construction standards since local masons often are not familiar with them. Thus, training sessions for masons are advisable before the start of the construction work. This will help in improving the quality of project work and its sustainability as well as increase local construction capacities.

- **Include elements on psycho-social support, livelihoods and income in future projects for both men and women to ensure greater self-reliance**

There was a request by both males and females in the project for CIP to provide livelihoods support in future since community livelihoods assets were largely destroyed during the conflict and the subsequent displacement. Livelihoods work will enhance local self-reliance and also help families to themselves invest in shelter improvement, among other things. Thus, it is advisable for CIP to undertake assessments on different livelihoods options for vulnerable families, especially women. Psycho-social work will help communities overcome the trauma experienced due to prolonged displacement.

- **Ensure more capacity building for village committees and help them link with other agencies for additional services**

WASH committee played a crucial role in project success and were also provided with some basic capacity-building support, e.g., in running the committees and for operations and maintenance of the WASH infrastructure. However, more capacity-building and creating linkages between them and government departments and other aid agencies are advisable. The WASH and O&M Committees should be well connected to the PHED and district administration for sustainability of the project. To increase community ownership and ensure accountability and transparency, Project committees, activists and local elders should be briefed more thoroughly on Drawing, Design and BoQs of schemes before starting construction work. Land agreements/MoUs must be signed with land owners for installation of solar panels, water storage tanks, pump house and pipeline networking to diminish conflicts among the community members.

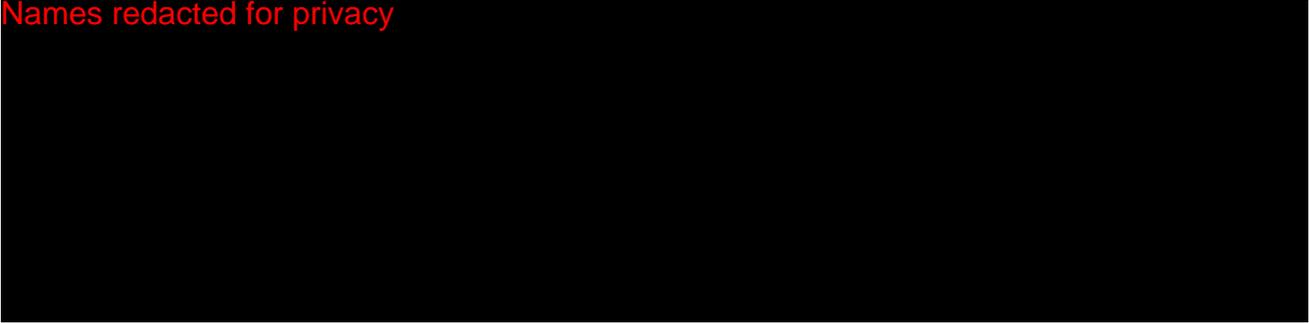
- **Wherever possible, use partnership modality so as to build local capacity and obtain efficiency benefits.**

Working through a local partner can help in partially overcoming the logistical challenge in NMDs as local agencies have less stringent protocols. Cost efficiency will be higher with partnership. Thus, with greater attention to and capacity-building for gender issues for partner and adequate monitoring, partnership seems a better option than direct implementation.

ANNEXES

ANNEX I. LIST OF KEY EXTERNAL INTERVIEWEES

Names redacted for privacy



ANNEX II. KEY INTERVIEWEES' GUIDE

Project Relevance:

1. Did the key areas of focus for the project meet the needs of the most vulnerable in target communities? If not, why not?
2. To what extent has the program used an inclusive approach and ensured stakeholder participation to design the project components?
3. To what extent was the program successful in being compliant to government policy and integration within the government system? Did the project staff share all relevant information in a timely fashion with you?

Project Effectiveness and Efficiency:

4. To what extent did the project meet its stated objectives? What were the key contributing factors for the project success? Were the implementation strategies relevant and useful?
5. Which activity was the most useful by the beneficiaries? Which activity could have been improved? What was missing? Did the activities address the real needs of participants?
6. What were the strengths and weaknesses of the approaches used?
7. What best practices/lessons can be learned for application in future programmes?
8. Were the type and quantity of materials, if applicable, perceived to be sufficient to address the needs of the community?
9. Did the methodology meet behaviour change communication basic principles (e.g. call to action, simple, technically correct messages and culturally appropriate, gender and age sensitive)?
10. Was the timing of the delivery of the project appropriate e.g. materials arriving on time, trainings held as scheduled, etc.?
11. Were resources used in the most efficient way in terms of having the greatest benefit to improving results?
12. Could the current model have been implemented with the same or fewer resources with similar or greater results?
13. What were the factors that enabled implementation in highly insecure areas, what worked and what did not?
14. Did project provide any capacity-building support to government institutions? If so, was their quality and quantity adequate?

Project Management:

15. Did CIP engage sufficient and appropriate staff to effectively manage and implement the project?

Project Impact:

16. What impact did the project have overall?
17. What other unintended impacts or consequences did the project have beyond objectives (both negatively and positively)?
18. What contextual elements contributed to success or created challenges to optimizing impact from project interventions?

Project Sustainability:

19. What components of the projects are sustainable?
20. What were the best practices related to sustainability? Any recommendations on how to ensure sustainability that could have been considered?
21. Was the exit plan followed? If no, what was not followed and why? If yes, what was most successful? Was the exit planning done in a timely manner?

ANNEX III. FOCUS GROUP DISCUSSION GUIDE

The following fields should be added to the data file:

District Name (NW=1; SW=2)	Tehsil Name (Ladha=1; Makeen=2)	Village/Location Name	Form Number

**WASH Humanitarian Response Project in
South Waziristan – External Evaluation**

Mandatory Informed Consent

Assalam-o-Alaikum (Greetings). Hope you're having a good day. Thank you for the meeting. My name is _____. I am a member of the team for the evaluation of water and sanitation project implemented by CARE. We would like to hear your views about the project. The information that you share with us will only be used for this evaluation and will remain confidential. You will not be quoted on any information you provide, without your prior written permission.

Do I have your consent to proceed with this interview? Yes/No _____ *[If no, stop interview]*

Are you aware of the WASH (SW) WASH project? _____ *[If no, stop interview]*

FGD Data

No.	Description	
1	FGD start time	
2	FGD end time	
3	Date of FGD	
4	Name of moderator/Note taker	
5	Sex of Participants (Male=1; Female=2)	
6	Total number of Participants	

Project Relevance:

FGD Questions	Please identify 2-3 strengths for each item	Please identify 2-3 gaps/ suggestions for improvement
<p>1. Did the project consult the community properly about its needs before starting the project? Probe: Were all sections/sub-tribes, women elderly/disabled persons consulted? Was the method, timing, length of consultation appropriate?</p> <p><i>Kia munsooba shoroo kurnay say pehlay community ki zarooriat kay baray may us se poocha gaya tha?</i></p>		
<p>2. Did the project consult the community during implementation? Probe: Were all sections/sub-tribes, women elderly/disabled persons consulted? Was the method, timing, length of consultation appropriate?</p> <p><i>Kia munsoobay kay doraan community say mushwara lee-a gaya tha?</i></p>		
<p>3. Has the project provided services that meet the most important needs of your community? Probe: Any important needs not met adequately? Why?</p> <p><i>Kia is munsoobay nay aap ki community ki ahum tareen zarooriat ko poora kia hay?</i></p>		
<p>4. Did the project provide an opportunity to solve your complaints during the project? Probe: was the way of making complaint proper? Was there any problem which stopped people from making complaints?</p> <p><i>Kia aap ko munasib mawakay dee-ay ga-ay kay aap munsoobay kay baray may apni shikayat dur kara sakain?</i></p>		

Project Effectiveness and Efficiency:

<p>5. Has the project provided all the services that it promised?</p> <p><i>Kia is munsoobay nay waday kay mutabiq tamam sahooliyat furhaam ki hain?</i></p>		
<p>6. Is the quality and quantity of the services satisfactory? Probe: Water, hygiene kits, toilets, awareness raising session, shelter (NW only)</p> <p><i>Kia sahooliaat ka mayaar or tadaad tasuli baksh hay?</i></p>		
<p>7. Are the services all in use of the people now? If not why not?</p> <p><i>Kia sahooliaat logon kay istemaal may hain?</i></p>		
<p>8. Were the services provided on time? If not why not?</p> <p><i>Kia sahooliaat burwaqt dee gae thee?</i></p>		
<p>9. Were the services in line with local culture? If not why</p>		

not? <i>Kia sahooliaat makamee saqafat kay mutabiq hain/thee?</i>		
10. Has the project provided services to the neediest persons in the community? Probe: If not, who was left out and why? <i>Kia is munsoobay nay sahooliaat community kay mustahiq tareen afraad ko farahum kee hain?</i>		
11. Was the method for selecting households for household (e.g., shelter and toilet material) services fair? If not why not? <i>Kia infradi gharon ko sahooliaat (makaan or bait-ul-khala ka samaan) denay kay leey gharon ka intekhab kurnay ka tariqa munsifana tha?</i>		
12. Has the project addressed the needs of men and women equally? If not why not? <i>Kia is munsoobay nay murdon or auraton ki zarooriaat per barabar tawajo dee hay?</i>		
13. Has the project helped improve the health and hygiene knowledge and status of women? If not why not? <i>Kia is munsoobay nay sehat or hifzanay sehat ki muamilaat may khawateen kay ilm may izafa kia hay?</i>		
14. Has the project helped improve the protection of women? Reduced their workload? If not why not? <i>Kia is mansoobay say khawateen ki hifazat behtar hoo-ee hay? Un ki mushaqat may kami aa-ee hay?</i>		
15. Has the project met the needs of children and persons with disabilities well? If not why not? <i>Kia is munsoobay nay buchon or mazoor afraad ki zarooriaat ko behtar tareekay say pura kia hay?</i>		

Impact and Sustainability

16. Have the water services helped improve your socio-economic status? Will their benefit sustain for long? If not why not? <i>Kia pani ki sahooliaat nay aap ki muasharati-o-maashi durjay ko behtar kia hay? Kia ye fawa-id mustaqbil may burqaraar rahain gay?</i>		
17. Have the toilet services helped improve your socio-economic status? Will their benefit sustain for long? If not why not? <i>Kia ghusalkhanay ki sahooliaat nay aap ki muasharati-o-maashi durjay ko behtar kia hay? Kia ye fawa-id mustaqbil may burqaraar rahain gay?</i>		
18. Have the hygiene kits services helped improve your socio-economic status? Will their benefit sustain for long? If not why not? <i>Kia hifzan-e-sehat ki sahooliaat nay aap ki muasharati-o-</i>		

<i>maashi durjay ko behtar kia hay? Kia ye fawa-id mustaqbil may burqaraar rahain gay?</i>		
19. Have the awareness raising sessions helped improve your socio-economic status? Will their benefit sustain for long? If not why not? <i>Kia hifzan-e-sehat ki bedaari/taleem nay aap ki muasharati-o-maashi durjay ko behtar kia hay? Kia ye fawa-id mustaqbil may burqaraar rahain gay?</i>		
20. Did the project have any negative impact in community? If yes, please explain? <i>Kia aap ki community per is munsoobay ka koi munfi asr hua hay? Agar aysa hay to mukhtasaran bayan karain?</i>		
21. Three best points of the project?		
22. Three weak points of the project? (compulsory response)		
23. Do you have any suggestions about how the project could have improved the quality of the services?		
24. Do you have any suggestions about how the project could have improved the long-term impact of the project?		
25. Do you have any other comments? <i>Kia aap is kay ilawa kuch kehna chatay hain?</i>		

THANK YOU FOR YOUR TIME AND GUIDANCE

Aap kay waqt or rehnumaee ka shukria

ANNEX IV. HOUSEHOLD SURVEY QUESTIONNAIRE

**WASH Humanitarian Response Project in
South Waziristan – External Evaluation
Household Survey of Project Area
Questionnaire**

Mandatory Informed Consent

Assalam-o-Alaikum (Greetings). Hope you're having a good day. Thank you for the meeting. My name is _____. I am a member of the team for the evaluation of water and sanitation project implemented by CARE. We would like to hear your views about the project. The information that you share with us will only be used for this evaluation and will remain confidential. You will not be quoted on any information you provide, without your prior written permission.

Do I have your consent to proceed with this interview? Yes/No _____ [If no, stop interview]

Are you aware of the WASH (SW) project? _____ [If no, stop interview]

Interview Data

No.	Description	
1	Interview start time	
2	Interview end time	
3	Date of interview	

No.	Description	
4	Name of interviewer	
5	Name of Validator / Validation Date	
6	Name of Supervisor / Signature	

Respondent Identification

No.	Description	
1	Name of respondent	
2	Name of main tribe	
2	Address[Ask about Address]	
	a. Village	
	b. Contact Number[Optional]	

Common Codes

Do not want to answer	Do not know	Not relevant	Other
99	98	97	77

A. Socio-economic Characteristics of Respondent and Household

No.	Description/Instruction	Options/Codes	Field No. and Field Name	Response
1	Respondent's sex: جواب دہندہ کی جنس [Answer this question by observation only]	1 = Male (مرد) 2 = Female (خاتون) 3 = Transgender (خواجہ سرا/زنخا)	A1	
2	What is your marital status? آپکی ازدواجی حیثیت کیا ہے؟	1 = Single (غیر شادی شدہ) 2 = Married (شادی شدہ) 3 = Widow/Widower (بیوہ/رنٹوا) 4 = Divorced (طلاق یافتہ) 77 = Other (دیگر)	A2	
3	What is your relationship to the main earner of the household? گھرانے کے مرکزی کفیل کیساتھ آپکا کیا رشتہ ہے؟ [Main earner: a person who makes the largest monetary contribution to the household budget]	1 = Self (خود مرکزی کفیل) 2 = Spouse (شریک حیات) 3 = Child (اولاد) 4 = Parent (والدین) 5 = Grandparent (دادا یا دادی/نانا یا نانی) 77 = Other (دیگر)	A3	
4	What is your age? آپکی عمر کیا ہے؟	Age in years (عمر سالوں میں درج کریں)	A4	

7	<p>What is your highest completed level of education? آپکا مکمل کردہ اعلیٰ تعلیمی درجہ کونسا ہے؟</p> <p>[The education could have been in the regular system or the equivalent in the madrassa system.] [تعلیمی قابلیت فارمل تعلیمی نظام یا اسکے برابر درجے کے مدرسہ سسٹم میں ہو سکتی ہے]</p>	<p>0 = Never attended a school (کبھی سکول نہیں گیا/گئی) 1 = Less than 5 years (پرائمری سے کم) 2 = Primary (5 years of school) (پرائمری) 3 = Middle (8 years of school) (مڈل) 4 = Matriculation (10 years of school) (میٹرک) 5 = Intermediate (12 years of education) (انٹرمیڈیٹ) 6 = Graduate (14 years of education) (گریجویٹ) 7 = Post-graduate (16 years of education) (ماسٹرز) 8 = More than 16 years of education (ماسٹرز سے زیادہ)</p>	A5	
8	<p>What is the main source of income of your household? آپکے گھرانے کا سب سے اہم ذریعہ آمدن کیا ہے؟</p>	<p>1 = Salaried job in public sector (سرکاری شعبے میں تنخواہ دار نوکری) 2 = Salaried job in private sector (نجی شعبے میں تنخواہ دار نوکری) 3 = Self-employed in business (ذاتی کاروبار) 4 = Rented property (house, shop, etc.) (کرائے پر دی گئی جائیداد۔ گھر یا دکان وغیرہ) 5 = Agricultural land (زرعی رقبہ) 6 = Home-based enterprise (گھر کی سطح پر کیا جانے والا کاروبار) 7 = Skilled labor (پنرمندانہ مزدوری) 8 = Unskilled labor (غیر پنرمندانہ مزدوری) 9 = Child income (بچوں کی مشقت سے ہونیوالی آمدن) 77 = Other (دیگر)</p>	A6	

B. Project Relevance

No.	Description/Instruction	Options/Codes	Field No. and Field Name	Response
1	<p>Did the project consult all sections of the community properly about its needs in the design phase before starting the project? Kia munsooba shoroo kurnay say pehlay community ki zarooriat kay baray mayun se mushwara kiya tha?</p>	No=1; Partially =2; Fully =3; No answer =4	B1	
2	<p>Was your household consulted properly for this matter? Kia munsooba shoroo kurnay say pehlay aap kay ghar say mushwara lee-a gaya tha?</p>	No=1; Partially =2; Fully =3; No answer =4	B2	
3	<p>Has the project provided services that meet the most important needs of your household? Kia is munsoobay nay aap kay ghar ki ahum tareen zarooriat ko pooraa kiya hay?</p>	No=1; Partially =2; Fully =3; No answer =4	B3	

4	Did the project properly involve all sections of the community during the implementation of the project? <i>Kia munssobay kay nafaz kay doraan community ko shamil kia gaya tha?</i>	No=1; Partially =2; Fully =3; No answer =4	B4	
5	Did the project give adequate opportunities to make complaints to project staff in case of problems in implementation? <i>Kia aap ko munasib mawakay dee-ay ga-ay kay aap munsoobay kay baray may apni shikayat daraj kara sakain?</i>	No=1; Partially =2; Fully =3; No answer =4	B5	
6	Were such complaints promptly solved? <i>Kia is munssobay say mutuliq aap ki shikayat ka azala forun kia gaya?</i>	No=1; Partially =2; Fully =3; No answer =4	B6	

C. Project Effectiveness and Efficiency

No.	Description/Instruction	Options/Codes	Field No. and Field Name	Response
1	Has the project provided all the services that it promised? <i>Kia is munsoobay nay waday kay mutabiq tamam sahooliyat furhaam ki hain?</i>	No=1; Partially =2; Fully =3; No answer =4	C1	
2	Is the quality of the services satisfactory? <i>Kia sahooliyat ka mayar tasulli-bakhsh hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C2	
3	Were the services provided on time? <i>Kia sahooliyat burwaqt mohaiya ki gaeen?</i>	No=1; Partially =2; Fully =3; No answer =4	C3	
4	Were the services in line with local culture? <i>Kia sahooliyat makamee saqafat kay mutbiq hain?</i>	No=1; Partially =2; Fully =3; No answer =4	C4	
5	Has the project met the needs of women well? <i>Kia is munsoobay nay khawateen ki zarooriyat ko achi tarah poora kia hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C5	

6	Has the project improved the knowledge of women about hygiene matters? <i>Kia is munsoobay nay hifzanay sehat kay muamilaat may khawateen kay ilm may izafa kia hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C6	
7	Has the project improved the health status of women? <i>Kia is munsoobay nay khawateen ki sehat kay mayaar ko behtur kia hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C7	
8	Has the project given equal attention to the needs of men and women? <i>Kia is munsoobay nay murdon or auraton ki zarooriaat per barabar tawajo dee hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C8	
9	Has the project met the needs of children well? <i>Kia is munsoobay nay buchon ki zarooriaat ko achi tarah pura kia hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C9	
10	Has the project met the needs of persons with disabilities well? <i>Kia is munsoobay nay mazoor afraad ki zarooriaat ko chi tarah pura kia hay?</i>	No=1; Partially =2; Fully =3; No answer =4	C10	
11	Was the method for selecting households for household services (e.g., shelter and toilet material) fair? <i>Kia gharon ko sahooliaat (makaan orghusalkhanay ka samaan) denay kay leey muntakhib kurnay ka tariqa munsifana tha?</i>	No=1; Partially =2; Fully =3; No answer =4	C11	
12	Has the project provided household services to the most deserving households in the community? <i>Kia is munsoobay nay sahooliaat mustahiq tareen gharanon ko farahum kee hain?</i>	No=1; Partially =2; Fully =3; No answer =4	C12	
13	Was the quality and quantity of following project services adequate? <i>Kia mundurja zail sohooliaat ka mayaar munasib tha/hay?</i>	No=1; Partially =2; Fully =3; No answer =4		
	Was the quality and quantity of following project services adequate?			
	Water-related services	Quantity (No/partially/fully) (C13a)	Quality (No/partially/fully) (C13f)	Service currently in use (No/partially/fully) (C13k)

	Toilet	(C13b)	(C13g)	(C13l)
	Hygiene kits	(C13d)	(C13i)	(C13n)
	Awareness-raising sessions	(C13e)	(C13j)	(C13o)
14	Which of the above listed services was/is the most useful? (Choose one) <i>Mundarja Bala sahooliaat may say sub say ziada kone si sahoolat ziada mufeed hay?</i>		C14 Water=1; toilet=2; hygiene kits=4; awareness sessions=4; no answer=5	

D. Project Impact and Sustainability

No	Descriptio n/Instructi on	Options/Codes No=1; Partially =2; Fully=3; no answer =4	Field No. and Field Name	Respon se
1	Has the project helped:	a. Increase water supply for your household? <i>Aap kay ghar kay pani ki farahmi miqdaar may izafa kia hay?</i>	D1a	
	<i>Kia is munsoo bay nay:</i>	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D1b	
2	Has the project helped:	a. Improve water quality for your household? <i>Aap kay ghar kay pani kay mayaar ko behtar kia hay?</i>	D2a	
	<i>Kia is munsoo bay nay:</i>	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D2b	
3	Has the project helped:	a. Reduce the time taken to fetch water for your household? <i>Aap kay ghar taq pani lanay kay waqt ko kum kia hay?</i>	D3a	
	<i>Kia is munsoo bay nay:</i>	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D3b	
4	Has the project helped:	a. Increase the knowledge of your household on hygiene issues? <i>Aap kay gharaylu hifzan-e-sehat ki maloomaat may izafa kia hay?</i>	D4a	
	<i>Kia is munsoo bay nay:</i>	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D4b	
5	Has the project helped:	a. Reduce diseases in your household? <i>Aap kay gharaylu amraaz/baymary may kumi laya hay?</i>	D5a	
	<i>Kia is munsoo bay nay:</i>	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D5b	

6	a. If your household received toilet material from the project has that helped improve the hygiene status of your household? <i>Agar aap kay gharanay ko ghosalkhanay ka mawad mila hay tu kia is say aap ki hifzan-e-sehat may behtari ai hay?</i>	D6a	
	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D6b	
7	a. If your household received shelter material from the project has that helped improve the protection status of your household? <i>Agar aap kay gharanay ko shelter ka mawad mila hay tu kia is say aap ki hifazat may behtari ai hay?</i>	D7a	
	b. If yes, will this benefit last for at least 2-3 years? <i>Agar han tu kia ye faida aghlay 2-3 saal taq kayum rahay ga?</i>	D7b	
8	Did the project have any negative impact on your household? If so please explain briefly <i>Kia aap kay gharanay per is munsoobay ka koi munfi asr hua hay? Agar aysa hay to mukhtasaran bayan karain</i>	D8	

THANK YOU FOR YOUR TIME AND GUIDANCE.

Aap kay waqt or rehnumaee ka shukria

[Please check the entire questionnaire for completeness]

ANNEX V. EVALUATION TEAM

Lead Evaluator – Niaz Murtaza, Ph.D.: Dr. Murtaza (Team Leader) has nearly 20 years’ experience in the emergencies and development sectors across 50+ countries globally. In his position as the International Program Manager, Emergencies for ActionAid International from 2006 to 2009, he had oversight over all of its global emergency and DRR work spread across more than 40 countries. He has also conducted six consultancy assignments with CARE in Pakistan and globally. He has a Ph.D. in Development Studies from University of California, Berkeley and has strong experience in participatory baselines, assessments, monitoring, evaluation, impact assessments and accountability work, with 30+ M&E assignments in Pakistan recently, including 10 in KP/FATA focused on WASH, shelter, livelihoods and relief activities. He is well versed with both quantitative and qualitative evaluation approaches. He has outstanding written and oral skills in English, having written more than 3 dozen evaluation reports, articles and other technical reports over 25 years, with a 100% on-time submission rate. Niazmurtaza123@gmailcom.

Evaluation Specialist – Aftab Ismail Khan: Aftab Khan has worked in development and emergencies sector for more than 20 years in designing, managing and conducting evaluations, reviews and studies; surveys; program development and coordination; project analysis, implementation and management; communications; needs assessments; and report writing. His thematic experiences include disaster management, reconstruction and rehabilitation, education, health, gender based violence in emergencies, social protection, gender mainstreaming, governance, infrastructure, environment, and poverty alleviation. He has served as an Evaluation Specialist (LTTA) for USAID Monitoring and Evaluation Program (MEP), Management Systems International (MSI), Pakistan, and led the evaluations of USAID’s

Khyber Pakhtunkhwa Reconstruction Program (KPRP) (\$85.19 million) and Housing Uniform Assistance Subsidy Project (HUASP) (PKR 5.2 billion). He has a MBA (IT) from Pepperdine University, Malibu, California, USA and is fluent in Pashtu.

Civil Engineer – Ahmed Ali Khattak: Extensive experience in the areas of: strategic planning; governance; monitoring and evaluation of reforms projects; context analysis, liaising with government departments/senior officials; and project design. Designed and monitored projects in: social sector development, infrastructure, governance, environment, regional development, planning & development, finance, public health engineering, irrigation, sustainable development, education, and health. B.Sc. in Civil Engineering, Masters in Development Studies, MS in Urban and Regional Planning and an MBA in Human Resource Management. Visiting faculty member at Iqra University Peshawar, Abasyn University and IM sciences; served as Manager MER Provincial Programme Office, Assessment and Strengthening Programme, RSPN; served as Director Monitoring and Evaluation, Government of Khyber Pakhtunkhwa; served as FATA Coordinator IUCN; served with P&D Civil Secretariat FATA; served for Asian Development Bank as Effectiveness Evaluation Specialist in Decentralization Support Program; served for National Rural Support Programme; served for AA Associates on Nowshera Chablat Additional Carriage way.