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***WASH –Plus:***

***Typhoon Ketsana WASH Recovery Project***

**End of Project**

**Evaluation Report**

Sekong, Laos. August 2011

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(CARE Australia: WASH Plus program AusAID Civil Society WASH Fund)

Table of Contents

[Executive Summary 4](#_Toc301242631)

[Acknowledgement 5](#_Toc301242632)

[1. Introduction 6](#_Toc301242633)

[1.1 CARE in Sekong 6](#_Toc301242634)

[1.2 Typhoon ketsana 6](#_Toc301242635)

[1.3 WASH Plus: The Project Objectives 7](#_Toc301242636)

[1.4 End of Project Evaluation, Aim and Wider Goal 7](#_Toc301242637)

[1.4.1 Aim 7](#_Toc301242638)

[1.4.2 Key Indicators Considered 8](#_Toc301242639)

[1.4.3 Wider Goal 8](#_Toc301242640)

[2. Methodology and Limitations 9](#_Toc301242641)

[2.1 Methodology 9](#_Toc301242642)

[2.2 Limitations 10](#_Toc301242643)

[3.0 Results 12](#_Toc301242644)

[Table No 3. 1: Water supply schemes 15](#_Toc301242645)

[Table No. 3.2: Sanitation, hygiene promotion, women& gender, WASH committees. 16](#_Toc301242646)

[4. 0. Discussion 17](#_Toc301242647)

[4.1 Water Supply (quantity and quality): 17](#_Toc301242648)

[4.1.1 Water quantity 17](#_Toc301242649)

[4.1.2 Water quality 18](#_Toc301242650)

[4.2 Sanitation: 18](#_Toc301242651)

[4.3 Hand Washing Facilities: 19](#_Toc301242652)

[4.4 Hygiene Promotion (villages and schools): 19](#_Toc301242653)

[4.4.1 Villages. 19](#_Toc301242654)

[4.4.2 Schools 19](#_Toc301242655)

[4.5 Women and Gender 20](#_Toc301242656)

[4.6 WASH Committees: 20](#_Toc301242657)

[5. Recommendations 21](#_Toc301242658)

[7. Conclusion 23](#_Toc301242659)

[Annexes 24](#_Toc301242660)

# Executive Summary

The End of Project (EoP) evaluation of the Typhoon Ketsana WASH Recovery Project for CARE International was carried out during 10 days in Lamam district of Sekong province. The project focused in 16 villages, on activities including: water supply schemes, sanitation installations, hand washing facilities, hygiene promotion, WASH committee formulations and women and gender related matters. The project commenced in June 2010 and planned for completion by the end of August 2011.

The project objectives are:

Objective 1: To enhance the health and well-being of poor vulnerable women and their communities by improving access to clean water, sanitation and hygiene.

Objective 2: To improve the capacity, governance and accountability of WASH services by local communities and service providers.

Objective 3: To enhance the social position of women and other vulnerable groups through their active participation in WASH related implementation and decision-making.

Since CARE has been implementing various development project activities in the province of Sekong through the AusAID – funded LANGOCA programme, and other projects, the implementation of this WASH project, despite many difficulties, was made easier, appropriate and successful.

A full review of the literature available was made prior to planning of the evaluation, to understand the circumstances, methods of implementation, and how the execution was planned and carried out. Problems and constraints in previous projects have been greatly considered in the planning and implementation of this project, which could be highlighted as a very positive approach to management and effectiveness of execution.

Implementation of water supply systems in 10 target villages have been completed, handed over to respective communities for maintenance and operation, having imparted maintenance training and provision of a tool box to undertake repairs. Practically, all 16 villages have good knowledge, attitude, and practice proper measures related to water supply schemes. Quantity, quality, and constructions of water supply schemes have been found to be of good standard.

Latrine construction has been carried out with the participation of communities, and the planned number had to be increased due to community demand. Delays in clearance of UXOs have retarded the progress of work to a schedule, but the communities have committed to complete the activities in the near future.

Hygiene promotion had been carried out intensively, with work completed as planned in villages and schools. The impact of this activity could not be measured immediately, but knowledge, attitude and practice have improved immensely, with considerable contribution to living standards. Practice of hygiene in villages could not be felt properly during the short visit made, but it needs proper attention to have a positive impact on communities.

Out of 10 hand-washing facilities planned in schools, only one had been completed, but proper measures have been initiated for completion of this activity in the near future (materials are purchased, labour is contracted).

WASH committees and effectiveness of women and gender could be highlighted as very successful, considering the enthusiasm, income generation improvements and empowerment of women revealed in all communities visited. Some of WASH committees have embarked on collection of a monthly maintenance fee from each family. Properly maintained water schemes and intensive construction of latrines are good signs of success relative to the objectives. It should be indicated that hygiene aspects of some villages need high attention to yield good and expected results.

### Acknowledgement

It should be highlighted that the CARE Coordinator, WASH Adviser and the staff of CARE extended fullest cooperation to the evaluator, without it this evaluation would not have been possible. The evaluator is very thankful to the WASH team and all others for the help and assistance rendered to carry out the evaluation successfully.

# Introduction

## CARE in Sekong

Since 1989 CARE has been implementing development programs throughout Laos in livelihoods, food security and community development in remote rural areas; avian influenza and emerging infectious diseases; and support for vulnerable women.

CARE’s first intervention in Sekong in 2007 was as part of LANGOCA (Lao Australia Non Government Cooperation Agreement), which is currently planned for completion in June 2012. The Goal of the Program is “To reduce vulnerability of the poor by integrating poverty reduction and cross cutting issues with disaster management and UXO approaches in Laos”.

One of the objectives is: to reduce vulnerability of the poor, namely minimize the impact of natural disasters and reduce the impact of Unexploded Ordnance (UXO).

In addition, LANGOCA has supported CARE in two “Short-term activities” (STA) which have had a focus on the needs of People with Disability (PWD) in Sekong Province.

## Typhoon Ketsana

On the 29th and 30th of September 2009, Typhoon Ketsana struck Cambodia, Vietnam and Laos, which directly affected at least 200,000 people and in Laos ravaged the highly vulnerable provinces of Saravan, Savannakhet, Attapeu and Sekong.

Estimates of the affected population in Sekong were approximately 15-20,000 people. Lamam district was one of the hardest hit with 18 villages (around 10,500) people affected; 217 houses destroyed or damaged; 2 schools destroyed; 20 tons of stored rice lost. The floods had a double impact on household food security, damaging the main rice crop just prior to harvest and destroying what little food stocks were available.

CARE responded with an extensive emergency programming which included food distributions, Non Food Items and WASH interventions.

## WASH Plus: The Project Objectives

The WASH-Plus project in Laos is the follow-up to the WASH emergency activities from CARE’s previous Typhoon Ketsana work. It was built on the results of an assessment of Knowledge, Attitude and Practice (KAP), conducted as the emergency WASH was finishing, and took into consideration the lessons learned from WASH projects in two districts. The WASH Recovery Project is confined to 16 typhoon affected communities in Lamam district. The commencement of the project was in June 2010 and completion planned for August 2011.

The project objectives are:

Objective 1: To enhance the health and well-being of poor vulnerable women and their communities by improving access to clean water, sanitation and hygiene.

Objective 2: To improve the capacity, governance and accountability of WASH services by local communities and service providers.

Objective 3: To enhance the social position of women and other vulnerable groups through their active participation in WASH related implementation and decision-making.

## End of Project Evaluation, Aim and Wider Goal

The Project activities implemented in 16 communities of Lamam district were visited, available documents reviewed, and stakeholders consulted to evaluate the following, including key indicators:

### Aim

* Engineering activities (the hardware) to cover water supply, sanitation and hand washing.
* The software components: hygiene promotion, water management committees, access issues addressed for people with disabilities (PWD) and the extent to which gender is mainstreamed.

### Key Indicators Considered

Two aspects were given due consideration in carrying out the assessment.

1. Quantitative analysis of water quality and quantity, sanitation, hand washing facilities, women and gender of WASH committees, and
2. Qualitative aspects of change in Knowledge, Attitude and Practice.

### Wider Goal

To contribute to the final stages of the M & E process for the WASH Recovery Project, and make recommendations that could be applied to future WASH programming in Sekong.

# Methodology and Limitations

## Methodology

A briefing was carried out by the CARE Coordinator and the WASH Project Adviser in Sekong. The Manager of the WASH project, along with the consultant reviewed the expected outputs of the end of project evaluation and consulted the state institutions directly involved with the execution of the project: Provincial Labour and Social Welfare office and the Provincial Department of the Water Resources (Nam Saat). The purpose and methodology of the end of project evaluation was explained and agreement reached with both organizations. Officials consulted for the assessment/evaluation provided much information, guidance and discussed matters relevant to 16 target project villages (refer annex I).

Literature provided (refer annex II.) by the CARE office in Sekong was studied, with performance information properly scrutinized and discussed with the WASH Adviser and the WASH project team. Target villages for assessment/evaluation were identified, activities carried out by the project have been listed, and necessary indicators/ outputs were identified for verification in the field.

In order to carry out field assessment and evaluation systematically and completely, necessary and detailed forms were designed for each of the following indicators mentioned below, and collection of data compiled at each identified village was compared with available information in reports:

1. Water Supply (quantity and quality) – Form No 2
2. Sanitation – Form No. 3.
3. Hand Washing Facility – Form No. 4
4. Hygiene Promotion (villages and schools) – Form No. 5.
5. Women and Gender – Form No. 6, and
6. WASH Committees – Form No. 7.

The hygiene promotion team was consulted first as the planned activities of hygiene promotion had been completed in 16 target villages, including, a school in each village.

The evaluation team consisting of 4 members (included a representative from the provincial water resources office – Nam Saat, two CARE employees and the evaluator) discussed the villages to be surveyed, having given high emphasis to the target villages categorized into: relocated (5), no plan for relocation (6) and not yet relocated (5). A schedule was prepared in consultation with the manager of WASH to survey nine target villages. Field testing of the forms prepared was carried out in Navasene village, to identify weaknesses for improvements in the designed forms/questionnaires. Having improved and updated the survey forms, assessments were conducted during three days (3rd to 5th August).

The team conducted surveys on the 4th of August in the following villages: Pakthoun, Lavi, Danh and Donchan, assisted by the Manager of WASH and a team from CARE. On the 5th of August the team conducted assessments in four relocated villages: Nangyong, Pakayong, Pakpoune and Kengluang.

The evaluation team clearly defined the aim, tasks and the main purpose of the evaluation to the focus groups of each village visited. The compiled information and data were verified and compared with data available in documents of CARE. All documents containing data and information were duly signed by the Chief of village or his/her representative and four members of the evaluation team.

Some of the relevant technical documents referred and studied prior to field visits are given below:

* Latrine design
* Borehole design with platform
* Women Hygiene Training Minutes
* Hygiene Awareness Training Manual
* Security briefing for Sekong Visitors
* Training Pump Installation and Maintenance for Wash Committees in 16 Target villages.
* Status of Hand pumps installed in Target villages
* Drilling and Construction 0f Ten Hand Pumps in Lamam district.
* Water quality reports of 6 and 18 May 2011

## Limitations

Time limitation of 10 days for the end of project evaluation was a constraint in terms of conducting an evaluation of 16 villages in the district of Lamam, investigating the identified indicators including water supply, sanitation, and hygiene education. To ensure maximization of available time for proper assessment and evaluation, specific forms for data collection were designed, prepared and available data were collected, before physical verification in the field. Baseline data for each community had to be extracted from available documents, for comparison, measure achievements/improvements during the project life, as each village/school had not maintained relevant baseline data.

In the absence of school children at schools (on vacation), assessment and evaluation in each school was carried out by having a focus group discussion, including school teachers. Quantity of water consumed by a family, distances to the nearest borehole with a hand pump etc. could not be measured as the majority of villagers were away in the field. Sufficiency of the quantity of water available for consumption by a family and the average number of minutes walked to the water source have been obtained from the focus group discussions.

Regarding measurement of qualitative aspects of the evaluation such as Knowledge, Attitude, and Practice, it would have been appropriate to administer a specially designed questionnaire, compile data and carry out proper analyses. In the absence of time for administering a questionnaire and collection of data, as an alternative, focus groups and individuals were consulted to arrive at a reasonable assessment by the evaluation team. Good (G) grading was awarded to a community if more than 50 % the population possessed knowledge or attitude. Improved (I) was awarded if more than 30 to 49 % possessed, and below 29 % was indicated as Same (S). This was decided by the panel of four evaluators.

During the rainy season accessibility is difficult to some communities, logistical problems were overcome by choosing villages randomly, but ensuring access to communities representing the categories of: relocated; planned for relocation; other villages.

Collected data in villages have been validated and summary tabulated, including qualitative aspects in Annex VI.

# 3.0 Results

The final evaluation concentrated both on quantitative and qualitative aspects. Quantitative aspect of achieving targets of the project on water supply schemes, sanitation, hand washing facilities , hygiene promotion, women and gender and WASH committees were thoroughly assessed. Although detailed data have been compiled on each of the above mentioned aspects, in order to have a quick grasp of the results, two tables have been prepared: Table No. 3.1 for water supply schemes and Table No.3.2 for sanitation and others activities. Qualitative aspects have been categorized into: water supply and others.

**Box No. 1.**

The Provincial Water Resources Office confirmed the suitability of water for human consumption in all drilled boreholes and that water quality of each drilled borehole was tested twice a year during dry and wet seasons for: biological, chemical, general turbidity and taste. Records available in from this office were examined, and they were found to be correct (Nam Saat report of 18 May 2011 and others). Within a radius of 30m from the sources of water, no possible sources of pollution were found.

Note: Only the water quality testing record of Nam Saat during the drillings were available in CARE-WASH office. Some of the old wells during the emergency phase. *If they have done other testings on their own we have to verify it again (dry and wet seasons).*

Comparisons were made of targets set in the project document and achievements at the end of the project.

The evaluation team found the following consistently in all nine villages visited:

* + - WASH committees have been created in all 16 villages and the inspected 9 villages have a good balance of gender. In nine WASH committees (33 women and 33 men). Trainings (management and planning, repair and maintenance) have been conducted in 16 villages for more than 190 members by the CARE team, twice during March and May 2011

**Box No. 2.**

In all nine villages visited, and focus group members interviewed confirmed, it is the role of women and children to fetch water from drilled boreholes fitted with hand pumps, and the average time of walk to the nearest water source does not exceed 10 minutes. Quantity of water available is sufficient for daily consumption, averaging more than 30-40 lit. per person per day.

* + - Women’s groups have been formulated one in each village consisting of five persons and training on hygiene and general maintenance have been imparted to more than 80 persons.
* Community awareness/information campaigns on water borne diseases, hygiene promotion, activities and training have been carried out in all 16 target villages, including the nine villages assessed. Activities were conducted during October and December 2010, targeting more than 1000 school children, 900 villagers, and people with disabilities.
* It was planned to construct 242 latrines (originally 200) in collaboration with the communities and 157 have been completely installed, including 9 specially designed latrines for people with disabilities (PWD). The appropriateness of the designs of latrines was accepted and confirmed by women and men of focus group members and also by the Nam Saat office. Specially designed pilot latrines for people with disabilities were inspected and have been found to be appropriate and acceptable. As the latrines are constructed by communities with the support provided by the project (pour-flush slab and other materials), the sizes were different at each location and possibility to make standard latrines has been identified.

**Box No. 4.**

The platform constructed around each borehole pump was examined. They were found to be of good quality, proper drainage arranged, a roof above the pump and a fence surrounded to ensure privacy and prevent animals from encroaching. Sufficient water for daily consumption was confirmed, averaging more than 30-40 lit. per person per day. Drained water should be used for home gardening and water plants.

**Box No. 3.**

At each village, women participants were requested to inform the knowledge gained on hygiene promotion matters. Although all of them understand about the benefits of use of soap for hand washing and bathing, it was indicated that most families could not afford to buy soap for its regular utilization.

* In the surveyed nine villages, there were 45 women trained to participate in improving WASH services for their community. In all 16 villages, it can be assumed that the target number 50 women would be greatly exceeded.

**Box No. 5.**

Women in focus groups were questioned about the empowerment in decision making. All women voluntarily confirmed that they are taking part in decision making process. Through CARE’s wider programming, more opportunities have been afforded including weaving, home gardening etc. In one village women requested for a teacher of English be provided in the school to learn English, to enable communicate with foreigners and listen to news from TV and radio.

* Ten water supply systems planned have been completed with a hand pump, concrete platform and a drain to remove used water. A special feature was the construction of a roof above and a fence around the hand pump providing privacy. Nine water systems were visited in seven villages;

**Box No. 6.**

Questioned about the assurance of maintenance and sustainability of work completed, several villages confirmed that they have set-up maintenance funds, fee collected monthly varies from kips 500 to 2000 per family. A few communities confirmed that they have already a collection of more than 300,000 kips in the fund.

* All 10 water systems completed have been handed over to communities, maintenance committees were trained, a tool box was provided at each community and some committees have commenced collection of a monthly fee of 500 to 1000 Kips per family for maintenance
* All nine water schemes inspected have sufficient quantity of water and good quality, having tested/ensured by the provincial water and sanitation office- Nam Saat (under the health department).
* Local government officials have closely collaborated with CARE, carried out design, construction and maintenance matters, including the final evaluation of the project. This confirms the acceptance of designs, approaches and other implementation aspects by authorities and relevant responsible officials for implementation in communities

**Box No. 7.**

Women’s groups formed in each community carry out activities relevant to hygiene improvements in the village, but the work was not carried out consistently to show positive results. Lack of time was highlighted as the constraint. Hygiene aspects are the weakest element of the project found in in communities In terms of what is hygiene weakest- Knowledge, Attitude or Practice?

* Hand washing facilities are planned in 10 schools but only one was completed in village Danh. Members in focus group’s discussions and school teachers have confirmed the benefits of hand washing and assured that the facilities constructed would be put to proper use. Availability of soap in communities remains a matter to be resolved.

**Box No. 8.**

Use of latrines constructed in communities has been very high amongst women, especially during the rainy season and nights. Use of toilets by children has tremendously improved but needing much more persuasion to make it a regular habit.

* On two occasions, external training sessions on hygiene promotion have been conducted (Pakse and Sekong) for state organizations and CARE staff. The duration of the training was five days with the participation of 5 state officials and 7 from CARE

**Box No. 9.**

Knowledge and attitude of the communities Have increased tremendously regarding benefits of good quality water use, health improvements relevant to latrines utilization, hygiene aspects in the village etc. However, practicing aspects of hygiene relevant matters such as use of soap for washing hands, (any quantifiable data of of people hand washing with soap on various occassions, %) preventing animals entering houses, keeping the dwelling and the garden tidy and free of excreta of animals, collection of garbage are at a low level as confirmed by the villagers and noted by the evaluators.

* It could be mentioned confidently that provincial officials have enhanced their knowledge to lead participatory water, sanitation and hygiene programs.

*Some relevant discussions held with communities are provided in boxes as confirmation of investigations conducted.*

## Table No 3. 1: Water supply schemes

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Names of villages | Boreholes and pumps | | |  | Water |  | Qualitative Aspects | | |
|  | **&Relocated** | **Planned** | **Completed** | | **Status** | **Qual.** | **Quan** | **Knowled.** | **Attitude** | **Practice** |
|  |  |  | **Afridev** | **Tara** | **Operat.** | **40l/p** |  | **S/I/G** | **S/I/G** | **S/I/G** |
| 1 | Navasene | 1 | 1 | - | G | G | G | G | G | G |
| 2 | Pakthoun=Pengya | - | - | - | G | G | G | G | G | G |
| 3 | avi | 1 | 1 | - | G. | G | G | G | G | G |
| 4 | Danh | 1 | 1 | - | G | G | G | G | G | G |
| 5 | Donchan | 1 | 1 | - | G | G | G | G | G | G |
| 6 | Nangyong (R) | 1 | 1 | - | G | G | G | G | G | G |
| 7 | Pakayong (R ) | 2 | 2 | - | G | G | G | G | G | G |
| 8 | Pakpoun (R ) | - | - | - | G | G | G | G | G | G |
| 9 | Kenglouang (R ) | 2 | 2 | - | G | G | G | G | G | G |
| 10 | Other | 1 | 1 |  |  |  |  |  |  |  |
|  | **Total** | **10** | **10** |  |  |  |  |  |  |  |
| *S- Same (29 % of the population), I – Improved (30 to 49 %), G- Good (more than half population).* | | | | | | | | | | |

## Table No. 3.2: Sanitation, hygiene promotion, women& gender, WASH committees.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Names of villages &Relocated (R) | Sanitation | | | Hygiene Promotion | Hand Washing | Qualitative aspects | | |
|  |  | **Latrines** | | |  | **Facility** | **Know.** | **Att.** | **Prac.** |
|  |  | **Plan.** | **Comp.** | **PWD** |  |  | **S/I/G** | **S/I/G** | **S/I/G** |
| 1 | Navasene | 56 | 35 | 1 | Y |  | G | I | I |
| 2 | Pakthoun-Pengya | 91 | 90 | 2 | Y |  | G | G | G |
| 3 | Lavi | 4 | 1 | 1 | Y |  | G | G | G |
| 4 | Danh | 45 | 5 | 2 | Y | 1 | G | G | G |
| 5 | Donchan | 20 | 4 | 1 | Y |  | G | G | G |
| 6 | Nangyong (R) | - | - | - | Y |  | G | I | I |
| 7 | Pakayong (R ) | 21 | 18 | 1 | Y |  | G | I | I |
| 8 | Pakpoun (R ) | - | - | - | Y |  | G | I | I |
| 9 | Kenglouang (R ) | 5 | 4 | 1 | Y |  | G | G | G |
| 10 | Others |  |  |  |  |  |  |  |  |
|  | **Total planned** | **242** | **157** | **9** |  | **12** |  |  |  |
|  | *S- Same (29 % of the population), I – Improved (30 to 49 %), G- Good (more than half population).* | | | | | | | | |

# 4. 0. Discussion

The project followed CARE’s previous Typhoon Ketsana WASH emergency activities and design incorporated the results of an assessment and the lessons learned from WASH projects in two districts. The AusAID- funded LANGOCA focused on livelihoods, food security and community development project influenced, to a great extent to achieve success in some remote villages of this project, due to on going development involvement in those communities.

Out of 16 target villages, only nine villages were physically inspected and focus groups interviewed, consisting of: chiefs of villages, WASH committee members, villagers, representatives of Lao women’s union, Lao youth union, Lao front for national construction, school teachers and others.

From the summary of results indicated in tables 3.1 and 3.2 and detailed information gathered from villages given in Annex VI (hard copy only), it could be deduced that quantitative aspects and objectives have been fulfilled, except the construction of hand washing facilities. The number latrines to be constructed have been increased from the planned number due to the community demand, but a little slow in implementation, and progress has fallen behind schedule due to delays in clearance of UXO.

Of the nine villages visited, all villagers interviewed have genuinely indicated their appreciation, and discussed improvements in their lives due to the contribution made by WASH interventions. Brief site visits made during three days could highlight the following:

## Water Supply (quantity and quality):

### Water quantity

* Genuine efforts made by CARE staff under difficult circumstances have yielded positive and expected results: access to adequate and sufficient quantity of water by each family has been ensured.
* Each family could have access to a protected water supply during both seasons, within 10 minutes of walk (average).
* No sources of possible water pollution (latrines and other used water bodies) were found in the near vicinity (30 m) of each borehole
* WASH committees with a good balance of gender have been formed at each water supply scheme. Maintenance has been satisfactory during the short period of existence of less than one year, but no strict maintenance schedules were noted.
* Maintenance funds have been created in several villages, and collected funds vary from 200,000 to 300,000 kips (approx. 40 USD) in each community. Establishment of a maintenance fund should be compulsory for each village, to ensure sustainability.
* Number of persons served by each water point averages about 25 inhabitants, taking into consideration the existing pumps in the village.

### Water quality

* Quantitative tests of water availability (average flow, draw-down during different periods etc.) could not be conducted due to limited time factor, but communities assured availability of sufficient quantities during both seasons. This should be monitored during both dry and wet seasons following a set schedule.
* Nam Saat has carried out twice yearly biological and chemical analyses. Water quality testing records demonstrated that new water sources were of acceptable quality for human consumption. WASH committees should ensure this procedure is followed regularly with the participation of VHVs.
* All newly constructed water schemes were provided with properly sized and good quality platforms, proper drainage for used water has been initiated, a roof was found above the pump, and a fence surrounded the platform to ensure privacy and exclude animals from intrusion to the premises
* All ten water schemes planned in have been satisfactorily completed ensuring good quality and sufficient quantity for the needs of families.

## Sanitation:

* Latrine design provided for community construction was a pour-flush type accepted by Nam Saat and communities, known to some villagers who have made visits to outside communities. Each latrine was built by each family and the number of users per latrine was around 7 persons.
* Training provided ensured construction and maintenance by each family.
* Sizes/measurements of latrine superstructures varied from family to family, needing basic standardization for economy of materials and time of construction.
* Location of each latrine was very close to each dwelling (maximum of 25 m) and always more than 30m from a village water point.
* Use of latrines has become a regular habit for women and men, but children need a lot of persuasion for its regular use.
* Originally planned number of latrines of 200 has been increased to 242 and 157 latrines have been completed with community participation.

## Hand Washing Facilities:

* Appropriateness of the design could not be obtained from the students and teachers (now on vacation). But discussions held with the Nam Saat and other relevant officials confirmed the design to be satisfactory. Training provided would ensure maintenance. Water has to be fetched from a water point or as an alternative rainwater should be harvested, by having tanks/reservoirs built out of bricks/stones or provision of plastic containers of water. Availability of soap at each point needs attention. Average (approximate) number of pupils and teachers served by each point stands around 100.

## Hygiene Promotion (villages and schools):

### Villages.

* Although hygiene promotion activities have been launched covering the school children and the majority of the community, the results yielded are negligible and slow to show an impact. Practically, all persons interviewed confidently confirmed the importance and benefits of proper hygiene to individuals and the community at large.
* Except for few dwellings inspected, majority of dwellings or communities did not have a proper place to collect garbage, animal dung was strewn freely and lacked fences to prevent animal intrusion of village premises, access to the village could be made through pools of water with mud and lacked basic access paths. (Refer recommendation made).
* More than 900 villagers in 16 target villages have been provided with awareness and hygiene promotion, enhancing their knowledge and attitude considerably.

### Schools

* More than 1000 school children have been provided with awareness and hygiene promotion, enhancing their knowledge and attitude considerably.
* There appears to be under utilization of household latrines by children as confirmed by members of communities. This could be an area for further hygiene promotion in schools.

## Women and Gender

* Women and gender matters were discussed in focus group discussions, especially with the women who were present. Women’s groups has proved to be very positive, and have a great impact on communities, as expressed by both the men and women.
* Sharing of work in households by women and men, reduction of long hours spent by women in carrying out daily chores of work, health care and other relevant matters should be dealt in planning of activities.
* Women understand their roles well, guide activities in hygiene promotion, and are instrumental in collection of maintenance of user fees in some communities. Gender matters have been addressed to some extent, but clear evidence of mainstreaming could not be witnessed (records of initial meetings held in villages addressing problems and concerns, representation of women/men in management committees, expectations of women given due consideration, how gender matters could be addressed in the project etc.)
* Women’s groups have been formulated, one in each village consisting of five persons, and training on hygiene and general maintenance of villages have been imparted to more than 80 persons. Women shoulder heavy burdens of caring for children and elders, fetch water and firewood, cooking meals for the family, it was raised in discussions that regular activities on hygiene promotion could not be performed, due to heavy load of work performed.

## WASH Committees:

* WASH committees and effectiveness of women and gender could be highlighted as very successful, considering the enthusiasm, income generation improvements and empowerment of women revealed in all communities visited.
* Some of WASH committees have embarked on collection of a monthly maintenance fee from each family
* Properly maintained water schemes and intensive construction of latrines are good signs of success relevant to objectives. It should be indicated that hygiene aspects of some villages need high attention to yield good and expected results.

# 5. Recommendations

Having analyzed information and data compiled, and listened to the conversations//discussions conducted with stakeholders and relevant officials involved in WASH activities, the following have been recommended.

* All sections (Nouay) of the village as a whole should be targeted and well coordinated for WASH activities to be conducted uniformly and effectively.
* Schools should be a main focus to enable and facilitate WASH activities intensively in the village (e.g. child to child activities). Elderly villagers could then learn from children to change perceptions and attitude towards WASH. Organizing demonstration activities concurrently in schools and households would be of primary importance.
* Hygiene promotion should be carried out intensively with school children and demonstration projects could be beneficial to the whole community.
* WASH committees and village health volunteers (VHVs) should be trained to collect baseline data, updating the basic information regularly and conducting participatory monitoring and evaluations in each village. This would indicate the enhancement in living standards and set an example to neighbouring communities.
* WASH committees should set-up a maintenance fund at each village as a measure to guarantee proper operation (may be as a pre-condition for WASH) and maintenance of completed work, especially the drilled boreholes with hand pumps.
* Use of soap is very limited in communities and schools. Follow up activities should address this. (Making of soap by using locally available ingredients could be beneficial to generate income for women’s groups and contribute to improvements in hygiene practices, including affordability of soap to the community).
* Model families should be chosen as champions in each community, to demonstrate good hygiene practices and other aspects of livelihood improvements
* LANGOCA livelihoods improvements have immensely contributed to empowerment of women in a village (Pakayong), which could be replicated in chosen villages
* Used water in water supply systems should be properly drained to be used for growing of vegetables, watering of plants and for growing of flowers (avoid stagnant water pools to stop breeding of mosquitoes).
* A strict schedule of maintenance should be set-up by the village WASH committee with VHVs, for regular and thorough check-ups during dry and wet seasons. VHVs could be trained to check on the quantity of water available at each community during both seasons.
* An incentive system may be initiated by each community for VHVs, to guarantee proper maintenance and operation, including hygiene promotion and implementation.
* Rainwater harvesting would enhance effectiveness of WASH interventions under specific conditions, especially at schools.
* Standard design of latrines (superstructures) should be initiated with Nam Saat, for ease of construction, economy of materials used, while ensuring hygienic aspects such as drainage of water properly.
* At the initial stages of a project, WASH committees (consisting of a good balance of gender) should be trained along with VHVs and officials of Nam Saat to: record baseline data, check and keep records of quantity and quality of water, maintenance records to be made of all WASH interventions during both dry and wet seasons.
* In the initial consultations at community level, an effort should be made to have participation of women, elders, PWDs, and their grievances, expectations and benefits should be well recorded and follow-up actions should be made known to the community at large. All committees should have proper representation, women should not be less than 50 % (justification is the women fetch water, attend to hygienic aspects at household and community levels and will suffer considerably any failures in maintenance of water schemes).
* Future programming should follow up on the use of latrines by children (focus for hygiene promotion and trainings). This can be done through schools.
* Handwashing interventions in schools should also consider the need for use of soap. (Project design should look for sustainable solutions to this).
* Aspects of household hygiene should be a focus of future programming (including garbage disposal and animal faecal matter near to houses.

# Conclusion

Implementation of water supply systems in 10 target villages have been completed, handed over to respective communities for maintenance and operation, having imparted maintenance training and provision of a tool box to undertake repairs. Practically, all 16 villages have good knowledge, attitude, and practice proper measures related to water supply schemes. Quantity, quality, and constructions of water supply schemes have been found to be of good standard.

Latrine construction has been carried out with the participation of communities, and the planned number had to be increased due to community demand. Delays in clearance of UXOs have retarded the progress of work to a schedule, but the communities have committed to complete the activities in the near future.

Hygiene promotion had been carried out intensively, with work completed as planned in villages and schools. The impact of this activity could not be measured immediately, but knowledge, attitude and practice have improved immensely, with considerable contribution to living standards. Practice of hygiene in villages could not be felt properly during the short visit made, but it needs proper attention to have a positive impact on communities.

Out of 10 hand-washing facilities planned in schools, only one had been completed, but proper measures have been initiated for completion of this activity in the near future (materials are purchased, labour is contracted).

WASH committees and effectiveness of women and gender could be highlighted as very successful, considering the enthusiasm, income generation improvements and empowerment of women revealed in all communities visited. Some of WASH committees have embarked on collection of a monthly maintenance fee from each family. Properly maintained water schemes and intensive construction of latrines are good signs of success relative to the objectives. It should be indicated that hygiene aspects of some villages need high attention to yield good and expected results.

# Annexes

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Annex I: List of Persons Consulted and Relevant Matters Discussed

Form No 1a: List of Persons Consulted and Relevant Matters Discussed (in Institutions)

Form No 1b. List of Persons Consulted and Relevant Matters Discussed (in target villages)

Annex II:Literature Referred

Annex III: Work Plan, Time Frame and Deliverables.

Annex IV: Forms Used for Evaluation

Form No 2: Water Supply Schemes

Form No. 3: Sanitation

Form No. 4: Hand Washing Facilities

Form No. 5: Hygiene Promotion

Form No. 6: Women and Gender

Form No. 7: WASH Committees

Annex V:Qualitative Analysis on: KNOWLEDGE, ATTITUDE and PRACTICE

Form No.8

Annex VI: Findings in Nine Villages - Hard Copies of Data Compiled

**Annex I: List of Persons Consulted and Relevant Matters Discussed**

**(Form No. I.a and Form No. I.b)**

**Form No I.a: Persons Consulted in Institutions in Sekong**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date  Aug. | Place &  time | Persons consulted  and designations | Matters discussed | Remarks |
| 01 | CARE office,  1300hrs | Hygiene team: Ms. Sukkeo  Sisangar, KhamphayPhaoboungao,  Sifeuang Khamheuangsee | Hygiene promotion completed in 16 villages and 16 schools | Two visits to  each village  and school in Oct  and Dec. 2010 |
| 02 | a. PLSW office  8.30 hrs  b.PWR office  (Nam Saat)  9.00 hrs. | 1.Mr.Souvankham hamkhounmeuang  Deputy Director,  2.Mr. Phayvanh Phanthavong, Tech.officer  1. Dr.Thongkhay Nouansilaythong, Dir.  2.Ms.Khonesavanh, Hygiene promotion  3. Mr.Nouthong, Water quality | Representatives of  Health and LWU  should accompany evaluation team.  Water quality checked  twice a yr.  Diarrhoea cases have  gone down in villages  Hygiene levels improved  In Training provided in villages and VHVs in  each village  Proposed:Hygiene education in schools for  Children to educate  Parents and elders. |  |
| 06 | CARE office,  900hrs. | 1. Ms. Sukkeo, 2. Mr. Khamphay, 2. Mr. Sifeuang, Mr.Siphajak | WASH officials on:  targets of the project &  clarification of  data collected. |  |

**Form No. 1 b: Villages Visited & Persons Consulted in Target Villages (Lao and English)**

|  |  |  |
| --- | --- | --- |
| Date  Aug. | Place &  time | Persons consulted  and designations |
| 03 | Navasene | Ms. Manivanh, WASH membet  Mr. Da, villager  Ms. Long, LWU  Ms. Chey, villager |
| 04 | Pakthoun=Pengya | Mr.Khekham, WASH member  Ms. Kud,WASH  Ms. Choy, WASH  Ms. Thum,LWU |
| 04 | Lavi | Ms. Dey,Vil.  Ms. Chia, Vil  Mr. Eh, Vil  Mr. Phenh, Vil.  Ms. Douang,Teacher. |
| 04 | Danh | Mr.Khamkhoy, Statistician  Mr. Kok, Police  Mr. Phanh,LYC  Ms. Yen, LFNC  Ms. Keo, Vil. |
| 04 | Donchan | Mr. Khamphay, Chief  Ms. Paw, Vil  Ms. They, Vil  Ms. Khambo, Vil  Mr. Lom, Chief |
| 05 | Nangyong (R) | Mr. Ko, Adviser  Mr. Khampha, Chief  Mr. Thavo, WASH member  Mr. Ked, Chief  Ms. Bouahoy, WASH member |
| 05 | Pakayong (R ) | Mr. Sombat, Chief  Ms. Teo,VilMs. Cha,Vil  Mr. Bouchanh, Vil  Ms. Kantheu, Vil |
| 05 | Pakpounr (R ) | Mr.Bounnam, Chief  Mr.Khamin, WASH member |
| 05 | Kenglouang (R ) | Ms. Thouy, Chief  Mr. Souan, WASH member  Mr. Pheat, LFNC  Ms. Khaphin, WASH member  Ms. Kita, VHV  Ms. Phayvanh, Vil  Ms. Boun, LWU  Ms. Kasay, Section chief |

**Annex II: Literature Referred**

1. CARE Sekong April 2011 Monthly Report, Sep. 2011
2. General Demographic Profile of 16 villages of WASH Recovery Project.
3. Hygiene Awareness Training Manual.
4. LANGOCA (AusAID), Reporting Management.
5. Rapid Assessment of ROTA VIRUS Affected Community in Thongyao Village.
6. Sanitation Projects in Sekong: Lessons Learned & Recommendations. CARE & AusAID, December 2010
7. Tabular Summary of WASH Survey for Lamam & Daek Chung districts, Sekong province , (May – June 2010)
8. WASH RECOVERY Project, ToR: End of Project Evaluation.
9. Water, Sanitation and Hygiene (WASH)

**Annex III: Work Plan, Time Frame and Deliverables.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Description of tasks** | **Time Frame (days) & date** | | **Deliverables** |
| **Days** | **August** |
| 1 | Travel to Sekong, literature review and discussions | 1 | 31 July |  |
| 2 | Design assessment methodology & training with team | 1 | 01 | Evaluation instru. prepared. Sites identified for visits |
| 3 | Meetings with stakeholders in Sekong (Labour Social Welfare, Water Resources, others) | 1 | 02 | Agreement with stakeholders |
| 4 | Plan field assessments and field testing | 1 | 03 | Agreement and consent of WASH |
| 5  a  b  c | Field /site visits (7-10 villages.):  Day 01:  Day 02:  Day03: | 3 | 04, 05, 06 | Finalization of daily findings |
| 6 | Verification of findings and finalization in Sekong -Debriefing. | 1 | 07 | Reach consensus on findings |
| 7 | Preparation of draft report and travel to Vientiane | 1 | 0 8 |  |
| 8 | Preparation and submission of Final Report | 1 | 09/10 | Submission of final report |

**Annex IV: Forms Used for Evaluation**

**EVALUATION: WATER SUPPLY SCHEME Form No 2.**

1. **General Information:**
2. Location/village/community:
3. Population served/beneficiaries: people(ethnicity: )

-females; , -males: , children below 15 yrs: ( 5yrs.- ),

-PWD: , -vulnerable groups (drug addicts,………):

3. Type of scheme (borehole with hand pump- Afridev/Tala )

Details: depth: m, filtering arrangement;

4 Considerations in design, construction, operation & maintenance:

-designed by:

-consultations:

-acceptance records of stakeholders/project/local authorities and others:

5. Collaboration for implementation:

-community: -local govt.:

-project: -others:

6. Execution of work. –commenced: -completed:

7. Minimum and maximum distances: -min. m, , -max. : m.

8. Access conditions to population: -wet season: -dry season:

-other conditions:

9. Other relevant information (quantity, quality, acceptance by the community, adaptability to climate change, etc.):

**B. Water Quantity**:

1. Average flow measured at investigations: l/s
2. Average flow designed: l/s
3. Average flow –dry season: l/s
4. Frequency of flow measured, dates and quantities:1.

2 3.

1. Quantity of water per person designed: l/person/day
2. Quantity of water available: l/person/day
3. Quantity of water per person/ family (designed and available):-design:

- available.:

Other relevant information:

**C. Water Quality:**

1. Quality of water measured (biological/chemical/general turbidity/taste etc.) and dates (at commencement, during operation,wet & dry seasons and other occasions). Recorded by whom?

1.

2.

3.

Any corrective measures or improvements carried out:

1.

2..

1. Possible sources of pollution considered (toilets/used water bodies formed/others):
2. Distance to the nearest latrine/toilet/other source:
3. Fence around water point, size of platform, its condition and proper drainage of used water:
4. Catchment area protection:
5. Rising river levels, septic tanks of used water, climate change hazards:
6. Maintenance plan to avoid risks of pollution:
7. Other relevant information:
8. Technical criteria considered
9. Measures initiated
10. Rain water collection or replenishment/augmentation measures

**D. Maintenance, Operation, Sustainability & Training**

1. How , when and the process of formulation of WMC (before / during/after construction)
2. Number and composition of WMC: F- , M- , PWD-, others-
3. Training provided for WMC & others:
4. Community participation and sustainability (contributions, taxes, storage of spare parts, regular community maintenance planned,…………..)
5. Any matters of importance for proper functioning (spare-parts availability:

a. further training:

b. strict schedule of maintenance /record of maintenance:

c. payment for use/services by village volunteers:

d. others:

1. Other relevant information:

**EVALUATION: SANITATION SCHEME Form No. 3.**

1. **General Information:**
2. Location/village/community:
3. Population served/beneficiaries: people (ethnicity: )

-females; , -males: , children below 15 yrs: ( 5yrs.- ),

-PWD: , -vulnerable groups (drug addicts,………):

3. Type of sanitation scheme (toilet, latrine for PWD/elderly )

Details:

……………………………………………………………………………………………………….

1. **Design and Community Acceptance**:
2. Sustainability and training provided:

**EVALUATION: HAND WASHING FACILITY Form No. 4.**

1.Location/village/community:

2.Population served/beneficiaries: people (ethnicity: )

-females; , -males: , children below 15 yrs: ( 5yrs.- ),

-PWD: , -vulnerable groups (drug addicts,………):

3. Type of scheme ( )

Details:

……………………………………………………………………………………………………….

4 Considerations in design, construction, operation & maintenance:

-designed by:

-consultations:

-acceptance records of stakeholders/project/local authorities and others:

5. Collaboration for implementation:

-community: -local govt.:

-project: -others:

6. Execution of work. –commenced: -completed:

**EVALUATION: HYGIENE PROMOTION Form No. 5.**

1. **Village**

1.Location/village/community:

2.Population served/beneficiaries: people(ethnicity: )

-females; , -males: , children below 15 yrs: ( 5yrs.- ),

-PWD: , -vulnerable groups (drug addicts,………):

3. Hygiene message preparation, diffusion and application by communities/ promotion methodology

* Hygiene promotion methodology (posters, school children competitions, focus group discussions, radio/TV/village com. Systems/fil-slide shows/role playothers
* Survey of community preferences
* Specialized discussions with topics for:
* Village leadership
* PWDs
* Women’s groups
* School teachers/children
* MWCs

4. Attendance: F- M-

Changes in K- S/I/G, A- S/I/G, P- S/I/G

1. **School**
2. Location/School

2. Population served/teachers:F- M- ,school children (ethnicity: )

-females; -males: , children below 15 yrs: ),

-PWD: ,

3. Hygiene message preparation, diffusion and application by communities/ promotion methodology

* Hygiene promotion methodology (posters, school children competitions, focus group discussions, radio/TV/village com. Systems/fil-slide shows/role play others
* Survey of school children preferences
* Specialized discussions with topics for:
* School children below 15 years
* Women’s groups and children
* School teachers and children

1. Attendance: F- M-

Changes in K- S/I/G, A- S/I/G, P- S/I/G

**EVALUATION: WOMEN AND GENDER Form No. 6.**

* Formulation of the Women’s Group
* Numbers in each group, including PWDs
* Understanding their roles in WASH
* Methodology in focus group discussions
* Training matters/provided
* Assessment of gender streamlined in the project
* Any unintended results
* Benefits &problems considered and addressed
* Numbers in each group/committee specified
* Targets defined for achievement

1. **EVALUATION: WASH COMMITTEE Form No. 7.**

* When formulated
* Number of members (W - , M- , PWD - )
* Mandate/precise functions/understanding of their role in WASH
* Records of attendance/participation, any incentives
* Role of women & leadership role
* Training conducted
* Actions for

**Qualitative Analysis on: Knowledge, Attitude and Perception** **Form No 8.**

Date: Interviewed by:………………………………………

(Positive- P, Negative – N, Same – S, Improved – I, Good – G,)

1. Location/village/community/group:
2. Project activity/type: water/sanitation/hand washing/group working/others
3. Names and designations of persons interviewed:
   1. Knowledge change: Positive (P) /negative (N). If positives:
      1. Name: S/I/G, reasons:
      2. Name: S/I/G, reasons:
      3. Name: S/I/G, reasons:
      4. Name: S/I/G. reasons:
      5. Name: S/I/G. reasons:
   2. Attitude: P/N, if P, S/I/G, reasons:

Prepared the following documents before proceeding to do the assessment:

* Prepared a form to record/list meetings and discussions with dates, time, people consulted, brief matters discussed and follow-up actions (Form No 1a and Form 1.b.)
* Prepare forms/questionnaires for different purposes
* Forms with questions for different focus group discussions
* Quantitative analyses…….Water/sanitation/hand washing/hygiene promotion (Form Nos 2, 3, 4, 5)
* Collaboration and cooperation with local govt. officials, and others (Form No……)
* Working of Groups, number of participants, meetings held, agenda for each meeting, decisions taken and how, follow-up actions, next meeting ???
* Capacity building, empowerment of different groups, composition, ethnicity, women decision makers and leaders
* Community awareness/information campaign, target people with disabilities, how and when they were made
* Reporting mechanisms /how frequent/participation of members/……
* Operation and maintenance records, actions initiated, problems encountered, others
* Sharing of lessons learned