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End-Line Assessments Report

Emergency Response for Drought Affected Households in Northern Afghanistan Project



Program Quality Department
CARE Afghanistan

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ACKNOWLEDGMENT

On behalf of CARE Afghanistan's Program Quality Department, we would like to convey sincere thanks and gratitude to everyone who contributed to the completion of this endline survey. Without their valuable and essential input and cooperation, this effort would not have been possible. Special thanks to CARE Humanitarian team, PQ colleagues, project partners, and community/household members interviewed. The efforts of all those who took part during data collection, tools design and review, data entry and report writing/reviewing is highly appreciated.

This end line assessment is part of CARE's evaluation of humanitarian project in order to assess the project's effectiveness and outcome and as well to share knowledge and learning in order to inform development of future programming.

The project was funded by the Office of U.S. Foreign Disaster Assistance (OFDA) and successfully implemented by CARE international in Afghanistan in Balkh and Samangan provinces. CARE Afghanistan would like to convey genuine thanks to OFDA for the generous funding to address humanitarian needs of the emergency affected vulnerable population in the targeted locations in Afghanistan.

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Glossary

ANMDA	Afghanistan National Disaster Management Authority
CDC	Community Development Council
CHW	Community Health Worker
DDA	District Development Assembly
FGD	Focus Group Discussion
HHs	Households
IDPs	Internally Displaced People
KII	Key Informant Interview
M&R	Monitoring and Reporting
NFI	Non-Food Item
OFDA	Office of U.S Foreign Disaster Assistance
PQ	Program Quality
USA	United State of America

Executive Summary

Introduction

CARE implemented Emergency Response for Drought Affected Households in Northern Afghanistan project since between August 2018 and August 2019. Initially the project was designed for a 12 months' period, but the project received approval from donor for a no cost extension following CARE request for a month NCE in order to offset the setback experienced in identifying/selecting local partner's for the project. The project, was therefore completed in 13-month timeframe.

The project was aimed at improving health, economic condition, hygiene behaviors and practices, and protection for the most vulnerable people affected by drought in Northern Afghanistan. Through this project CARE responded to humanitarian needs of 4,100 HH (24,600 individual) vulnerable IDPs and host communities affected by seasonal drought, including the most affected children in two selected provinces of Balkh and Samangan provinces. In addition, most vulnerable women headed household/their adult children received support through multi-purpose cash as well health, and hygiene awareness interventions.

This report summarize key findings and results of end line assessment conducted in the intervention areas targeted under the project in order to evaluate the project's effectiveness and outcome achieved in comparison to the baseline situation.

PQ Department conducted a baseline survey to learn contextual information and to establish a baseline to measure the effectiveness and efficiency of implemented interventions at end line stage. Initially, the conduction of an end-line survey aimed at highlighting the effectiveness of the project and to assess the extent to which project's outcomes have improved. some limitations were experienced during data analysis that impacted interpretation of comparison between baseline and end line findings. Numerous households interviewed in baseline become different by end line since the baseline conduction was on general and population prior to beneficiary selection whilst end line targeted those who received CARE's assistance resulting in difference in respondents participated in the two assessment. Baseline and end line data have therefore to be looked at separately. It was decided to apply a qualitative methodology for end line assessment in future as appropriate.

Results

The project expected outcomes were 1) Reduce women and children mortality and morbidity through community-based interventions; 2) To increase the ability of drought-affected households to meet their basic non-food item (NFI) needs in the context of destroyed livelihoods resulting from the drought. And 3) To improve hygiene behaviors and practices in drought-affected households.

During reporting period, 4,838 (1988 vulnerable female HH representing 41% of total beneficiaries) received cash for NFI support. In addition, 5,812 individuals of which 40% were female mostly mothers received hygiene awareness training. Similarly, OFDA project covered 13296 reproductive women including (pregnant, lactating & CBA Non Pregnant and Non Lactating) including 5,357 children (under five year) received health services under this project.

Summary of results of the baseline and endline surveys – learning outcome:

The endline values demonstrates that the project surpassed targets for all project indicators on LFA measuring beneficiaries' livelihood, WASH and Health/nutrition. Details of project indicators at baseline and endline as well as target values are provided in the table below.

In particular, the endline values for indicator assessed through this assessment show exceeding the target values. Many of the outcome indicators on sector 1, 2 & 3 (Health, MPCA and WASH respectively) of the LFA also showed significant improvements from baseline to endline suggesting that project activities have supported the favorable projects outcomes. Further details are provided under finding sections below:

LFA Indicators	Target	Baseline Value	End-line Value	Achievements
% community members who can recall target health education messages	60%	46%	77%	31 increase in % of community members who could recall health education messages (17 Over achievement. For detailed information please refer below
% beneficiary households reporting adequate access to water, as defined by Sphere or national standards	60%	NA	77%	The target value for the project was to improve access to water by 60% in the target settlements, but as a result of project intervention access to drinking water increased 77%.
% beneficiary households reporting adequate access to essential WASH non-food items (NFIs), as defined by Sphere or national standards	70%	53%	83%	30% increase in access (13% over achievement) this is the contribution of the multi-purpose case provided to BNF to meet their water needs.
% beneficiary households reporting adequate access to non-food items (using local market)	80%	78%	92%	22% increase in community access to NFI at local market (12% over achievement compared to the actual target). The increase indicate the positive impact of cash for NFI in the local market and increasing both communities demand for NFI and availability of NFI at the local market
% beneficiary households with “acceptable” food consumption as measured by the Food Consumption Score	70%	NA	71%	For this indicator the data collected though endline assessment is not significant enough to measure “poor”, “borderline” and “acceptable” food consumption scores (FCS) –we relied on beneficiaries’ dietary diversity, food frequency data to measure changes.
% beneficiary households reporting adequate access to funds for shelter	60%	NA	100%	A total of 293 (97.6%) respondents confirmed having received either cash or in-kind assistance from CARE under this project. The remaining

related costs (rent, utilities, fuel for various purpose)				2.4% respondents who said “no” were not BNF for cash and NFI but were supported through hygiene awareness and health services. So, in general 100% who were reportedly targeted by Cash/in kind assistance confirmed receipt of the assistance.
% people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	70%	3%	87%	87% of respondent correctly mentioned five moments when they should wash their hands. Compared to baseline significant improvement on some key categories have been observed for the hand washing times including 1) hand washing after using latrine from 38% at baseline stage to 100% at end line survey. 2) Before cooking from 8% at baseline stage to 99% at end line. 3) “After cleaning baby” from 10% at baseline stage to 68% at end line and 4) and “before feeding child” from “2%” at baseline stage to 64% at end line.
% households targeted by the hygiene promotion program who store their drinking water safely in clean containers	70%	N/A	91%	The end-line result shows that 21% higher the target the project achieved.
%/Number of people admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites.	150/CHWs			Defaulter/death/recovery rates of malnutrition child under 5 were not captured at endline survey- nor the indicator was tracked by project during implementation

Assessment Methodology

Information has been collected from households through the administration of 3 different questionnaires. One was dedicated for household interview, another one for the key informant interview (KII) interrogated and the other for health nutrition. The Household interview provided evidence of whether the project met its planned targets, outcomes, and goals. KII and discussion with the communities allowed the assessment team to bring some qualitative input to this survey and revealed the challenges, lessons learned, and recommendations for future programming.

Overall, the assessment was led by Program Quality Department in an effort to ensure quality of data collection. A total of 410 beneficiaries were sampled computed using confidence level of 95% with 5% margin of error.

Objective of the survey

Main objective of the end-line assessment, which was conducted between August 4th and 24th 2019 in some selected communities of Balkh and Samangan provinces, was to ascertain project's effectiveness and outcome as well as to share knowledge and learning and inform development of future programming. More precisely, following LFA indicators had to be answered:

- % community members who can recall target health education messages
- % beneficiary households reporting adequate access to water, as defined by Sphere or national standards
- % beneficiary households reporting adequate access to essential WASH non-food items (NFIs), as defined by Sphere or national standards
- % beneficiary households reporting adequate access to non-food items
- % beneficiary households with "acceptable" food consumption as measured by the Food Consumption Score
- % people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands
- % households targeted by the hygiene promotion program who store their drinking water safely in clean containers
- % /Number of people admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites.

Survey team and training

At end-line level, four teams comprising at total 12 enumerators were engaged in data collection. The survey team received a two days training on data collection. The last day of training consisted in an overview of the purpose of the survey, a discussion on methodology, detailed instructions on the importance of identify, and selecting targeted respondent. Roles of the supervisors and surveyors were discussed, and each enumerator received a sheet of guidelines on interview protocol. Surveyors were different from baseline. At baseline level, they were project staff. At end-line, to avoid bias, surveyors were external to the project led by CARE's PQ department.

As data was collected, the monitoring team from CARE's Program quality department provided oversight on quality of data collected and conducted real time data entry. At HH level, in addition to quantitative data on household demographics, vulnerabilities and economic conditions, qualitative data (observations) were collected to provide insight on how the households responded to these conditions, enhancing the understanding of both vulnerability and critical need.

Sampling and tools used

At baseline level, a three-stage sampling methodology was employed. At first stage, the minimum sample size calculation of households was computed using confidence level of 95% with 5% margin of error. As such, 410 households were sampled to be included in the survey. In addition, a total of the 14 KIIs (2 ANMDA, 4 DDA, 4 District Authorities, & 4 Health Shure) were sampled to collect qualitative information and capture their satisfaction/opinion over the implemented responses

Key informants were identified by the PQ team in collaboration with the project staff. The selection of KIIs were made with collaboration by the program team who were selected based on their subject-matter expertise, insights or and contribution to understanding the project effects in terms of success and failures. At second stage, a cluster random sampling was done using Probability Proportionate to Size (PPS) was applied.

The third stage involved getting support from elders or persons familiar with the selected clusters. Elders provided the total list of all the households in the selected communities. Then, survey teams proceeded to random selection of households.

Both quantitative and qualitative methods were employed for data collection. To capture qualitative information on experience and KII discussions were employed at end line. KII checklist was developed in advance to facilitate the collection of qualitative data. For quantitative data collection, the tools were semi-structured and have passed through an extensive review process among Humanitarian program and PQ staff.

Questions were screened in order to avoid ambiguous lines of inquiry and complex language to support accurate translations. Questionnaires were translated in Dari in order to avoid any translation bias. Questions were suitably long to support open dialogue. Finally, respondents were explained the aim of the survey and their consent was asked.

At end line level, same respondents were looked for. Afghanistan context present large limitations as household/individual being interviewed are voluntary moving from community to other areas. At field level, it appears it would not be possible to find the exact same HH. The endline survey, 54% of survey respondents were female. Target population and sample sizes

Target participants	Quantitative sample size and qualitative characteristic	Description
Individuals n = 28,778	300 interviews with beneficiaries who received CARE project assistance in form Cash or in-kind; 54% of responded were	Responded to WASH and cash for NFI areas of inquiries Using interview guide developed and interrogated by enumerators external to the project
Health benf. n =13,296	110 Beneficiaries targeted under health component of the project. Respondents were all female	Using guideline with question on nutritional and health practices. avoided sensitive questions.
Key Informant Interviews (KIIs)	14 KIIs (2 ANMDA, 4 DDA, 4 District Authorities, & 4 Health Shure) were conducted to collect qualitative information and capture their satisfaction/opinion over the implemented responses	Purposive sampling – selection was made based on subject-matter expertise, insights or and contribution to understanding the project effects in terms of success and failures. Interview guide separate to the individual interview guide was use

Limitations

The inconsistency between sampling methods used at baseline and endline has created a limitation for analysis findings, which CARE Afghanistan has included here as a lesson learned component of their continually improving practice. In an effort to further address the limitation to the statistical findings here, in particular their generalizability, case comparison has been attempted.

It was expected that some percentage of individuals selected for the survey will be unreachable, unavailable, or unwilling to respond to any or all of the survey questions, a larger sample size was selected to cater for potential non responses. and to further ensure that findings could be generalized to a defined target population. While a probability sample method was quantitative best practice in empirical approach, due to the characteristics of the target population namely high possibility of their unavailability during assessment, follow up with consistent households was not possible.

For the end line survey, the team was instructed to interview another household member who can provide a best answer in case the same women who participated in the initial survey was not at found, not willing or not reachable.

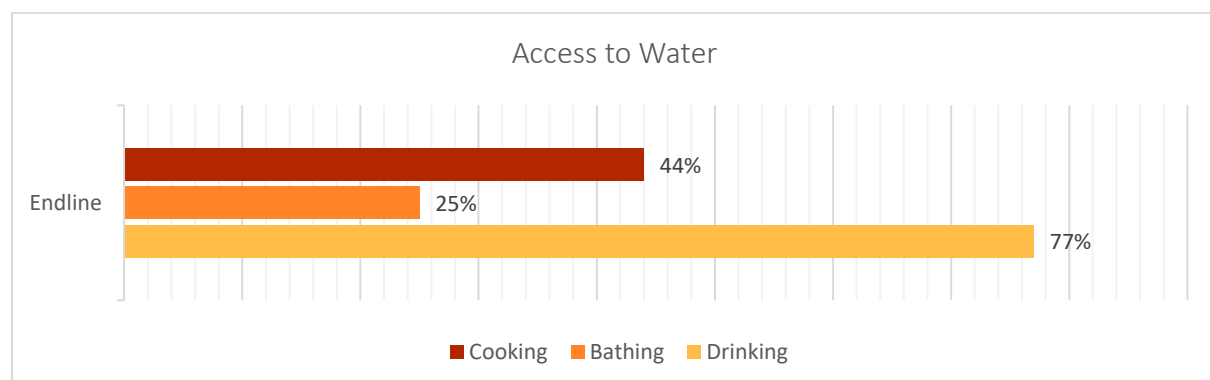
In further stages of exploration for future projects, CARE aims to apply mixed methods with sample size being determined based on the purpose of the exploration, and whether the focus needs to be more quantitative or qualitative.

Findings

Water Sanitation and Hygiene (WASH):

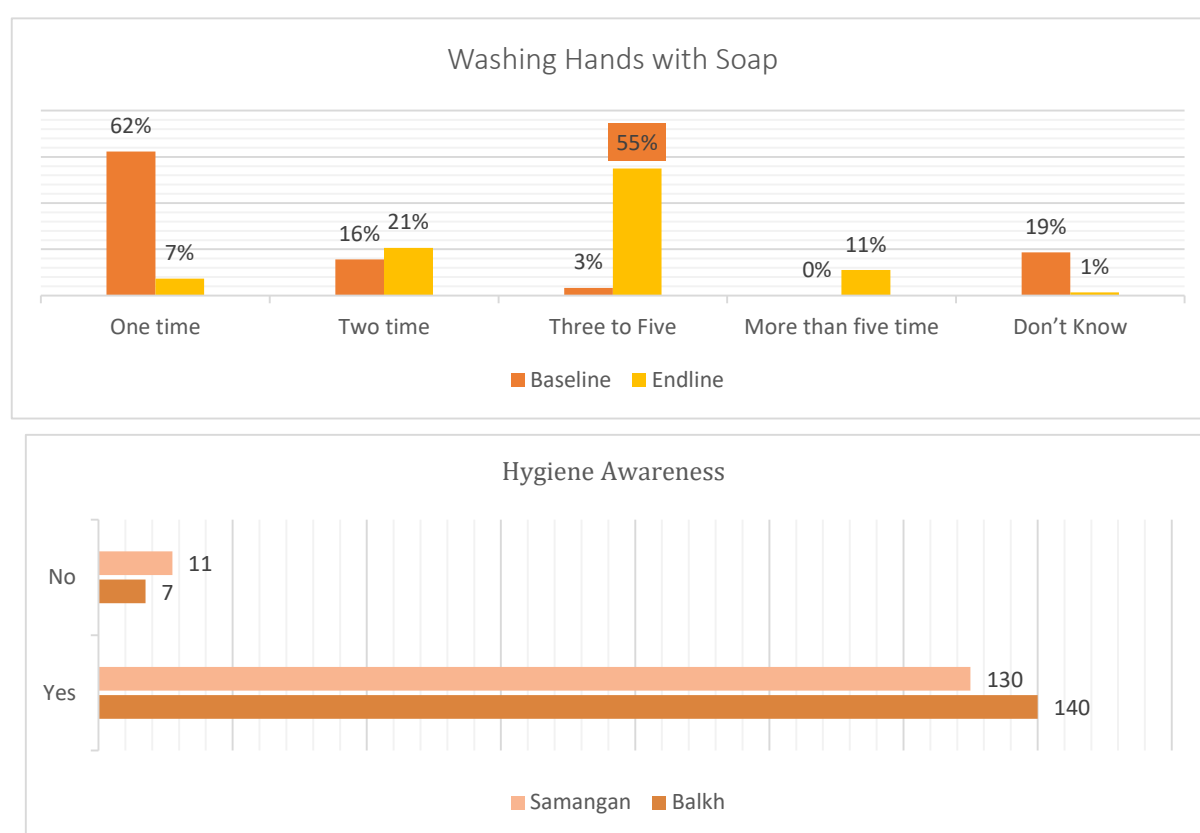
Project level indicators: Percent of beneficiary households reporting adequate access to water, as defined by Sphere or national standards

The project did have any infrastructure to support rehabilitation of water sources. However, the cash intervention was meant to support beneficiaries to meet their water needs as well. The result suggest beneficiaries maintained remarkable access to water for main purpose including for drinking, bathing, and cooking. The target value for the indicators was to improve access to water by 60% in the target settlements, the result of the indicate 77% of beneficiaries reporting access to adequate water



Project level indicators: Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands.

Household survey respondents were requested to share information on frequency of washing hands with soap. The end-line results show that 66% increment resulted in number of households washing their hands with soap three to five times. In general, 87% of respondent correctly mentioned five moments when they should wash their hands. Compared to baseline significant improvement on some key categories have been observed for the hand washing times including 1) hand washing after using latrine from 38% at baseline stage to 100% at end line survey. 2) Before cooking from 8% at baseline stage to 99% at end line. 3) “After cleaning baby” from 10% at baseline stage to 68% at end line and 4) and “before feeding child” from “2%” at baseline stage to 64% at end line. The target in the project log-frame was to improve the hygiene practices of beneficiary household by 70%. However, the endline report suggest the project achieved a surplus of 17% from the target.



One of the project intervention was to training 4100 beneficiary households on hygiene awareness while the update progress of the project shows that 5,812 beneficiaries (1712 beneficiary households higher than the target) received hygiene awareness through the project. The end-line results 94% respondents expressed their confirmation of receiving hygiene awareness provided by CARE.

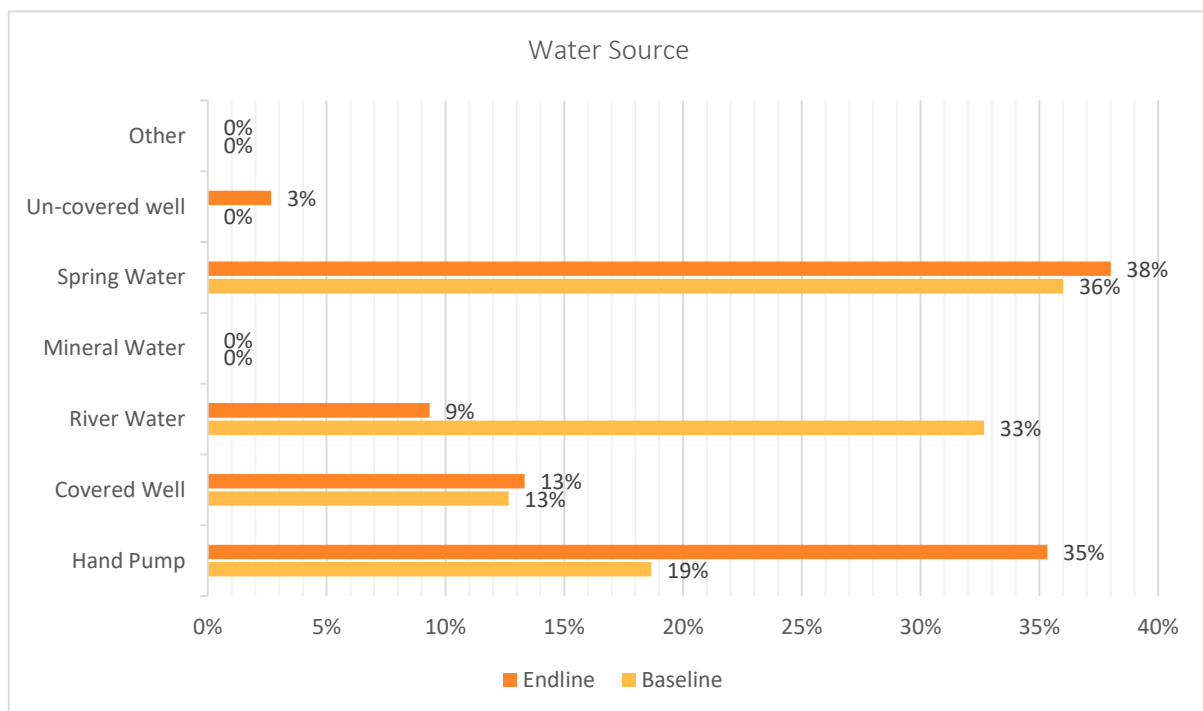
Project level indicators: Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers

One of the hygiene training objective was to change water storage behavior in the communities, the result of end-line evaluation indicates that 91% respondents storing water in jerry can and 4% indicated that they store water in clean container – see table below

Water Storage Practice	Jerry Can	Clean Container	Biller	Tanker	Other
Balkh	136	7	1	2	0
Samangan	138	5	2	1	0
Total	274	12	3	3	0

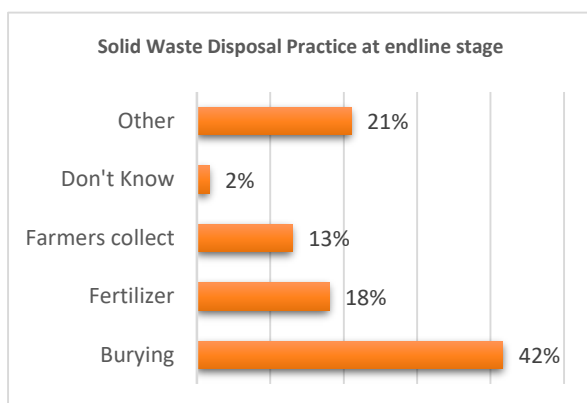
According to responses, there is a significant change in beneficiaries' practices in relation to accessing and using protected water sources to fetch water. Similarly, there is significant decrease in uses of unprotected water sources. For example, in baseline 19% of respondent mentioned they use hand pump while in endline it increased to 35%. Equally, for using spring water, uncovered well and river water there are significant improvements in knowledge and as well practices of the target beneficiaries as shown in charts below.

In addition, the 3% of respondents who mentioned they are still using unprotected water (30 responded out of 300 interviewed) have mentioned they know how to treat unclean water thanks to CARE hygiene awareness intervention contributing positively to changing beneficiaries' practices.



In follow up of previous question, respondents were asked to identify the amount of water they collect from water source per person per day as per the sphere standards, the end-line result shows that 51% respondents indicated collecting more than 15-liter water per person per day which is in alignment sphere standards. Also, 27% indicated collecting less than 10-liter and 19% 10 to 15-liter water per person per days. the project did not have any infrastructure activity (hard component) to rehabilitate water sources for the community targeted. The project rather focused in awareness raising to highlight importance of fetching from protected water sources and/or treatment of water collected form un-protected sources. The result of the project suggests that there is a need for infrastructure activities in the two provinces particularly in Samangan. Despite their knowledge significantly increased, the survey suggest that people are still using water from unprotected sources including spring, uncovered well and river water. This is due to lack of enough of water points available.

Amount of Water/Person/Day	Less than 10L	10L to 15L	More than 15L	Don't Know
Balkh	41	15	93	0
Samangan	41	43	61	1
Total	82	58	154	1



Additionally, the results clearly indicate that beneficiaries declare adopting more appropriate method of disposing solid waste. Respondents mentioned using solid waste for fertilizer and transferring it through tankers to specified location by the government. Interestingly similar number of respondent mentioned they are burying waste in identified locations outside their compound which is demonstrate an effective sanitation practice achieved as result of projects

intervention.

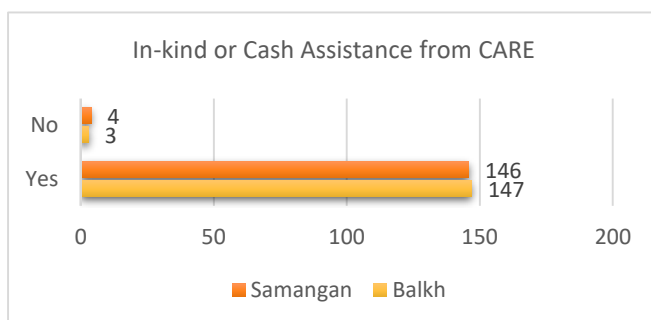
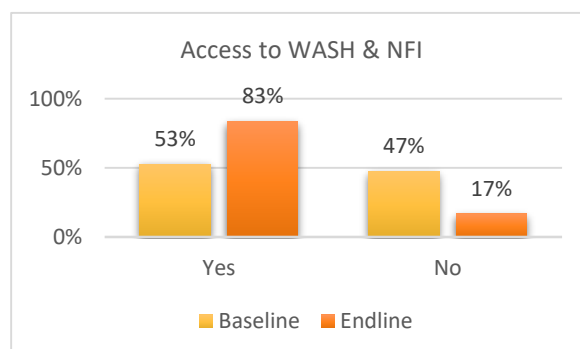
Livelihood Sectors (Multiple Purpose Cash)

Project level indicator: Percent of beneficiary households reporting adequate access to essential WASH non-food items (NFI), as defined by Sphere or national standards

As per the result of end-line conducted there is 30% increase in number of households having access to WASH NFI as defined by Sphere and national standards. Throughout the lifetime of the project a total of 4,838 individual households received cash for WASH NFI, so the increment in percentage of households accessing WASH NFI is the result of project intervention that enabled households with lower or no income to procure their WASH NFI

needs. The project target was to increase access to essential WASH NFI by 70%, however the result of end-line shows 83% (which 13%) higher from the actual target set at the initial stage of the project.

A total of 293 (97.6%) respondents have confirmed that they have received either cash or in-kind assistance from CARE. it should be noted that respondent who mentioned they did receive cash were be those who have received only hygiene awareness from the project.



Respondents were requested to rate the quality of assistance they have received from OFDA project, as shown in table below, 37% and 31.7% of the respondents rated the quality of assistance received very useful enough and useful enough respectively. The transparent, accountable and inclusive process of intervention through the OFDA

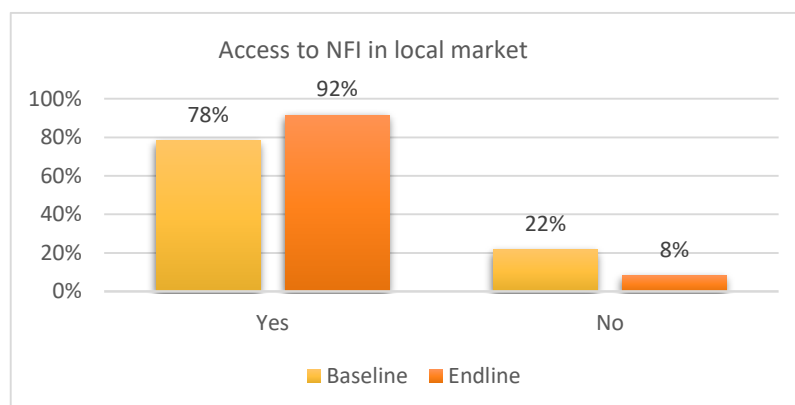
funded project is what that now more 68% respondents confirm the quality of assistance as useful enough.

The KII with government authorities confirm that the beneficiaries received cash grants, and hygiene awareness from CARE.

Quality of Assistance Received from CARE				
End line	Very useful enough	Useful enough	Didn't know	Total
Balkh	65	79	0	144
Samangan	90	51	4	145

Project level indicators: Percent of beneficiary households reporting adequate access to non-food items (In local market)

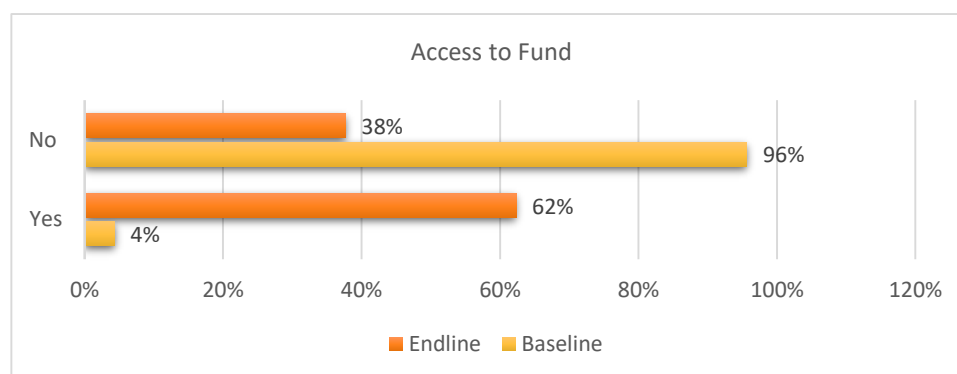
The end-line result suggests that the percentage of households accessing to NFI in local bazaar increased by 14%. The percentage increment in access represents the contribution of the project in market improvement in the target locations and increased in purchasing power of the beneficiaries to procure their NFIs in the local market by the support of multi-purpose cash assistance received from the project.



The project target in the log-frame concerning the access to NFI was sat 80% while the actual achievement/result indicates 92% increase in access to NFI in the targeted settlements.

Project level indicators: Percent of beneficiary households reporting adequate access to funds for shelter related costs (rent, utilities, fuel for various purpose)

The percentage of beneficiary households' access to fund/cash for shelter related costs increased by 58%. The project intervention benefited through multi-purpose cash assistance a total of 4,838 beneficiary households during its lifetime and the result of end-line evaluation confirm that positive changes has been made that enabled beneficiary households to have cash available for shelter related costs.



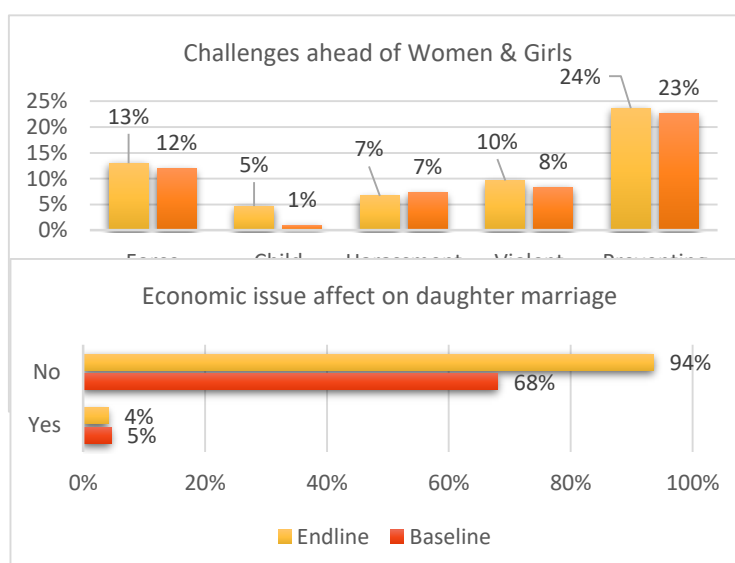
Project level indicators: Percent of beneficiary households with “acceptable” food consumption as measured by the Food Consumption Score

In terms of food consumption score which is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups respondents were requested to share information on the types of food their household ate in the last seven days. The end-line result shows that 71% of respondents ate the category nine food types which include spices, tea, coffee, salt, fish power, small Amounts of milk for tea. However, there are higher percent of respondents 48% and 38% who ate food listed in category eight and first respectively. It was targeted to improve the food consumption score by 70%, the Table below indicates that the project was able to increase food consumption score by 71%.

Food Consumption Score							
Strategy's	End line Value / Number of Days						
	1	2	3	4	5	6	7
Rice, maize , maize porridge, sorghum, millet pasta, bread and other cereals	4%	23%	12%	14%	6%	3%	38%
Beans. Peas, groundnuts and cashew nuts	26%	40%	16%	5%	7%	6%	1%
Vegetables, leaves	18%	41%	16%	9%	5%	5%	6%
Fruits	40%	21%	7%	8%	4%	9%	12%
Beef, goat, poultry, pork, eggs and fish	57%	24%	9%	2%	3%	4%	2%
Milk yogurt and other diary	18%	38%	17%	8%	3%	4%	12%
Sugar and sugar products, honey	15%	25%	8%	9%	6%	6%	31%
Oils, fats and butter	12%	9%	7%	11%	7%	5%	48%
Spices, tea, coffee, salt, fish power, small Amounts of milk for tea.	5%	3%	4%	3%	7%	7%	71%

Gender Profile

To know the gender and their challenges in the target location, respondents were asked to name the select major challenges women and girls faces from the already identified list. chart below shows minor decrement in challenges women and girls face around preventing from services, force marriage, violence. The project hand no specific intervention in terms of women and girls socio-civic empowerment, however this is the reality that still



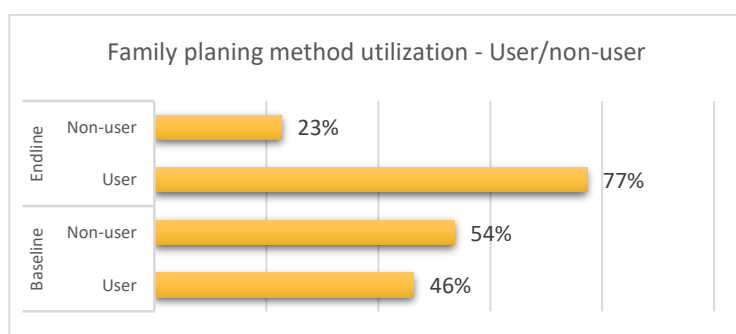
women and girls faces with challenges due to their gender.

As a probe question, respondents were asked to declare if they give marry to their daughters to solve their economic issues, 26% increment in number of those who says they don't give marry to their daughters due to bad economic situation.

Health section

Project level indicators: Number and percentage of community members who can recall target health education messages

Household survey respondent were requested to declare which method of family planning they applied, the result suggests that beneficiaries has significantly adopted appropriate method of family planning. There significant improvement in % of user versus non-user in utilization of the family planning. the result suggests 31% increase in rate of users which is positive result of project SRH interventions in the area. Changing user rate requires lengthy process in Afghanistan context, however, this achievement is really positive contribution of the project. Thank to effort of the team and the intervention.



The family planning intervention has been greatly appreciated by the KIIs during an interview. They have further recommended continuation of such intervention and more linkages with CHWs.

In terms of danger signs for pregnancy, there is 25% increase compared to Baseline (baseline =

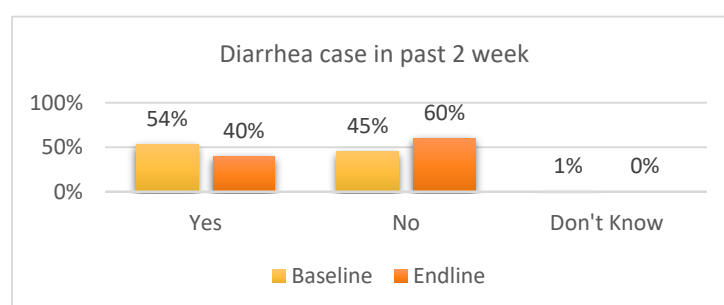
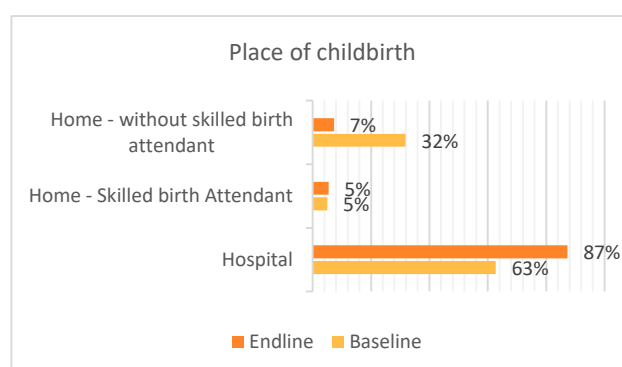
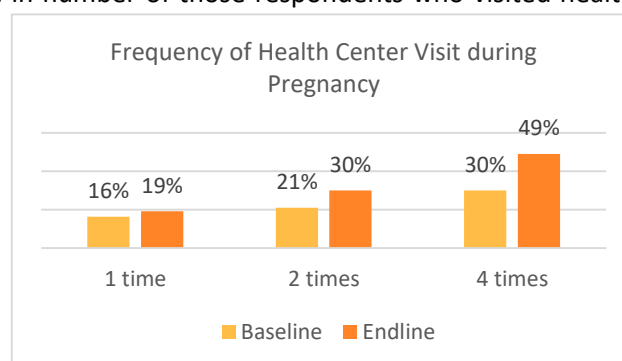
25%, endline = 50%) in number of women who knew at least four signs or more of pregnancy dangers. indicates that awareness and trainings provided by the project have been effective and changed knowledge of beneficiaries.

Pregnant Danger Sign					
Baseline value	Signs	Balkh	Samangan	Grand Total	Total %
	1 sign	12	8	20	18%
	2 sign	19	13	32	29%
	3 + sign	7	21	28	25%
	Non response	17	13	30	27%
Total resp. Baseline		55	55	110	
End line value	1 sign	3	10	13	12%
	2 sign	14	26	40	36%
	3 + sign	36	19	55	50%
	Non response	2	0	2	2%
Total BSV		55	55	110	

The end-line result shows that the frequency of pregnant women visiting health center increased comparing to baseline. There is 19% increase in number of those respondents who visited health facility four times. Similarly, 30% of respondent at endline mentioned that those who visited health center during pregnancy at which show an increase of 9% compared to baseline.

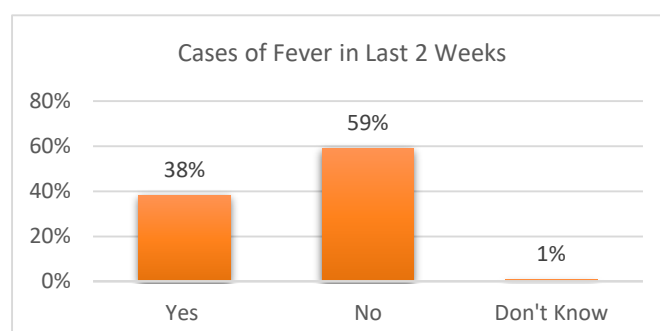
To measure the change in behavior of household in terms of place for child birth a question was asked, those who had child birth in hospital increased by 24%, and those who were giving birth in house in presence of unskilled attendant decreased by 25%.

The household survey also contained question asking about Diarrhea cases that beneficiary household might have faced in the past two weeks, the percentage of those having no diarrhea case in last two weeks is 15% higher than the baseline. This is a clear indication of health and hygiene training effect on the health condition and prevention of diseases and bacteria.



As follow up of previous question those who had reported cases of diarrhea in the past two weeks were asked to express the place where they have treated it, 62% respondents (6% more than baseline) reported visiting health center for advice and treatment?

The 4 KIIs conducted during end-line evaluation with health shuras confirm that CHWs were regularly visit the target settlements and were provided health services to the affect members of the households.

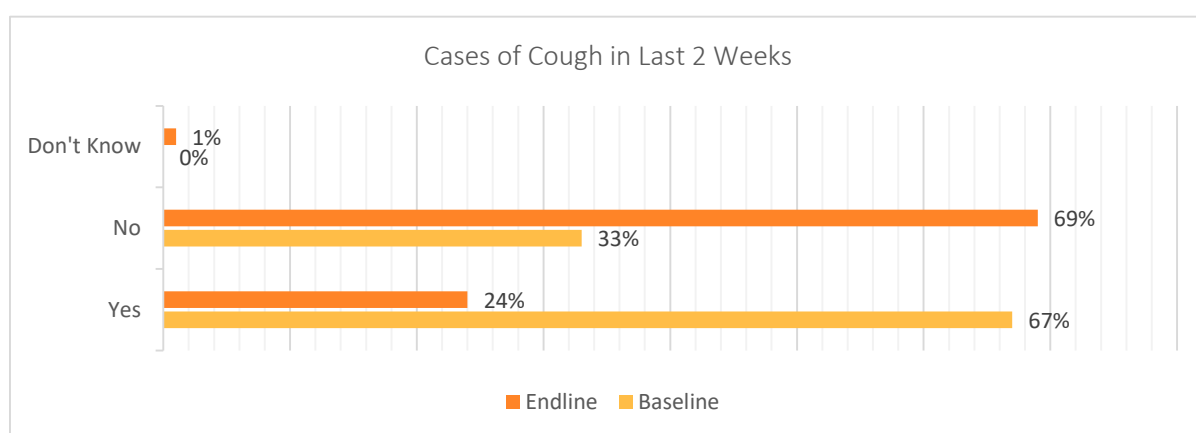


Similar to the question asking about diarrhea cases, another question was asking about cases of fever in the last two weeks and again their shows a positive result of project intervention and those who reported cases of fever has decreased 19%.

Those 38% who reported fever in the last two weeks were requested to clarify where they have treated their fever, as shown in table 12, 63% visited health center (15% increase comparing with the baseline).

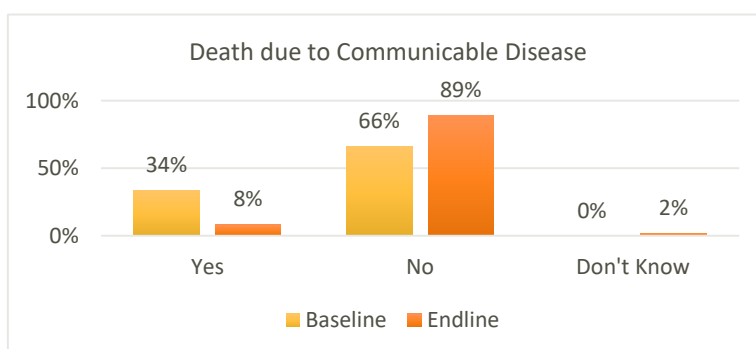
Province	Baseline value				End line value				
	Health Center	Private doctor	Home treatment +	Hakim	Health center	Private pharmacy	Private Doctor	Home Treatment +	Hakim
Balkh	13	1	6	2	15	0	0	0	0
Samangan	40	1			54	1	0	0	0
Total	53	2	6	2	69	1	0	0	0
Total %	48%	2%	5%	2%	63%	1%	0%	0%	0%

The third disease which cough has also been asked among the survey questionnaires and the result of end-line evaluation indicates that there is 43% decrease in cases of cough in the last weeks. This positive changes are a direct result of project health intervention that have decreased cases of illness such as cough, fever and diarrhea.



Project level indicators: Case fatality rates for communicable diseases

The findings from end-line evaluation shows the fatality rate due to communicable diseases has decreased by 26% in the target settlements in Balkh and Samangan Provinces. This is a positive result of the project health intervention and increase in understanding of beneficiary households around communicable diseases.



Nutrition

Compared to baseline valued there is significant improvement in knowledge and practices of beneficiaries in relation to exclusive breastfeeding their children. 82% of mothers who were interviewed mentioned that they are breastfeeding their children up 6 months which show 31 increase in percent of women adopting that appropriate practices. Consequently, there is also positive reduction in % (48% reduction) of mothers who mentioned they breastfed their child up to one month of age. This is significant achievement the project contributed. However, since most of mothers either

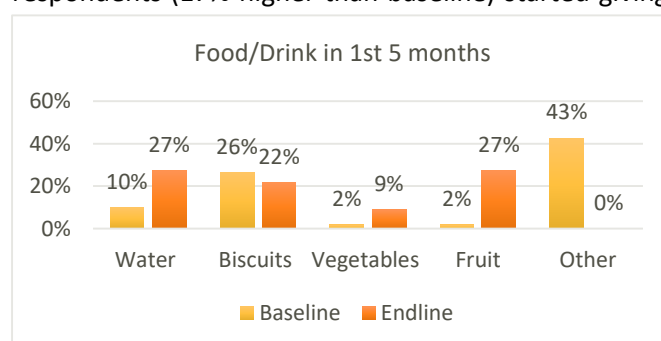
not having child under 2 years but still provided response, it is yet impossible to justify between what they know and what they actual do. Future assessment assessing child feeding and nutrition practices should target mothers having baby under 5 or 2 at least.

Duration of Breastfeeding												
Months	Baseline value						End line value					
	1	2	3	4	5	6	1	2	3	4	5	6
Balkh	1	1	12	21	10	10	1	0	0	2	6	46
Samangan		1	1	3	4	46	1	3	2	3	2	44
Grand Total	1	2	13	24	14	56	2	3	2	5	8	90
Total %	50%	2%	12%	22%	13%	51%	2%	3%	2%	5%	7%	82%

As a follow up, the respondents were asked to indicate when they have started the first breastfeeding after childbirth, as presented in the Table 13, those who reported after 1-4 hours remained the same as baseline (at 79%) while those who reported first breastfeeding after 5-12 hours now decreased by 14%.

Duration between birth and 1st breastfeeding							
Hours	Baseline value			End-line value			
	1-4 hours	5-12 hours	After 12 hours	1-4 hours	5-12 hours	After 12 hours	Don't Know
Balkh	32	3	20	43	8	4	0
Samangan	55			44	0	0	8
Total (in #)	87	3	20	87	8	4	8
Total %	79%	3%	18%	79%	7%	4%	7%

Household survey respondents were asked to declare in addition to breast or bottle milk, what other food or drink did they give to the child during first four months, as indicated in Figure 29, 27% respondents (17% higher than baseline) started giving water to her child; giving fruits increased by



25% and giving vegetable increased by 7%. Those female respondents that declared giving birth has been asked to declare whether they have obtained immunization record for their child or not, 95% of respondents (9% higher comparing to baseline) said yes they possess immunization record while only 3% of respondents still declared they didn't

possess immunization record for their child. It is a positive effect of health awareness sessions and importance of immunization record explained to the beneficiary households that encouraged more mothers to obtain immunization record for their child.

Conclusion and Recommendation

- As endline mostly focuses on behavior and practices regarding health and hygiene, the timeframe of the project (5 months of sensitization) does not make it significant enough to

analyze the impact on the actual behavior/practice changes. So the endline report for short-term project can only focus on knowledge. Future projects implemented within short time frame to include indicators on measuring improvement on knowledge but influencing practices requires longer timeframe to actually compare between what they know and what they do.

- Future interventions to consider in-kind support alongside MPCA as all beneficiaries will not have similar access to market to purchase their WASH NFI needs at local market.
- Current practices as has been found the other partners distributing standard package of food and as a result MPCA support by CARE has also been consumed mostly on food, so we recommend the food package by other actors should be based on family size so this will be enough for the beneficiaries and enable them to spend the MPCA received on other purposes more than food.
- Despite the results in the SRHE intervention under this project we have satisfactory achievement, but still there is need for improvement in the Health status of households. Continuous SRHE support specially during recovery phase is needed to ensure sustainability and improvement in health situations at the household and community level.
- Qualitative methodology for end line assessment to be deployed in future, as numerous households interviewed in baseline become different by end line since the baseline was conducted on general and population prior to beneficiary selection whilst end line targeted those who received CARE's assistance resulting in difference in respondents participated in the two assessments.
- Close follow up and monitoring of hygiene promotion activities must be conducted to ensure beneficiaries understand the relationship between hygiene practices, proper use of water, sanitation facilities and the prevention/reduction of WASH-related diseases.
- Future assessment on breastfeeding/child nutrition analysis should target Pregnant and lactating Women (PLWs) in target communities, since most of mothers who were interviewed either not having child under 2 years or not pregnant but still provided response, which conclusion irrelevant to justify between what they know and what they actual do.
- Future project to consider some infrastructure activities to rehabilitate water point so as to improve beneficiaries have regular and safe access to potable drinking water.