



WASH ACTIVITIES IN NORTHERN RAKHINE STATE, MYANMAR

Photograph 1

Photograph 2

Photograph 3

Photograph 4

Covering 8,039 households (51,637 persons) in 52 villages in two townships of
Buthidaung and Maungdaw Townships

Executed between September 2010 to June 2011

End of Project Evaluation Report

November 2011

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DESCRIPTION OF COVER PHOTOGRAPHS

Photograph 1

Photograph 2

Photograph 3

Photograph 4

ACKNOWLEDGEMENTS

ACRONYMS AND ABBREVIATIONS

AUD	Australian Dollar
CBO	Community Based Organisations
DRR	Disaster Risk and Rehabilitation
EC	Electrical Conductivity
EOP	End of Project
FGD	Focus Group Discussions
FPL	Fly Proof Latrines
FAO	Food and Agriculture Organisation
HDW	Hand Dug Well
HE	Health Education
KII	Key Informant Interviews
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MRCS	Myanmar Red Cross Society
NGO	Non Governmental Organisation
ORS	Oral Rehydration Salt
NRS	Northern Rakhine State
pH	Power of Hydrogen
RRHLSP	Rakhine Rural Household Livelihood Security Project
RWCT	Rain Water Collection Tanks
TOR	Terms of Reference
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VHP	Village Health Promoter
WFP	World Food Programme
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

PROJECT DESCRIPTION

Project Title:	Water Sanitation and Hygiene Activities (WASH) Activities in Northern Rakhine State (NRS WASH), Burma
Duration:	10 months (September 2010 to June 2011)
Project Cost:	AUD \$573,418
Project Area:	52 villages in Buthidaung and Maungdaw Townships
Beneficiaries:	8,039 Households (51,637 persons) in 52 villages
Executing Agency:	CARE International in Myanmar
Funding Agency:	Australian Agency for International Development (AusAID)
Project Objective:	To mitigate the impact of flooding on vulnerable people in Northern Rakhine State with project activities specifically aiming to provide: a) Improved access to safe water and b) Improved sanitation and hygiene

On 14th June 2010, Northern Rakhine State (NRS) received heavy rainfall (13.5 inches within 24 hours) and high tides causing heavy floods. Preliminary assessment of the impact by CARE and partner international agencies identified water and sanitation, food, basic non-food items and temporary shelter as priority needs. In view of the situation, AusAID provided CARE with additional funding through an existing livelihood project¹ to implement emergency relief activities, including WASH, in the flood affected areas. The NRS WASH project duration was of 10 months and was implemented during September 2010 to June 2011. The goal of the NRS WASH project was to mitigate the impact of flooding on vulnerable people in Northern Rakhine State with project activities specifically aiming to provide:

- Improved access to safe water
- Improved sanitation and hygiene

The project was implemented by CARE, within the coordinating framework of the WASH Cluster and in partnership with communities and village-based committees to ensure no overlap with other agencies and consistency of WASH activities. CARE augmented WASH assistance to communities by restoring ponds, improving water quality, and construction of latrines damaged by flood. Around 8,039 households in 52 villages (24 villages in Buthidaung Township and 28 villages in Maungdaw Township) in NRS benefited from the various project-supported WASH activities.

KEY FINDINGS

- 54 ponds are renovated of which 18 ponds are in Maungdaw and 36 in Buthidaung. The utility of various water sources depends on seasons and during dry periods and with water scarcity the importance of tubewell increases. For drinking and cooking purposes almost one-half of the respondents in the project area rely on tubewells whereas ponds are used by over one-fifth of the respondents.

¹ Rakhine Rural Household Livelihood Security Project (RRHLSP), Dec 2004-Feb 2011, Services Order No. 37891/46.

- Water quality was tested using nine different parameters. The tests reveal that quality of has improved considerably and turbidity levels are now well within the safety range. However, four villages in Buthidaung and two villages in Maungdaw have marginally higher acidity levels (low pH values). Around 90 percent of the households reported that the water consumed by them is colour-free, odour-free and taste-free.
- 3254 households are provided with FPL materials (2290 in Buthidaung and 964 households in Maungdaw). Hygiene kits and water containers are provided to 8039 households (4109 in Buthidaung and 3930 in Maungdaw).
- FPL ownership has increased to 90 percent in the project area. However, this might be an overestimate because the village census is not properly maintained and updated.
- Less than 10 percent respondents report of regular consumption of boiled water. The project area has high burden of water-borne ailments. The incidence of malaria and diarrhoea is very high. Cases of other jaundice, typhoid, dysentery and skin infections are also reported.
- Women participation in the community meetings is low and the quality of participation is poor. The committees are less knowledgeable regarding approaches to mobilize community for health awareness campaigns and other project activities. Water quality testing is beyond the ability of village committees.
- The project management was affected; partly because of inadequate interaction and communication with the community and in part due to weak planning of project activities. Lack of technical expertise affected the quality of construction activities.
- There were no impediments in financing of the project activities and much of funding arrived regularly. However, project suffered due to slow process of tenders, procurements and transportation.
- A gender perspective is not systematically incorporated throughout the program cycle. Gender dimension has not been systematically included in the development of the project, or in the monitoring and evaluation of its outcomes.

LESSONS AND CHALLENGES

- Although the planned project activities were completed as per the schedule but, in general, the project period was short. For instance, the quality of new pond constructed through the project can be analysed only after two to three years. Also, health education and awareness requires more time for effective absorption by the community.
- A key lesson is that planning of activities around the seasonal calendar is vital to engage community support. Households are busy during agricultural season and often members are away for an extended period of time. The months of March and April as well as September and October are more suitable for increased community participation.
- The selection of members for the various village-level committees should be in consultation with the local authorities and community with implicit recognition of member's motivation. Similarly, appropriate selection of VHPs is essential to ensure continuity or else the training investments will be a sunk cost.
- Gender balance in CBO memberships is essential to reflect the views of both males and females on WASH that is a gendered activity in the region. In addition, women should be encouraged to assume leadership role in CBOs.
- It is argued by the community that Islamic norms disallow greater female participation. However, by no means social and cultural features should be held as key deterrent for low engagement of women in developmental activities. In fact, several parts of the developing

world have similar state of women and they all belong to diverse culture and religions. This is a broader issue of gender inequity and gender mainstreaming.

- Introducing DRR and preparedness concepts and practical activities is new and requires upgrading of skills and capacity of staff as well as community members. DRR, preparedness and coping strategies can be adopted as integrated activities across future programs, to help build community resilience to disasters and shocks.
- Even if gender disparities and inequalities in the society are recognized, a common opinion is that gender-based discrimination does not constitute a problem of substantial magnitude. This perception is reinforced by the lack of gender analyses in key program documents, and the fact that structural gender inequalities, and their basic causes, are not systematically identified and highlighted.

MAJOR RECOMMENDATIONS

- Project should approach community and religious leaders to gain their support and advice before the inception of the project. Trust building exercises could have helped in enhancing community ownership and participation.
- Village committee members should be selected based on individual motivation for learning, community work and socioeconomic background that encourages a permanent residence and regular interaction in the village.
- In the beginning of the next program, it is recommended that a gender perspective and analysis is elaborated by a gender specialist and incorporated in the Situation Analysis. This could include for example a gender analysis that identifies gender inequalities and discrimination - and their basic causes - relevant to the project, gender sensitive objectives and gender sensitive indicators in order to facilitate the monitoring and evaluation of gender outcomes.
- To improve project design and, consequently, project relevance and sustainability it is necessary to have a thorough understanding of local realities in a project area, including local politics, power structures, formal and informal institutions, key constraints faced by the poor, and the root causes of the constraints. Such assessment would be of a higher value if it would be conducted at the project design stage instead of during implementation, when project interventions had already been determined.
- Project should encourage community to undertake regular water quality testing at least every six months, especially for new ponds and new tube wells to identify when they reach drinking water quality. Prioritise testing for arsenic for new water sources.
- Time and venue for community meetings and health education sessions should be communicated well in advance. Convenience of participants should be the key focus and meetings should ensure maximum participation.
- Increased support to encourage women to be more active in village committees should also be considered. Presentation, leadership, public speaking and negotiation skills can be included in women training programs to help them use their voice more effectively within the community. Correspondingly, working with male leaders and committee members is also important to support women's empowerment and their acceptance and acknowledgement of the contribution that women can make.

1. INTRODUCTION

1.1. PROJECT BACKGROUND

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Project Cost:	AUD \$573,418
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On 14th June 2010, Northern Rakhine State (NRS) received heavy rainfall (13.5 inches within 24 hours) and high tides that caused heavy floods. Consequently, all 85 village tracts in Buthidaung and 40 village tracts in Maungdaw and the entire community were affected. Over 27,000 households (178,000 persons) shifted to higher grounds with some seeking shelter at public and government buildings. Preliminary assessment of the flood impact by CARE and partner international agencies identified water and sanitation, food, basic non-food items and temporary shelter as priority needs. In view of the situation, AusAID provided CARE with additional funding through an existing livelihood project² to implement emergency relief activities, including WASH, in the flood affected areas. The NRS WASH project duration was of 10 months and was implemented during September 2010 to June 2011. The goal of the NRS WASH project was to mitigate the impact of flooding on vulnerable people in Northern Rakhine State with project activities specifically aiming to provide:

- Improved access to safe water
- Improved sanitation and hygiene

The project was implemented by CARE, within the coordinating framework of the WASH Cluster and in partnership with communities and village-based committees to ensure no overlap with other agencies and consistency of WASH activities. CARE augmented WASH assistance to communities by restoring ponds, improving water quality, and construction of latrines damaged by flood. Around 8,039 households in 52 villages (24 villages in Buthidaung Township and 28 villages in Maungdaw Township) in NRS benefited from the various project-supported WASH activities.

The project logical framework guided the implementation and monitoring of the project activities and achievements (see Annexure II). This report presents the End of Project (EOP) evaluation with focus on project effectiveness at lower level outcomes. Since the project is emergency response for a period of less than a year, therefore, only key indicators and processes are reviewed in the EOP report. The logical framework specifically lists all the indicators which need to be measured for monitoring the project activities and outcomes.

² Rakhine Rural Household Livelihood Security Project (RRHLSP), Dec 2004-Feb 2011, Services Order No. 37891/46.

1.2. PROJECT DESCRIPTION

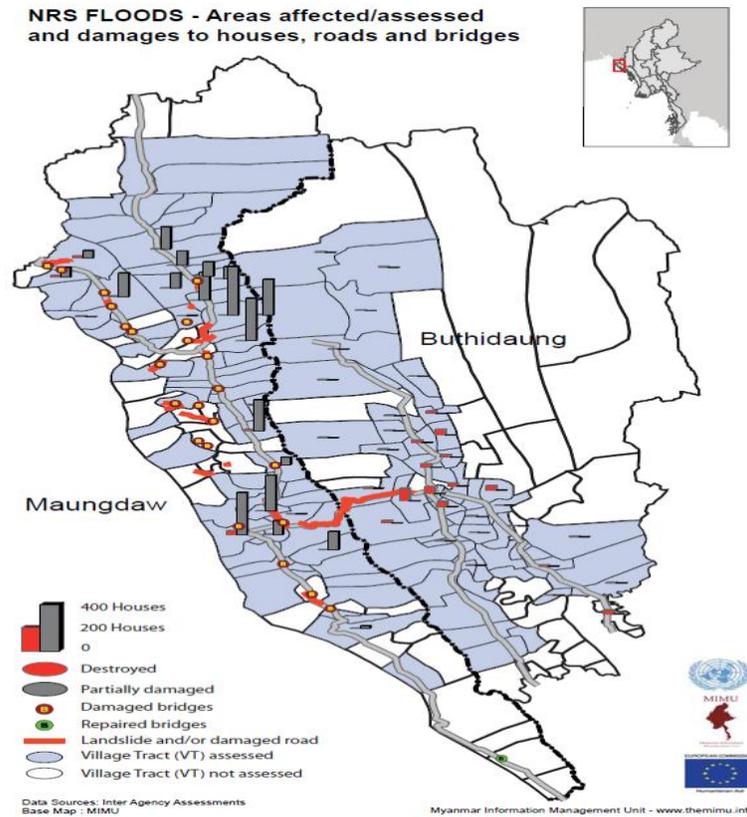
The project addressed the WASH needs of up to 51,637 flood-affected persons (8,039 households). Beneficiary selection involved extensive consultation processes involving CARE project staff, local leaders and community authorities. CARE ensured that most of the beneficiaries are identified on the basis of various indicators of vulnerability and are provided support under NRS WASH activities. The criterion adopted for beneficiary selection included; ratio of adults to children in the household (dependency burden), female-headed households, single-parent households, households with disabled person, the elderly, and households with members suffering from chronic illnesses. Wherever possible, WASH components and activities were planned to address the local needs as informed by the affected community and local authorities. The details regarding project area and project beneficiaries are summarised here in Table 1. A complete list of targeted villages and beneficiaries are attached as Annexure III and IV. Figure 1 shows the project area map.

Table 1: NRS WASH Project Beneficiary Details

Project Township	Target Villages	Households (HH)	Persons		
			Males	Females	Total
Buthidaung	24	4109	11133	12956	24089
Maungdaw	28	3930	13061	14487	27548
Total	52	8039	24194	27443	51637

Note: Excluding Rakhine village from Pha Wet Chaung Village Tract in Maungdaw Township

Figure 1: NRS WASH Project Area Map



Through the AusAID-funded Rakhine Rural Household Livelihood Security Project (RRHLSP) project, CARE was already supporting flood-affected communities in NRS through distribution of emergency food items, non-food items, WASH and shelter support. The NRS WASH project is implemented within the coordinating framework of the WASH Cluster and in partnership with communities and village-based committees to ensure no overlap with other agencies and consistency of WASH activities. CARE actively participated in coordination meetings and shared its WASH activity work plan with UN agencies and NGOs, including Oxfam and Caritas. CARE maintained existing links with WFP (for Food-for-Work and Food-for-Training), FAO (a range of agricultural activities), UNHCR (coordination) and Myanmar Red Cross Society (MRCS) (vocational training), and liaise with local authorities, Forestry Department, Land Records Department, Myanmar Agricultural Services, Department of Health, and Ministry of Home Affairs.

CARE is an active participant in the UN's WASH Cluster both at the Yangon level and in the relevant township and village tract hubs. CARE contributed to the design and adopted the WASH cluster response strategy, ensuring that interventions are consistent with WASH cluster technical guidance. The NRS WASH project is in a position to learn from and also share lessons learnt with other actors through coordination meetings. CARE has formed several village-level committees including village water committees that have been working in partnership with CARE since and have been trained in operations and maintenance of drinking water sources (e.g. ponds), construction of latrines according to Sphere standards, and its maintenance. Through capacity building of village organizations and communities CARE has created a stable social environment in which sustainable development can occur.

1.3. CROSS-CUTTING THEMES

Gender: The target area in NRS is largely Muslim and caution is taken to respect cultural sensitivities and gender-related issues. CARE ensures that gender analysis is integrated in the overall assessment, which explored different impacts of crisis, practical gender needs and strategic gender needs (power relations and equity issues). CARE actively engaged women in various decision making processes e.g. developing vulnerability criteria, reviewing disaster risk reduction strategies, to advance a comprehensive and integrated response.

Environment: As a signatory to the Sphere Standards, CARE has made a commitment to integrate environmental issues into its recovery programs. Through the current response, CARE ensured that recovery assistance does not worsen environmental conditions. Project activities are regularly monitored for negative environmental impacts and the affected communities are involved in the discussion of the sustainable recovery efforts.

Sustainability: CARE worked in partnership with township authorities and the relevant stakeholders and the committees that have been formed during the relief and transition phase. Through these processes communities can gain both direct material benefits and practical skills for use long after the project has ended.

1.4. CONCLUSION

CARE recognises that communities affected by floods face complex challenges that adversely affect their health and livelihood security. The NRS WASH project was motivated to support the WASH infrastructure of affected villages and households. CARE received financial support from AusAID to implement various WASH activities (including pond construction/renovation and FPL) in the focus villages. The project matrix was designed to ensure that the vulnerable households receive project assistance. CARE expects that the project team along with community and stakeholder support are able to achieve and sustain the desired results.

2. EVALUATION APPROACH

2.1. AIM OF THE REPORT

The overall objective of the final evaluation is to provide sufficient information to make an informed judgment about the performance and overall effectiveness of the project. The final evaluation reviews all qualitative and quantitative data and information within the project logical framework and assesses the project goal and outcomes. Furthermore key lessons are documented along with information on cross-cutting themes such as gender and environment.

The Terms of Reference (TOR) lists evaluation questions under the heading of Objective of the Final Evaluation (Annexure I). The specific objectives of the final evaluation are:

- To assess project outcomes and results for different groups of people (by gender, ethnicity)
- To assess how and to what extent the project has effectively addressed the challenges faced by the target communities.
- To assess planned activities against the work plan, using strategies and approaches in the project design document.
- To assess the efficiency of the project in making timely progress towards achieving expected outcomes
- To evaluate the strengths and weaknesses of the program, and the appropriateness of project components and strategies, in relation to the overall goal of the project
- To capture lessons learned and good practices from all aspects of the project

2.2. METHODOLOGY

The evaluation is based on three mechanisms:

1. Desk review of selected documentation, particularly various project reports
2. Interviews of project officials and experts who had worked on and visited the project
3. Field surveys (quantitative and qualitative methods)

It is important to balance findings of focus group discussions (FGD) and other key informant interviews (KII) with random sampling, to ensure that project impact findings are robust and justifiable. Also, beneficiaries are involved during all phases of the evaluation process, to ensure better results and enhance ownership of the results and awareness of responsibilities. CARE Myanmar M&E team in collaboration with Program Management Team (evaluation team) included these fundamental concerns while undertaking EOP evaluation.

Quantitative and Qualitative Evaluation

A large number of households are targeted under the NRS WASH project and due to time and resource constraints it is not feasible to collect information from each of the beneficiary households to assess the impact of the project. Therefore, CARE adopted a stratified random sampling procedure. Sampling consists of three steps; determination of statistically significant sample size, selection of villages and households and devising a reserve sample size if any household are unwilling to participate in the survey.

The sample size is determined by employing the following method:

$$n^* = \frac{n}{1 + \frac{n-1}{N}}; n = \frac{z^2 \times p \times (1-p)}{c^2}$$

n^* : sample size in terms of number of households adjusted for the target population (households)

n : unadjusted sample size

N : total population (households) targeted by NRS WASH

z : z-statistic that defines the desired level of confidence (Z-value = 1.96, 95% confidence level)

p : estimate of a key indicator (access to improved sanitary latrines in rural Rakhine)

c : confidence interval or margin of error expressed in decimals (0.05 for 5%)

The Annual Public Health Statistics Report³ (2011), published jointly by Department of Health Planning and Department of Health, reports access to improved sanitary latrines in rural Rakhine. This we have selected as the key indicator for which the estimate, p , is obtained. The report suggests that Rakhine has the lowest access (58 percent) to improved sanitary latrines compared to other regions of the country. After substituting the recommended values in the formula listed above, the desired population-adjusted sample size, n^* , is found to be 360 households.

The second step under the pre-survey phase is to select the villages and the households within those villages for interviews. For this purpose, the study team employed stratified random sampling. The various steps involved in the stratified random sampling are as follows:

- Firstly, the sampling frame is divided into townships namely, Buthidaung and Maungdaw. These townships are stratified into non-overlapping geographical areas - village tracts. Altogether, there are 15 village tracts (8 in Buthidaung & 7 in Maungdaw) in the target area.
- Since each village tract consists of several villages, therefore, one village was randomly selected as a representative for each village tract.
- Finally, households are randomly selected from the village roster for conducting the interviews. A total of 184 households from Buthidaung Township and 176 households from Maungdaw Township are selected for interviews.

Sampling follows here the rule of proportional allocation which implies that the size of the sample taken from each stratum is proportionate to the size of the stratum. A list of the entire sample villages along with the number of households selected is attached as Annexure III and IV. A reserve sample list was prepared to replace the selected sample households due to issues such as unavailability of members or unwillingness to participate.

The questions in the interview schedule were designed in a structured format and in line with the consolidated logical framework (log-frame) of the NRS WASH project. The consolidated log-frame consists of various target indicators. Questions were framed to measure each of the indicators with efforts to recall information for a proper assessment of project impact.

The interview schedule was prepared by the CARE research team with several discussions about the WASH related issues and concerns among the NRS WASH project team members. Field project staff was also contacted to provide input during those discussions. After the interview

³ Annual Public Health Statistics Report, Ministry of Health, Union of Myanmar 2010 www.moh.gov.mm, accessed on 25th July, 2011

schedules were finalised at the office further discussions were conducted at the field offices involving field staff to frame the questions in a way which could be understood by the sample population. The following interview schedules are prepared (see Annexure V, VI, and VII):

- Interview Schedule for Women
- Interview Schedule for Men (includes questions on routine household information)
- Interview Schedule for Village Water Committee

A major objective for designing three sets of interview schedule is to allow for triangulation of information. Since absence of baseline information was a key concern while designing the evaluation study, therefore, “recall” method is deemed to be a useful instrument to reconstruct the baseline data on some key parameters related to the project. Issues that can be affected by recall time lapse or associated with complex to identify variables were avoided.

A number of focus group discussions (FGD) and key informant interviews (KII) were conducted. Particularly, the village WASH committee questionnaire contains several open ended questions. The key objective was to obtain wide variety of opinions on a topic of interest and to explore meaning of survey findings that cannot be explained statistically. A list of key questions for FGDs and KIs is prepared to facilitate the discussions (see Annexure VIII). All the survey instruments were translated in Burmese.

All enumerators were trained by Monitoring and Evaluation Data Analyst and the questionnaires were contextualized after the training. Pre-testing of questionnaires was done in one of the project villages which had similar contexts to the surveyed villages. The questionnaires were finalized after the training and field testing.

No method of evaluation is without shortcomings, and within the limited time and resource frame, the evaluation could only visit a limited number of villages and village committees, and not all activities could be more than superficially assessed. However, through cross checking, analysis of various types of information, and based on evaluation team’s comparative knowledge from project sites some core results and impact of the program can be assessed and ideas and critical issues for future programming can be highlighted.

2.3. OUTLINE OF THE REPORT

The NRS WASH EOP Evaluation is presented in 4 sections. The first section presents the project background and provides a brief description of the project objective and activities. The second section presents the objectives of the evaluation and the methods used. Section 3 of the report contains the key findings, outcomes and analysis and is divided into five sub-sections. These sub-sections discuss four key components of the project namely improved access to water; improve health and hygiene; participation and performance of village WASH committees; and project management and implementation. Cross cutting themes including gender, environment and sustainability issues are discussed at the end of this section. The last section of the report summarises the major findings of the evaluation and lessons learnt. The report concludes with major recommendations that are listed at the end of the section 4.

3. SOCIO-ECONOMIC PROFILE OF PROJECT AREA

3.1. DEMOGRAPHIC AND ETHNIC PROFILE

Under NRS WASH project, CARE has focused its efforts on 52 flood-affected villages located across Buthidaung and Maungdaw Townships. The study has derived a random sample of beneficiary households from the project target area of 52 villages. Out of the total 15 sample villages, eight are located in Buthidaung and seven are in Maungdaw Township. Altogether, 51,637 persons (8039 households) are expected to benefit from the project. With 27,443 females and 24,194 males the population sex ratio of these 52 villages is 882 males per 1,000 females. The sample sex ratio of 975 males per 1,000 females is relatively less skewed than compared to the overall sex ratio. Around five percent of the members are widowed, divorced or separated.

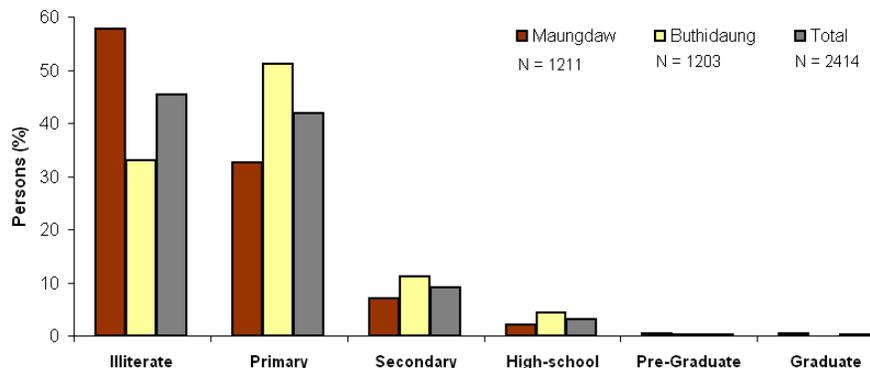
Dependency ratio is computed to understand the dependency burden in the region. This measure is a commonly used demographic indicator and is defined as the ratio of dependents (here, population between 0-14 years and between 65 & above) and those typically in the labour force (population between 15-65 years). For the target area the ratio is 0.68 which implies that on an average 10 members of the active labour force (15-65 years) have to look after seven dependent members (either children or elderly). Population ageing has not yet assumed greater proportions and only 2.2 percent of the sampled population is aged above 65 years.

The sample suggests that most of the households (83 percent) in the project area practice Islam. The concentration, however, varies marginally and is higher in Maungdaw Township (89 percent) than compared to Buthidaung Township (77 percent). Buddhism is the other significant religion in the area and 17 percent of the sample reportedly follows it (23 percent in Buthidaung and 10 percent in Maungdaw. Most of the households in the project area follow Islam. Rakhine is the only other significant ethnic group present in the region, albeit it forms a minor proportion.

3.2. EDUCATIONAL AND OCCUPATIONAL PROFILE

Figure 2 presents the educational profile of the project area by Township. It is evident that most of the individuals in the region are either illiterate (45 percent) or have attended primary school (42 percent). The proportion of individuals with secondary education and above is very low (13 percent). A very few individuals have received university degree. In a relative sense, Buthidaung has a better educational profile then compared to Maungdaw Township. For instance, there are large numbers of illiterates (58 percent) in Maungdaw whereas Buthidaung Township has more individuals with at least primary education. The proportion of persons enrolled or completed secondary schooling and high-schooling is also higher in Buthidaung.

Figure 2: Educational Profile of the Project Area, NRS WASH



Farming and casual wage labour is the primary occupation and source of livelihood. Interestingly, the survey finds intra-regional differences in farming across the two townships. For instance, in Maungdaw 51 percent of the households reported casual labour as the major occupation whereas only 21 percent were farmers but in Buthidaung 54 percent households report farming as the key occupation and 22 percent households draw income from casual labour. Perhaps, land ownership and its availability for cultivation may be an issue of concern. Around 11 percent of the households in the project area report of engagement in petty trade and other small business for earnings. The proportion of household members employed in government, NGO and private sectors is much lower (less than one percent).

Table 2: Occupational Profile of Project Area, NRS WASH

Occupation	Maungdaw	Buthidaung	Total
Casual labour	20.65	8.44	14.60
Fisherman	1.71	0.19	0.96
Farmer	5.80	15.13	10.42
Livestock	0.10	0.10	0.10
Traders	1.14	0.39	0.77
Government employee	0.38	0.10	0.24
Private sector employee	0.48	0.29	0.38
NGO staff	0.00	0.19	0.10
Own business	3.71	4.46	4.08
Homemaker/Housewife	42.44	33.27	37.90
Student	16.56	23.47	19.98
Unemployed	6.76	12.80	9.75
Others	0.29	1.16	0.72
Total (N)	100 (1051)	100 (1031)	100 (2082)

Table 2 presents the occupational distribution of all the members of the households cross-classified by township. It is evident that most of the females are out of the labour market and instead work as home-maker. Since, the issue of female labour force participation is determined by several socioeconomic and cultural factors, it is expected to vary despite high levels of income deprivation and poverty. Most of the male members, as mentioned previously, are engaged in farming or find work as casual labour. Fishing and livestock rearing is a low focus activity.

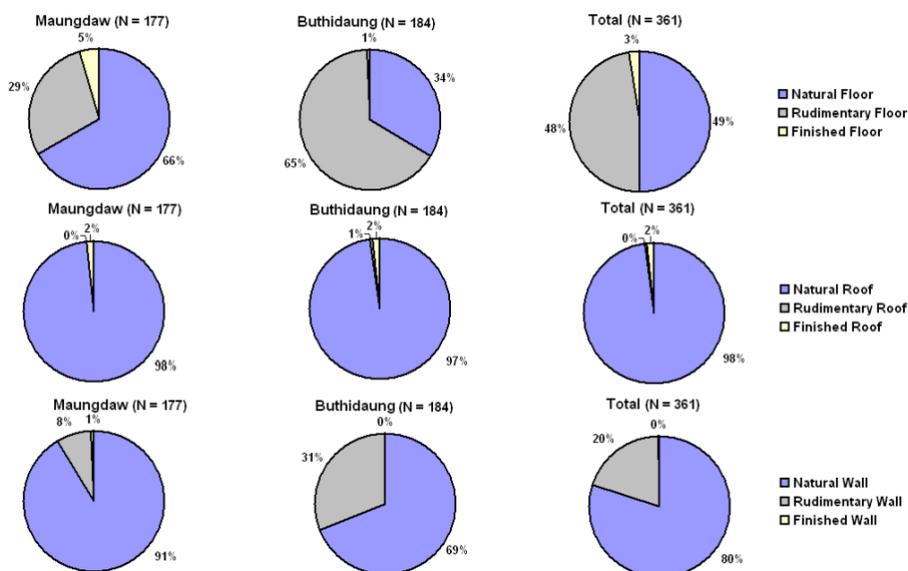
It is encouraging to note that around 20 percent of the surveyed members are students pursuing education at different levels. However, unemployment in the region is high at 10 percent and efforts are required to generate employment opportunities. From the perspective of food security, farming, fishing and livestock sectors can be regarded as the backbone of the rural economy and significant employment opportunities should be generated in these sectors. Over-dependence on farming and related casual labour is obvious feature of a vulnerable livelihood profile of the region. Increased presence of governmental, non-governmental and private sectors is critical both for income and employment generation.

3.3. HOUSEHOLD ASSET PROFILE

Information on household assets is obtained to understand the economic status of the households in the project area. The survey finds that a large percentage of the population in the target area reside in houses which have natural floor, roof, and walls (see footnote 3). Clearly, the construction materials used here can increase the vulnerability of households in event of heavy rains, cyclones, flooding or any other natural calamity. Buthidaung has more houses constructed from rudimentary material, particularly floor and wall. Almost all the households in

the project area use thatched roof whereas only two percent households in the region have roof made of finished material (Figure 3). The house type and material used are indicative of a vulnerable construction profile but, surprisingly, most of the households in the area perceive that the roof and walls are safe. For example, around 80 percent respondents report that they consider their roofs and walls to be safe⁴.

Figure 3: Type of Floor, Roof and Wall in the Project Area, NRS WASH



Information on housing characteristics such as availability of electricity, land ownership and other household assets such as electronic items and transportation means is obtained through the survey. Only 6 percent of the households in the project area have electricity with marginal inter-township variations (Maungdaw – 7 percent and Buthidaung – 4 percent). One-third of the households have regular household asset such as tables, chairs and clocks. With the exception of radio (owned by 11 percent households), the ownership of electronic items is negligible. For example, only a few countable households have television, refrigerator, electric fan, computer and telephone/mobile phones.

Ownership of two-wheelers and boats (with or without engine) is again very low. However, around 11 percent of the households report of owning bicycles. 40 percent of the households in the project area have land available for subsistence farming and most of these households are from Buthidaung (57 percent) whereas land ownership is much restricted in Maungdaw (24 percent). Furthermore, only four percent of the households (all of them from Maungdaw) have reported of land availability for cash crop cultivation. Nevertheless, it is encouraging to note that almost all the houses are owned by the head of the household.

⁴ **Floor:** Natural Floor (No walls, Mud, palm, bamboo, thatch); Rudimentary Floor (bamboo & mud, stone & mud, plywood /cardboard, raw wood /unburnt brick); Finished Floor (Cement, concrete, stone with lime, burnt bricks, wood planks, GI, metal, asbestos). **Roof:** Natural Roof (No roof, thatched, palm leaf, grass, mud, plastic or polythene sheet); Finished Roof (metal, GI, wood, cement, asbestos, RCC, concrete roof, tiles); Rudimentary Roof (mat, palm or bamboo, raw wood planks, raw brick or stone). **Wall:** Natural Wall (No walls, Mud, palm, bamboo, thatch); Rudimentary Wall (bamboo & mud, stone & mud, plywood /cardboard, raw wood /unburnt brick); Finished Wall (Cement, concrete, stone with lime, burnt bricks, wood planks, GI, metal, asbestos).

4. KEY FINDINGS, OUTCOMES AND ANALYSIS

4.1. COMPONENT I: INCREASED ACCESS TO SAFE WATER

Purpose

Most of the AusAID funding was utilised for development of WASH infrastructure. Pond renovations and provision of tube wells were identified as the major expenditure heads. The objective of pond development component is to plan, rehabilitate and/or establish, and maintain water availability and accessibility that will contribute to the improvement of living conditions of the targeted rural population. Under this component, the following activities are implemented and are subject to EoP evaluation:

- Number of ponds restored to operational condition
- Number of constructed ponds
- Number of new tube wells
- Number of new hand dug wells

It must be acknowledged that in the absence of baseline data it becomes rather difficult to assess the true impact of the project. Nevertheless, efforts are made to analyse the perception of the project beneficiaries regarding project outcomes and achievements.

Development of Water Points

Overall, the project has successfully attained the targets that were based on participatory needs assessment. Table 3 summarises the project target and achievements in development of water points. Under NRS WASH around 54 ponds were targeted for renovation or restoration and by the project-end the task was completed. In Maungdaw renovation work was carried out for 18 ponds whereas in Buthidaung 36 ponds required repairs and renovations. Pond renovation mainly included installation of pump, pipelines, fencing and construction of platform. For installation of the pumps and platform construction local masons were employed and only in few cases masons from nearby villages were hired. It must be noted that all these ponds were constructed or renovated with community support and participation. Construction of new pond was not a major component under the NRS WASH activities largely because the focus was on restoration of ponds affected by floods. Hence, under the project only one new pond was constructed in Maungdaw Township.

Table 3: Development of Water Points: Targets and Achievements

Activities	Maungdaw	Buthidaung	Total
	Target (% Achieved)	Target (% Achieved)	Target (% Achieved)
Pond Renovation	18 (100%)	36 (100%)	54 (100%)
Pond Construction	1 (100%)	0 (NA)	1 (100%)
Hand Dug Well	0 (NA)	1 (100%)	1 (100%)
Tube Well	10 (100%)	0 (NA)	10 (100%)

Similarly, construction of new Hand Dug Well (HDW) was a minor component and only one HDW was provided in Buthidaung. Installation of Tubewells was second most important activity for improved water provision. Overall, these activities can be considered as successful efforts completed as targeted and thus addressing the community needs effectively.

Integration of DRR in Water Point Development

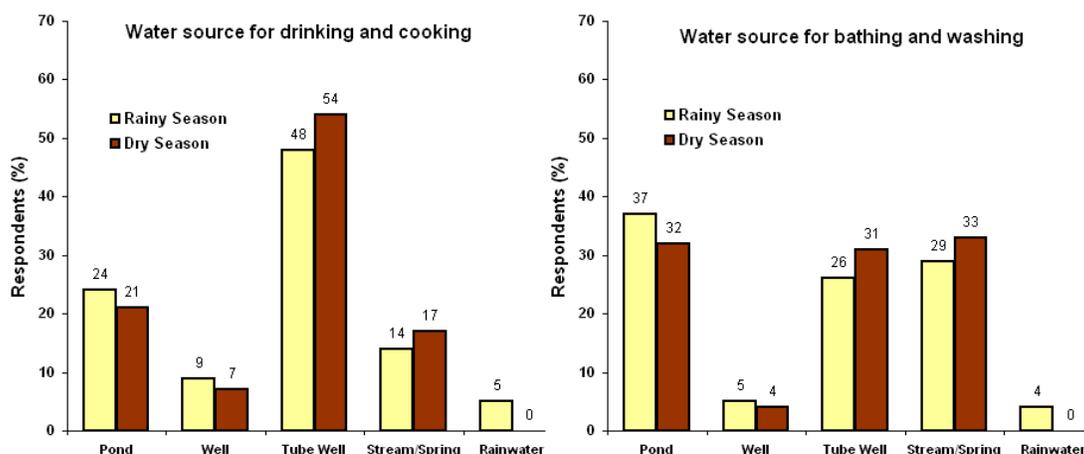
In construction of new ponds and pond renovation the Disaster Risk Reduction (DRR) perspective is employed. The height of pond embankment is raised and fencing is erected to prevent intrusion of salt water. Higher embankments are considered and built to provide a higher ground level to mitigate or, at least, minimise the effects of natural calamities or any other uncertainty. The community is informed to prevent contamination of water by preventing animals and other wastes to accumulate around the ponds. Water point development was combined with education on safe health behaviour, distribution of water containers and hygiene kit.

Major Sources of Water in Project Area

The major sources of water accessed by households to meet domestic demand are shown in Figure 4. The utility of various water sources depends on seasons and during dry periods the importance of tubewell increases. For drinking and cooking purposes, use of tube well water is 54 percent during dry season and 48 percent during rainy season. Ponds are accessed by over one-fifth of the households (21 percent during dry season and 24 percent during rainy season). Wells are used by less than one-tenth of the households. Natural sources such as streams and springs are relied upon by a similar proportion of households. Five percent households report of utilising rainwater for cooking and drinking purposes.

Households access three different types of sources to collect water for bathing and washing. These are ponds, tubewells and natural resources such as streams and springs. Use of wells and rainwater is limited and there are no significant inter-season variations in resource dependency. Although, CARE's focus on pond renovations is indicative of a sound needs-assessment methodology but the project could have also emphasised on tubewells in areas beyond domain of other development agencies.

Figure 4: Key Sources of Water for Drinking and Cooking Purposes



Altogether, 75 percent respondents were aware of CARE's effort in water provisioning activities (pond renovation) for the villages. A similar proportion further reported that water collected by them adequately meets domestic requirements. It must be noted that water scarcity during dry season is a key concern and innovative planning to harvest rainwater is something that WASH programmes can emphasise on. Apart from dry season availability, efforts are required to avoid households from collecting drinking water from open resources such as springs and streams which are more likely to be contaminated. It is imperative to conduct regular quality assessments of water from the renovated pond and tubewells.

Water Quality and Treatment

Water quality tests were conducted, both pre- and post-project, to ascertain its reliability for drinking and consumption purposes. Altogether, nine different parameters are studied (turbidity, alkalinity or acidity (pH), electrical conductivity, presence of arsenic, chlorine, nitrate, nitrite, and fluoride). The test results and safety limit guidelines for each test is provided in Table 4.

Table 4: Water Quality Tests, Buthidaung and Maungdaw Township

Quality Tests	Safety range	Buthidaung Township		Maungdaw Township	
		Pre-	Post-	Pre-	Post-
Turbidity	5 NTU	104	<5	139	<5
pH	6.5-9.5	6.52	6.87	6.38	6.73
Ammonia	0 - 1.0 mg/l	0.13	0.00	0.00	0.10
Electric Conductivity	1500 μ S/cm	180	49.6	372	249
Arsenic (As)	10 μ g/l	0.00	0.00	0.00	0.00
Chlorine (CL)	0 - 1.0 mg/l	0.06	0.02	0.17	0.00
Nitrate	0 - 15 mg/l	4.41	2.65	2.36	3.60
Nitrite	0 - 0.4 mg/l	0.04	0.03	0.03	0.10
Fluoride	0 - 1.5 mg/l	0.87	0.29	0.36	0.52
Samples with problem other than turbidity		8	4	12	2
Total Sample (N)		35	35	18	22

In the pre-project situation, the pond water was on an average turbid and exceeded the recommended guidelines on safe drinking water. The average turbidity levels were notably higher in Maungdaw than Buthidaung. High turbidity can be a consequence of floods and informs that the quality of pond infrastructure offered no protection against water contamination. Marginal acidity is noted for pond water in Maungdaw (average pH value of 6.38). Six out of 35 samples in Buthidaung had pH values below 6.5 whereas 12 out of 18 villages in Maungdaw had low pH values. The other parameters of water quality were within the safety limits. However, two villages in Buthidaung have higher but treatable concentrations of Ammonia and Fluorides. Altogether, 20 out of the total 53 water test samples had some (treatable) issue with quality.

Post project, the quality across different water points have improved considerably and turbidity levels are within safety range. Nevertheless, four villages in Buthidaung and two villages in Maungdaw have marginal acidic water (low pH values). The tests results on electricity conductivity present considerable variability and perhaps can be revalidated. There is no evidence of Arsenic contamination or excess presence of Nitrogenous compounds.

Respondents were also enquired whether the water they use is clear, odourless and taste-free. Over 80 percent of the households in the project villages reported that the water consumed by them is transparent, odourless and taste-free. Moreover, the households did not report any significant seasonal variations in quality which perhaps appears to be controversial given that turbidity levels increase during rains.

Availability and Accessibility Issues

Responsibility of fetching water is gendered and women (wife, daughter or daughter-in-law) are mostly entrusted with the task. Most of the respondents do not require much time to fetch water but 39 percent respondents indicated that sometimes they have to wait with 15 percent requiring much longer waiting period. In dry season 80 percent of the respondents collected water three to four times per day. The frequency of water collection reduces to two to three times per day

during rains. Two-third of the households spends less than 30 minutes to fetch water but around six percent reported of waiting for one to two hours. Water fetching is done by human force only and no assistance is available for transport. Among the benefits of the ponds renovated under NRS WASH prominent are; provision of year around water (30%), sufficient water (56%), clean water (38%), and decrease in fetching time (22%). Scarcity during dry season, however, is a major difficulty and 58 percent households have reported the same.

4.2. COMPONENT II: IMPROVED SANITATION, HYGIENE AND HEALTH

Purpose

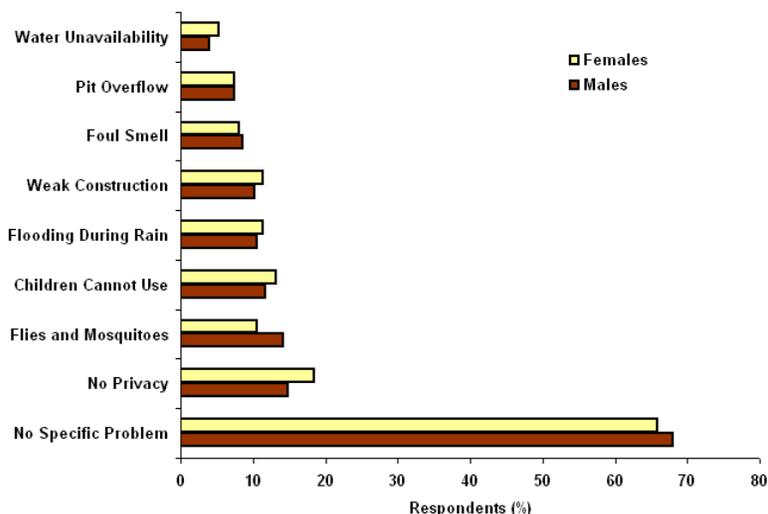
Simultaneous interventions to improve sanitation, hygiene and health are essential to maximise the benefits from improved water infrastructure. Post-flood, the villages in the NRS region have become vulnerable to water-borne illnesses. Therefore, a part of the AusAID funds were allocated for construction of Fly-Proof Latrines (FPL), distribution of hygiene kits and on health awareness campaigns. In this context, the project framework stated the following key verifiable indicators for this project component;

- Number of households using FPLs
- Number of households demonstrating acceptable hygiene practices
- Number of kits distributed
- Number of latrines constructed

Distribution of FPL Material, Hygiene Kit and Water Container

A total of 3254 households are included in the FPL provision list (2290 in Buthidaung and 964 in Maungdaw). Some households in Maungdaw are covered under other rehabilitation activities and hence the numbers are lower here to avoid duplication. FPL material included one tyre bucket, one plastic cup, one brush, one plastic pan or pipe, one viss binding wire, one viss wire nail, 60 bamboo, 4 posts and 65 nipah (sheets). Hygiene kits were provided to 8039 households in the target area (4109 in Buthidaung and 3930 in Maungdaw). The kit included one soap, one soap case, toothbrush, toothpaste, nail clipper, hard tower. Zinc water container, plastic cover, plastic cup were also provided to all the households.

Figure 5: Type of Latrine: Before Cyclone Nargis and Current Status



The EOP survey finds that prior to project three-fourth of the surveyed households had a latrine and most of these were FPLs. The distribution of latrines in the pre-flood situation was more or less similar across Buthidaung and Maungdaw Townships. 20 percent of the remaining households were defecating in open whereas the remaining households used neighbours latrine. The flood had adverse impact on sanitation facilities as over 90 percent of FPL owners reported of damages of latrines due to the heavy rains and floods in 2010.

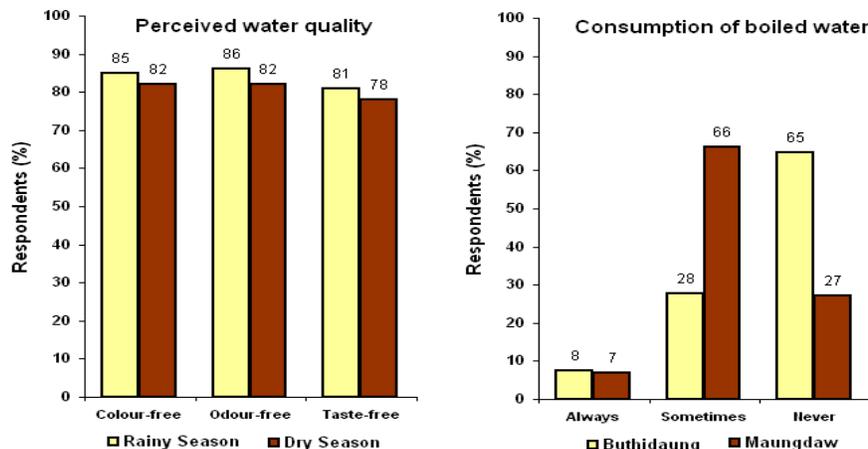
After the project, the latrine ownership increased to 90 percent in the project area. This perhaps might be an overestimate because the household census is fraught with difficulties and qualitative data indicates that some families have complains of non-receipt. The WASH committee members confirmed that most of the latrines in their respective villages were FPLs and are constructed according to the criteria set by the project. Over 95 percent of the household members, excluding babies, use the latrine regularly. A very small fraction reported non-use by elderly who are perhaps comfortable with open defecation. 85 percent female respondents reported about feeling of complete privacy while using the latrine facility at home.

Responsibility of cleaning is gendered and females (including, housewives, daughters, and daughter-in-laws) are entrusted with the task. This information is robust and is triangulated from men’s and women’s interview schedules. Male respondents agree that females undertake the task of cleaning whereas males are involved in repair works of latrine pit or superstructure. It is encouraging to note that most of the respondents are willing to repair FPL, in case of damage. This information on problems associated with FPLs is plotted as Figure 5. Much of these critical concerns can be overcome by proper maintenance and careful construction of the FPLs. Some of these difficulties such as pit overflows can be overcome by careful design and construction but clearly households have a major role as project can only support in the form of basic investments.

Health Awareness and Behaviour

Analysis of data on water treatment behaviour offers further insights on water safety. In this regard, it is worrisome to note that very few respondents report of regular consumption of boiled water (Figure 6). There is considerable regional variation with around two-third of the households in Buthidaung report of never consuming boiled water whereas the same is 27 percent for Maungdaw. It is revealed that most of the households (95 percent) strain water through cloth before consumption but this method cannot be treated as an effective mechanism.

Figure 6: Self-Reported Water Quality and Treatment



This information indicates that household level safety measures are compromised and can be detrimental particularly because of excessive reliance on open sources. Under such

circumstances, project team and the concerned water management committee have additional responsibility of ensuring that the water consumed from the pond is regularly tested for quality.

Table 4: Self-Reported Health Ailments in Project Area

Ailments	Maungdaw		Buthidaung		Total	
	Males (%)	Females (%)	Males (%)	Females (%)	Males (%)	Females (%)
Malaria	19.2	18.1	30.4	29.3	24.9	23.8
Diarrhoea	18.6	17.5	12	14.1	15.2	15.8
Jaundice	0.6	0.6	1.1	1.1	0.8	0.8
Dysentery	0.6	0.6	4.9	3.8	2.8	2.2
Skin infection	2.3	3.4	1.6	0.5	1.9	1.9
No infection	58.2	61.6	48.4	50	53.2	55.7
Others	5.1	4.5	6.5	8.2	5.8	6.4

The project area has considerable high burden of water-borne ailments (Table 4). In particular the incidence of malaria and diarrhoea is very high. The EOP survey was conducted immediately after the rainy season and hence is able to capture such a heavy burden of water-borne diseases. Around one-fourth of the respondents have reported that at least one of their household members suffered from malaria in the last one month. In a relative sense, the incidence of malaria is dangerously high in Buthidaung Township and calls for immediate attention. Similarly, reports of members suffering from diarrhoea are also very high. Particularly, among children (aged below five years) the overall incidence is 27 percent. In fact, Buthidaung reported that 37 percent of the children were affected by diarrhoea in the last two weeks as compared to 17 percent Maungdaw. Cases of other water-borne ailments such as jaundice, typhoid, dysentery and skin infections are also reported.

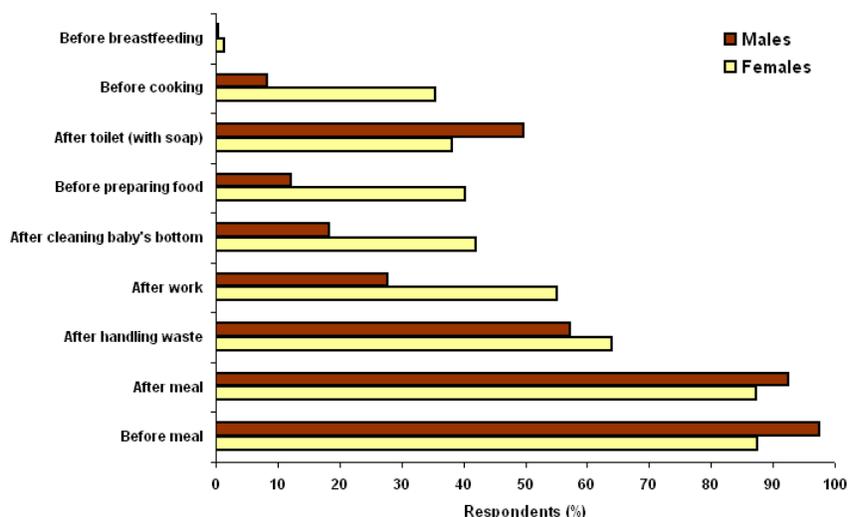
The EOP survey further collects information regarding various aspects of hygiene and behaviour both from males and females. This information is expected to reflect the efficacy of the health campaigns by the project. Household campaigns were carried throughout the project villages and included 34 school campaigns (15 in Maungdaw and 19 in Buthidaung). 51 percent female respondents and 65 percent male respondents attended these village health campaigns and are informed regarding water, sanitation and hygienic behaviour. An assessment of knowledge and practice is attempted by eliciting response on key health issues.

Regular hand-washing is an important message spread through health campaigns but is moderately received by the community. 92 percent female respondents and 96 percent male respondents report regular washing after toilet use. However, it is of concern to note that over 40 percent males and around 50 percent females do not use soap or ash while washing their hands. Figure 7 presents further information on hand-wash behaviour of respondents by sex. While most of the respondents report of washing hands before and after meal but regular hand-wash after several other critical activities is limited. For example, a negligible proportion of females actually wash their hands before breastfeeding. There are variations in reporting by sex and more females have agreed of cleaning their hands before preparing meals and also after cleaning baby's bottom.

68 percent females report that family members take bath everyday whereas a relatively higher proportion of males (88 percent) confirm this behaviour. Over 20 percent of the respondents (both males and females) indicate that most of the members take bath once in two days. The survey finds that there are no provisions for garbage collection either by the community or the township authorities. Consequently, most of the households dispose garbage within premises (23 percent) or outside premises (35 percent). Around 27 percent households report of burning

or burying their garbage whereas the remaining households drain it through the sewer system (creeks or gutters).

Figure 7: Reported Hand-Washing Behaviour of Respondents (%)



Around 90 percent of male respondents and over 80 percent female respondents inform that they know how to treat water and make it safer for drinking and also to clean and maintain the latrines. However, this knowledge does not translate into action as reported previously that very few households regularly consume boiled or treated water. Also, inter-household knowledge sharing or communication on key WASH issues is limited.

Table 5 presents the response obtained on awareness and treatment of diarrhoea. Most of the respondents are knowledgeable about Oral Rehydration Solution (ORS). A few also indicate that home made ORS prepared from a proportionate mix of water, sugar and salt can also be used. Over 40 percent of the respondents indicate that it is important to seek formal health care from a clinic or hospital. In general, the awareness level is higher among respondents from Maungdaw Township than Buthidaung.

Table 5: Awareness Regarding Treatment of Diarrhoea

Treating Diarrhoea	Maungdaw		Buthidaung		Total	
	Males (%)	Females (%)	Males (%)	Females (%)	Males (%)	Females (%)
Give ORS	92.7	89.8	53.8	67.4	72.9	78.4
Give home-made ORS	20.3	43.5	1.6	3.8	10.8	23.3
Stop the usual diet	2.3	1.7	2.2	0	2.2	0.8
Continue diet or breastfeeding	1.7	6.2	0	0.5	0.8	3.3
See health personnel	57.6	49.7	40.2	33.2	48.8	41.3
Don't know	3.4	5.1	16.3	11.4	10	8.3
Others	0	2.8	1.6	3.8	0.8	3.3

Respondent's knowledge regarding potential causes of diarrhoea is reported in Table 6. These responses are based on subjective understanding gained either through education, community interaction or health awareness campaign. Most of the male and female respondents identified consumption of unhygienic food and water as an important cause of diarrhoea. Nevertheless, awareness on other causes of diarrhoea is very low. As we know that hand-washing practices

are not well recognised in the region in such conditions undermining the pathway of unhygienic hands can be detrimental. Very few respondents identified environmental concerns such as flies, unsafe disposal of garbage and household waste as a health threat. In fact, unclean utensils are potential source of diarrhoea but are less recognised by the community.

Table 6: Awareness Regarding Potential Causes of Diarrhoea

Causes of Diarrhoea	Maungdaw		Buthidaung		Total	
	Males (%)	Females (%)	Males (%)	Females (%)	Males (%)	Females (%)
Unclean food	90.4	88.7	75.5	72.3	82.8	80.3
Unclean water	87	76.3	66.3	64.7	76.5	70.4
Unclean hand	42.9	49.7	21.2	19.6	31.9	34.3
Flies	24.9	36.2	4.9	5.4	14.7	20.5
Unclean utensils	6.2	5.1	2.2	6	4.2	5.5
Waste and garbage	21.5	27.1	21.2	17.4	21.3	22.2
Don't know	6.2	6.2	7.6	10.9	6.9	8.6

Awareness regarding nutritional intake was verified through a set of questions on different food groups and their functions. Broadly, there are three different food groups and are classified as body building food group, body protecting food group and energy giving food group. Despite several health education sessions, only about one-third of the male respondents are able to list these three food groups. Around one-half of the respondents did not have any knowledge regarding the type of food groups. Most of the respondents with knowledge about the three food groups are also aware of the key food items included in each group. Overall, there is considerable scope to improve upon the nutritional information base of the respondents through increased communication and health training.

The FGDs reveal that poor health awareness, illiteracy, habitual practices and financial problems are the key barriers in the way of health and hygiene. Almost all the interviewed persons understand that communities need further health education on environment sanitation, on benefits of safe drinking water and on the importance of FPL. The need to continue HE sessions with more innovative techniques of information dissemination is necessary.

4.3. COMPONENT III: VILLAGE WASH COMMITTEE AND VILLAGE HEALTH PROMOTER

Village WASH Committee

All the villages in the project area have Village WASH Committees. This section briefly reviews the key WASH-related activities of the WASH Committee and reports the participation and performance of households and members based on quantitative and qualitative assessments.

- **Membership**

Village WASH Committee members are nominated by the committee and women participation is encouraged by the project. The WASH Committee members are responsible for planning and implementation of WASH activities in collaboration with the project team. The WASH Committee can decide on the activities to be planned for the villages and are encouraged to supervise the project activities. Table 7 summarises the membership details in the various WASH-related committees in the project villages. Clearly, a concerted approach towards gender mainstreaming is lacking that has resulted in limited female participation in WASH activities. The project data further indicates that five out of 24 WASH committees in Maungdaw have no female members. The

WASH committees are overwhelmingly represented by males and most of them are represented by only one female member.

Table 7: Membership in WASH-Committees, NRS WASH

Township	Villages	WASH Committee Members		
		Male	Female	Total
Buthidaung	24	108 (81%)	25 (19%)	133 (100%)
Maungdaw	28	110 (79%)	30 (21%)	140 (100%)
Total	52	218 (80%)	55 (20%)	273 (100%)
Members per village		4.2 members	1.1 members	5.3 members

Five WASH Committees in Buthidaung Township have no female members

- **Participation and Support**

The Village WASH committee in the project area has a long-term vision to sustain the benefits of the project activities, however they lack community support and will find it difficult to sustain beyond project duration. Interviews with village WASH committees indicated that most of them meet once in a month and in all the meetings WASH issues are discussed. Women participation in the community meetings is low; a fact that is further corroborated through household interviews. The quality of participation by women is poor as they rarely offer any suggestions for improvement in WASH infrastructure. Perhaps, with adequate women participation and greater gender equity the WASH committees could have proved more successful in implementation of the WASH activities and better delivery of project benefits.

The village WASH committee reported of supervising activities related to village clean up, garbage disposal, toilet usage and other health and hygiene issues in the village. The committee, however, needs to be more involved in conduct of repairs and maintenance of the newly constructed water infrastructure. The frequency of pond inspection is low and irregular and water quality testing procedures are beyond the disposal of the committee. These issues could have been included as part of training and capacity building component. Perhaps, the trained members could have utilised these skills beyond the project area and beyond a single project domain.

It is revealed that the WASH committee members participated in project activities but the quality of participation could be improved. This argument emerges from the fact that the committee members struggled in arranging volunteers or even WFP supported Food-for-Work labourers for construction and renovation activities. Several, respondents from the household interviews have highlighted that transportation of necessary materials to the project site was a difficult task and innovative solutions to tackle these elementary concerns were not forthcoming. Also the need for better technical skills as envisaged by the committee was not effectively communicated to the project staff. It is also a programmatic concern that support from non-beneficiaries was weak and inadequate to achieve better implementation of WASH activities.

The committees are relatively less knowledgeable regarding approaches to mobilize community for health awareness or other related activities. In fact, the community does not view the WASH committee as a problem-solving body. This forms a major drawback of the WASH efforts and the project could have worked in this area to sharpen the roles of the WASH committees through effective communication and interaction. The project has established a complaint mechanism towards project but only one-fifth of the female respondents and one-fourth male respondents were aware of this fact. Verbal reporting of complaint either to the WASH committee member or

the Project staff was the main mode for registering complains. Very few respondents informed that one can complain by writing a letter and dropping the same in the complaint box.

- **WASH Concerns**

Most of the WASH members acknowledged the project support in terms of improved WASH infrastructure and health awareness campaigns and reasoned that the project was successful in achieving the targets. However, certain WASH concerns emerged during the discussions held during EOP evaluation. For instance, the issue of water availability during dry season and geographical accessibility for distantly located households was a critical concern. The problem of water scarcity was identified as a major concern that starts to affect the village from the month of April (mid-summer) till the arrival of monsoons. The committee members felt that though the water from these various sources are treated but the frequency of inspection and treatment should be increased. In view of such concerns, it is essential that the project passes on the responsibility of water quality testing and monitoring to WASH committees. Moreover, the pond locations in a few villages are considered inconvenient for women mainly because of geographical distance, poor road conditions and also due to overcrowding (by men).

The WASH members informed that most of the households in the villages have FPLs distributed by the project but open defecation continues to be a fundamental WASH concern. This is habitual and behavioural issue and regular training and usage would help to reduce the instances of open defecation. Among other problems, prominent are concerns regarding open sewerage and pit overflows during rains. The members also confirmed that the villagers were not drinking treated water, a fact discussed previously in the report.

Village Health Promoters (VHP)

72 percent female and 78 percent male respondents claimed of knowing the Village Health Promoter (VHP) responsible for conducting Health Education (HE) sessions. A greater proportion of respondents from Maungdaw Township (85 percent females and 95 percent males) know the VHP than compared to Buthidaung (59 percent females and 62 percent males). However, the participation in health education sessions conducted by the VHPs is very low as only 58 percent males and 72 percent female respondents have attended health education sessions. The low attendance is explained partly by individual and household-specific concerns and in part by programmatic approach and community norms. For instance, 15 percent of the female respondents who were unable to attend the meeting were busy in child care activities and household chores. Similarly, 43 percent of male respondents who did not attend meeting cited that they were engaged with their work.

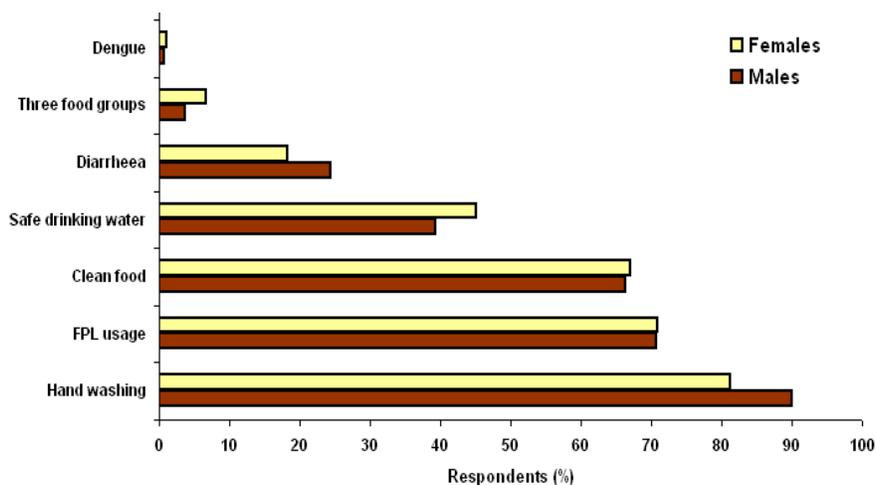
The data suggests that a sizeable proportion of the respondents had no information on health education sessions and also some of them were left uninvited. Furthermore, data informs that religious and cultural norms were a key concern among households and restricted active women participation in community meetings. From programme perspective it is important to communicate the time and venue for the health education sessions well in advance and also to set reminders. More importantly, the convenience of participants should be the key focus and activities should be planned to ensure maximum participation.

Figure 8 shows the key messages recollected by the community and reveals that information dissemination on hand washing techniques and its importance is the most common tip. Importance of FPL usage and food hygiene is also reported by a large proportion of respondents. However, information on safe drinking water and on water borne illnesses including diarrhoea, dengue or malaria is not widely reported as a key learning. The messages on three food groups and its nutritional importance is not well communicated through the health education sessions

and only a handful of respondents are able to report it. Although, there are no significant gender-differentials in learning behaviour but some inter-regional variations can be observed.

The FGDs find that village health promoters conducted the HE sessions on four cleans (food, hand, water, latrine), personal hygiene, environmental sanitation, dengue and diarrhoea and nutritious food groups. Reduction in the incidence of diarrhoea was reportedly one of the major benefits of HE sessions conducted by VHPs. Also there was increased awareness on treatment of diarrhoea (ORS for minor cases and early referral for severe cases). A few households reported of understanding the cause for dengue and are able to provide improved protection to family, including children.

Figure 8: Learning from Health Education Sessions



The FGDs and key information interviews reveal that the community accepted women VHPs and appreciated their dedication and effort to improve health and hygiene in the villages. Women participation is a major concern since, under the given social structure, most of the WASH related activities are performed by women. In this regard, the VHPs and related project staff have to develop methods to draw attention of the participants who because of lack of community and household support, limited background information and illiteracy tend to be disinterested.

Sustainability of VHP activities was a cause of concern and most of the VDCs felt that continued project support is critical. The VHPs were facing financial constraints even to meet the basic first-aid requirements. It is further noted that not all the villages have trained village health promoters and it is essential to develop financial support in the form of medicines. In this regard, continued support from health officials and other NGOs operating in the region is critical to sustain VHPs.

4.4. CROSS-CUTTING ISSUES

Project Management

Prior to inception of the project activities, official permissions were sought from the Township Peace and Development Council. Altogether, 18 project personnel were responsible for implementation of the NRS WASH Project. This included one project manager, four project officers, twelve community facilitators and one WASH engineer, as the skillful labor. Overall, the qualitative data reveals that project management component suffered due to weak planning and management of project activities. The FGDs and Key Informant Interviews reveal that absence of technical expertise affected the construction activities. Perhaps, it had been useful if the WASH

engineer was appointed for the entire duration of the project. The lack of technical expertise in construction of water closets, filter tanks and pond renovation is highlighted in the discussions. Also, shortage of trained health personnel was evident.

The project staff interacted regularly with the community but the quality of interactions could not achieve greater community participation and support. Ideally, the interactions should have informed regarding the potential difficulties in the identification of beneficiaries and the community outlook. In fact, many households have a large number of families residing within one census registration name. This implied that families who are not registered were finding it difficult to apply for benefits or to be considered as a separate household. With better information the identification of beneficiaries for distribution of WASH support could have been improved.

There were no impediments in financing project activities and funding was received without delays but the activities suffered due to slow process of tenders and procurements. Given that the project duration was relatively short, the process of material supply and tender could have been designed convincingly to minimize activity delays. The delays had its consequences because rains had arrived much before the construction materials. In fact, it is argued that involvement of local suppliers could have helped in timely completion of project activities. Moreover, materials supplied for construction of water closets or pond fencing is reported to be of inferior quality. For instance, some members have complained that the bucket for water closet is dripping and the construction might not stand in heavy rains. Similarly, a few concerns regarding poor quality of pond fence tiles is brought out.

The Project staff as well as the village WASH committees had difficulties in arranging for labour to complete the tasks such as digging of reservoir, water closet or fence construction. The community in fact was not interested in participating in the construction activities. In this regard, a comprehensive pre-project discussion could have helped to overcome the deterrents. Even the WFP supported Food-for-Work programme was unable to attract labour. Most of the activities were carried out during rainy seasons which coincided with the agricultural season. Women labour supply in the project area was limited. Young women and housewives were not encouraged to participate and participation was primarily restricted to widows and elderly. In villages with Rakhine community women participation was relatively better than villages inhabited by the Muslim community. This point was raised in many FGDs and by several key-informants as a community constraint but the project staff could have adopted gender and community sensitive approaches to ensure greater participation. In fact, suggestions were offered in terms of separate HE sessions for men and women. This as an initial strategy could have helped to build trust and confidence in project staff and the WASH committee which further could have been utilized for improved participation.

Trust building exercises were missing which is evident from the fact that non-beneficiary community members did not lend any significant support to the project activities including health education sessions. Clear and frequent communication of the project management with project staff including community facilitators and the community was required to develop trust and mutual understanding. The coordination and exchange between different NGOs was lacking that could have helped to learn from each others technical as well as managerial experience. Also, it is important that the project staff, the WASH committee and the village community work together in planning and implementation of such community oriented projects. CARE could also inform other developmental agencies regarding the interest of the community in employment generating activities and training for women including village savings group and other vocational training.

The project staff and WASH committee members are trained on different issues including, M&E, community mobilization, and gender issues but the effect of training is weak and the learning on community mobilisation, health awareness and gender sensitivity did not yield significant results.

The technical expert on WASH did not stay for a longer duration and it affected the quality of WASH infrastructure, constructions and design.

Monitoring of WASH infrastructure is irregular and more often members do not follow up on the beneficiaries. Clearly, such disinterest will not encourage the community to seek help from the experienced members and to that extent project objective of sustainability of WASH practices would suffer. Some of the members suggested reforming the committee and re-electing its members based on the criteria of community service, gender equity and knowledge. On this issue, the project staff indicated that shortage of personnel combined with huge target area required substantial time and efforts and posed challenges for supervision and monitoring of the WASH activities.

Gender

Despite positive attitude towards gender balance, this assessment reveals that a gender perspective has not been systematically mainstreamed through out the program cycle. The main concern arising is that women continue to be under-represented, in the political as well as in the economic spheres, and this marks a fundamental deficit at the grass root level. The project area is marked with high gender inequities and women are notably disadvantaged in terms of education, employment and empowerment. To elaborate, the educational profile of the women respondents indicate that around 80 percent of them are illiterate whereas another 16 percent have received only primary education. Only five percent of the respondents have entered secondary school of which only one percent has succeeded in attaining further education. Education is a key requirement for women empowerment as it not only helps them equip with necessary labour market skills but also enlightens them.

Table 8 presents some information regarding knowledge about VHPs, community participation in health education sessions and perception of the community regarding participation of women in WASH management. The household survey informs that there are inter-regional variations in knowledge regarding VHP. Interestingly, more men are knowledgeable about VHP than women but participation in HE sessions is higher among women respondents. The gap in participation is wider in case of Maungdaw with 85 percent female and 60 percent male participation. This information suggests that WASH sector is not given importance by men partly because of their daily affairs and in part because of disinterest.

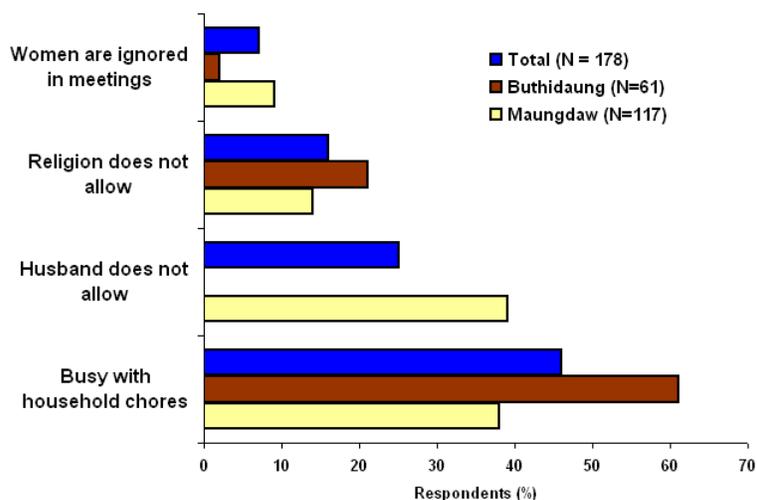
Table 8: Gender Differences in Community Participation, NRS WASH

	Maungdaw (N=177)		Buthidaung (N = 184)		Total (N = 361)	
	Females	Males	Females	Males	Females	Males
Respondents who know VHP	85	95	59	62	72	78
Respondents in HE Sessions	85	60	59	56	72	58
Should be more involvement of women in WASH mgmt	66	78	33	59	49	68

It is curious to know that most of the men have agreed that there should be more involvement of women in management of WASH activities in the villages. On the contrary, not many women are in favour of greater role. It is therefore important to ascertain that despite greater appreciation, why women refrain from participating in WASH activities? The response to this specific question is presented in Figure 9. It is evident that most of the women are often busy with household chores which disallow greater involvement in WASH activities or even in attending HE sessions. Apart from that women have cited household constraints in terms of permission and acceptance by their spouses as well as other household members. In Maungdaw, around 40 percent of the

respondents who did not attend HE sessions have cited non-acceptance by husband as a key cause. Less than 20 percent of the respondents do not attend meetings for reasons related with religion. It is a programmatic concern that women feel ignored and unattended in such WASH meetings and should be tackled in future programmes to ensure greater participation and effective project outcomes.

Figure 9: Reasons for Not Attending Health Education Sessions



Most of the households in the project area follow Islam and it is often argued that Muslim households have different norms and rules that are to be followed by the women of the households. However, by no means social and cultural features should be held as key deterrent for low engagement of women in developmental activities. In fact, several parts of the developing world have similar state of women and they all belong to diverse culture and religions. This is a broader issue of gender inequity and requires careful approach to improve socioeconomic status of women through empowerment and opportunities. Perhaps, the project should have devised a women-centric approach to enhance women participation and leadership skills which could have benefited from greater inputs from the key actors in the WASH sector.

Environment

Environmental considerations are important for regions and communities surviving in vulnerable climatic zones. NRS in Myanmar is one such zone which is vulnerable to heavy rainfalls and floods and therefore requires improved WASH infrastructure to curb water-borne illnesses. It appears that floods are a regular part of the lives of residents in the Northern Rakhine State. This is revealed from the response from the community about whether they were affected by floods in 2011 (Table 9).

Table 9: Community Response on Incidence of Flood in 2011

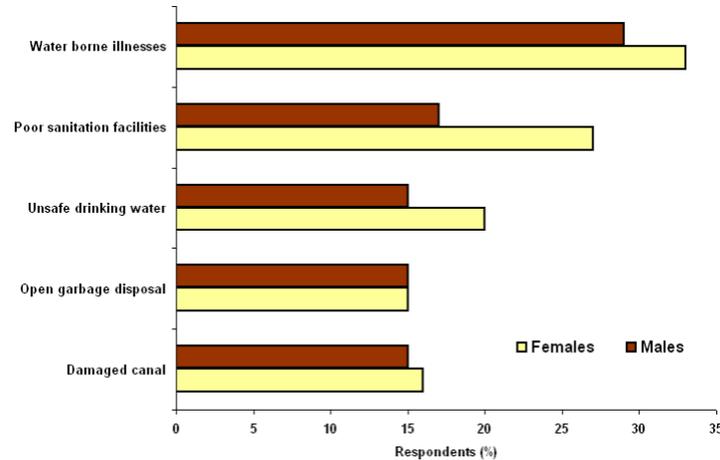
Respondents (%)	Maungdaw (N=177)		Buthidaung (N = 184)		Total (N = 361)	
	Females	Males	Females	Males	Females	Males
Village affected by Floods in 2011	76	72	64	69	70	70

More than two-thirds of the respondents, both males and females, and from Maungdaw and Buthidaung Township have informed that their village was affected by floods. The region is in

particular vulnerable to floods and requires a large-scale intervention on water management and disaster risk reduction which would help minimise the impact of flood on health and livelihood.

The NRS WASH intervention was a focused programme aiming to improve the water infrastructure and for development of sanitary facilities across the villages. For these activities a large quantity of bamboos, timber and nipah palms were used but it is not clear whether the procurement was safe from the ecological or environmental perspective.

Figure 10: Major Environmental Concerns Noted by Respondents



Although the project has succeeded in improving the water quality in the village ponds but there are several other public health and environmental concerns that deserves attention of the government officials, line departments, project managers and other operating NGOs in the region. For instance, water-borne illness continues to be a major issue arising from lack of hygiene and sanitation. Much of these water-borne illnesses could be curbed by improved health awareness and education. Inadequate garbage disposal facilities and pit overflows are common concern identified by the respondents. The impact of such unhygienic conditions is confirmed with discussions revealing increasing cases of Hepatitis infections.

Sustainability

Sustainability prospects or likelihood of continued benefit flows by result area are summarized below. This analysis is based on the review of results from the EOP survey and the current challenges emerging from the discussions with the community and the Project Team.

Component I: Increased access to safe water

✓ Sustainability Prospects - MEDIUM

Assessment:

- Pond construction and renovation activities have been broadly successful.
- The water quality from renovated ponds is safe for consumption but is at risk of repeated floods and run in.
- The prospects for continued WASH operation post-project are weak; however, all the WASH committees desired further project support.
- There is a high degree of dry season water shortage and turbidity levels can rise.

- The construction materials used for the Pond renovations are of inferior quality.
- Maintenance of pond infrastructure (fencing, pumps, cleaning) will require greater financial and technical support which has to be provided even after project completion.

Component II: Improved health and hygiene

- ✓ Sustainability Prospects - MEDIUM

Assessment:

- Increased coverage of FPL and positive response on FPL maintenance and repair.
- Project has created community awareness on WASH issues through training activities.
- Low participation in HE sessions, illiteracy and poor uptake of health messages.
- Limited and short time-frame available for health awareness campaign
- Income inadequacy often constrains balanced food intake and discourages healthcare seeking from doctors
- The construction materials used for the FPLs are of inferior quality.

Component III: Village WASH Committee

- ✓ Sustainability Prospects - LOW

Assessment:

- Project supported village-level WASH committees, and provided technical and financial support for activities.
- Community fund is required for WASH activities and to implement water safety plans.
- Women participation and gender mainstreaming is lacking
- Community ownership and collective action are not forthcoming.
- Shortage of technical or skilled personnel to support WASH committee

4. CONCLUSIONS AND RECOMMENDATIONS

4.1. EoP STATUS OF KEY PROJECT INDICATORS

The End of Project (EOP) status of key log-frame indicators is presented in Table 10. In some instances, and particularly in the absence of baseline information, it is difficult to estimate the true impact. Nevertheless, the project is found to have achieved the planned targets across most of the specified objectives. The two major areas that require continued engagements are; provision of clean drinking water and health awareness.

Table 10: End of Project Value of Key Verifiable Indicators

Key Indicator	Performance	EoP Status	Sustainability
✓ Number of existing ponds that are renovated	53 ponds are renovated on existing locations. The increased number of pond renovation was required to improve water availability in project villages. The quality of materials used for renovation is not up to the standard.	Average performance of the activity	Medium (Risk: Requires technical and financial support for maintenance and renovations. The quality of material input is good)
✓ Number of new ponds constructed under the project	1 new pond is constructed. This pond will require at least a year to be operational	Could not be assessed now	Unclear (Risk: The salinity and water quality can be observed only when it is operational)
✓ Households with access to safe water from pond	Only 20-25 percent respondents use pond water for drinking purposes. Over 80 percent households have transparent, taste-free and odourless water.	Average performance of the activity	Medium (Risk: Role of community critical in preserving water quality and infrastructure. Tubewells are a key source for drinking water)
✓ Number of FPLs constructed	A total of 3254 FPLs are constructed. The quality of water closet and the material used is not of adequate standard	Below Average performance of the activity	Low (Risk: Households should repair the FPL, if required Risk of floods and poor FPL usage behaviour Many households have not received FPLs)
✓ Households reporting utilisation of FPLs	Over 90 percent respondents report of regular use. Non-use is mostly among children and a few elderly because of habit and preference.	Average performance of the activity	Medium (Risk: Low FPL use among elderly and poor construction)
✓ Households with improved health awareness	16 percent diarrhoea and 24 percent malaria cases reported only 8 percent consume boiled water regularly	Below Average performance of the activity	Low (Risk: The attendance in HE sessions was low and the uptake of HE messages is low. Women participation is very low)

4.2. SUMMARY OF KEY FINDINGS

- The occupational profile requires adequate diversification with increased presence of government, NGO and private sectors. Over-dependence on casual labour and on agriculture farming depreciates the capacity of the region to withstand impacts of natural calamities and uncertainties.
- Under the project 54 ponds were renovated of which 18 ponds are in Maungdaw and 36 in Buthidaung. The utility of various water sources depends on seasons and during dry periods and with water scarcity the importance of tubewell increases. For drinking and cooking purposes almost one-half of the respondents in the project area rely on tubewells whereas ponds are used by over one-fifth of the respondents.
- CARE's focus on improving the pond infrastructure is a commendable initiative; however the community shows greater dependency on tubewells for consumption purposes. The needs assessment methodology underlying the project could be improved to account for activities of other developmental agencies in the region.
- Water quality was tested using nine different parameters. The tests reveal that which indicated that quality of all the sources have improved considerably and the turbidity levels are now well within the safety range. However, four villages in Buthidaung and two villages in Maungdaw have marginally higher acidity levels (low pH values). Around 90 percent of the households reported that the water consumed is colour-free, odour-free and taste-free.
- 3254 households are provided with FPL materials (2290 in Buthidaung and 964 households in Maungdaw). Hygiene kits and water containers are provided to 8039 households in the target area (4109 in Buthidaung and 3930 in Maungdaw).
- FPL ownership has increased to 90 percent in the project area. However, this might be an overestimate because the village census is not properly maintained and updated.
- Most of the community members are not educated and so have limited understanding of importance of WASH interventions. Limited communication would hardly help the community to absorb the contents of the talk or instructions related to use of FPLs or other WASH infrastructure. The use of FPLs is restricted as many owners are noted to defecate in open, particularly in late hours of evening or early in the morning.
- Responsibility of water fetching and latrine cleaning is gendered and often females (including, housewives, daughters, and daughter-in-laws) are entrusted with these tasks.
- The project area has high burden of water-borne ailments. The incidence of malaria and diarrhoea is very high. Cases of other jaundice, typhoid, dysentery and skin infections are also reported. In fact, less than 10 percent households report of regular consumption of boiled water.
- Women participation in community meetings is low and the quality of participation is questionable. The committees are less knowledgeable regarding approaches to mobilize community for health awareness. Water quality testing is beyond the ability of village committees.
- The Village WASH committee in the project area has a long-term vision to sustain the benefits of the project activities, however, lack of community support and financial constraints could reduce the sustainability of such community based organisations.
- The project management was affected; partly because of inadequate interaction and communication with the community and in part due to weak implementation of project activities. Lack of technical expertise affected the quality of construction activities. There were no impediments in financing of the project activities and much of funding arrived

regularly but the project suffered due to slow process of tenders, procurements and transportation.

- A gender perspective is not systematically incorporated throughout the program cycle. Most activities are gender-blind in the sense that the gender dimension has not been systematically included in the development of the project, or in the monitoring and evaluation of its outcomes.
- The project staff and WASH committee members were trained on different issues including, M & E, community mobilization, and Gender issues. However, discussions suggest that learning on community mobilisation and gender sensitivity did not yield results in the form of community organization and increased participation.
- Most of the community members are not educated and so have limited understanding of WASH interventions. Limited communication would hardly help the community to absorb the contents of the talk or instructions related to use of FPLs or other WASH infrastructure.

4.3. LESSONS AND CHALLENGES

- WASH challenges can be expected particularly in communities with lack of capital and productive assets, and regions vulnerable to environmental factors including changing weather patterns, pollution and saline intrusion.
- Although the planned project activities were completed as per the schedule but, in general, the project period was short. Especially, the outcome of new pond constructed through the project can be analysed only after two to three years. Also, health education and awareness requires more time for effective absorption by the community.
- A key lesson is that planning of activities around the seasonal calendar is vital to engage community support. Households are busy during agricultural season and often members are away for an extended period of time. The months of March and April as well as September and October are more suitable for increased community participation.
- The delays in tender and procurement can have its consequences because rains had arrived much before the construction materials. In fact, more involvement of local traders and dealers could have helped in timely completion of project activities.
- Working in a reduced number of villages implies that most villages will have multi-sectoral activities, and assigning staff by village will avoid the confusion and logistical challenges. Also, this will help build strong grounds for development phase implementation which requires stronger community relations and partnerships.
- Project management is central for the success of a project especially when the livelihood of a vast population is attached. A project team is a group of interdependent individuals working co-operatively to achieve project objective helping each other to develop and grow into a cohesive effective team. The effectiveness of the project team can make the differences between the project success and failure.
- Time and venue for community meetings and health education sessions should be communicated well in advance. Convenience of participants should be the key focus and meetings should ensure maximum participation.
- The selection of members for the various village-level committees should be in consultation with the local authorities and community with implicit recognition of member's motivation. Similarly, appropriate selection of VHPs is essential to ensure continuity or else the training investments will be a sunk cost.

- Gender balance in CBO memberships is essential to reflect the views of both males and females on WASH that is a gendered activity in the region. In addition, women should be encouraged to assume leadership role in CBOs.
- It is argued by the community that Islamic norms disallow greater female participation. However, by no means social and cultural features should be held as key deterrent for low engagement of women in developmental activities. In fact, several parts of the developing world have similar state of women and they all belong to diverse culture and religions. This is a broader issue of gender inequity and requires careful approach to improve socioeconomic status of women through empowerment and opportunities.
- It is important to work with CBOs at the planning stages to develop the community based action plans and helping them to take a lead role in implementing activities. For the purpose, field staff has to build strong working relationships with village level committees, provide practical support in developing roles and responsibilities, and facilitate a change in mindset from relief and recovery distribution to longer term sustainable development outcomes.
- Introducing DRR and preparedness concepts and practical activities is new and requires upgrading of skills and capacity of staff as well as community members. DRR, preparedness and coping strategies for climate and environmental change can be adopted as integrated activities across future programs, to help build community resilience to disasters and shocks.
- The community was less forthcoming in participation and support for the construction activities. In this regard, a comprehensive pre-project discussion could have helped to identify factors that might discourage community support and should have been adjusted for in the project design.
- Although, large quantity of bamboos, timber and nipah palms were used it is not clear whether the procurement was safe from ecological or environmental perspective.
- For project activities, most of the material and labour input should be appropriated from local market. This will help in developing local responsibility, timely delivery and might help in gaining local support. Importantly, the community will be able to replace the components easily.
- Even if gender disparities and inequalities in the society are recognized, a common opinion is that gender-based discrimination does not constitute a problem of substantial magnitude. This perception is reinforced by the lack of gender analyses in key program documents, and the fact that structural gender inequalities, and their basic causes, are not systematically identified and highlighted.
- It has become visible that despite good will and an opened attitude to gender issues among staff members and partners, several concurrent factors, including community outlook and illiteracy, put up considerable constraints for a successful implementation of gender mainstreaming in WASH.

4.4. MAJOR RECOMMENDATIONS

- In the beginning of the next program, it is also recommended that a gender perspective and analysis is elaborated by a gender specialist and incorporated in the Situation Analysis. This could include for example a gender analysis that identifies gender inequalities and discrimination - and their basic causes - relevant to the project, gender sensitive objectives and gender sensitive indicators in order to facilitate the monitoring and evaluation of gender outcomes. This also means that both training on operational tools (developed during the pilot projects), and sensitization on the concept might be necessary in order to create a common basic understanding of gender mainstreaming.

- To improve project design and, consequently, project relevance and sustainability it is necessary to have a thorough understanding of local realities in a project area, including local politics, power structures, formal and informal institutions, key constraints faced by the poor, and the root causes of the constraints. Such assessment would be of a higher value if it would be conducted at the project design stage instead of during implementation, when project interventions had already been determined.
- A thorough and effective consultative process with the beneficiaries and implementers of the project from the outset of project preparation should be carried out to minimize potential risks to achievement of the objectives. Beneficiaries' participation should be pursued at design and implementation. This would have improved coordination, focused the project on beneficiary needs and resulted in NRS WASH having a more positive impact on its potential target group.
- Project should approach community and religious leaders to gain their support and advice before the inception of the project. Trust building exercises could have helped in greater community participation.
- It appears that the region is in particular vulnerable to floods and requires a large scale intervention on water management and disaster risk reduction which would help minimise the impact of flood on daily living.
- Rain water is the most easily available source of water for drinking and domestic use, and activities to support rainwater collection and storage (such as RWCT) will help to ease dry season shortages.
- Village committee members should be selected based on individual motivation for learning and community work and socioeconomic background that encourages a permanent residence in the village.
- Project should encourage community to undertake regular water quality testing, at least every six months, especially for new ponds and new tube wells to identify when they reach drinking water quality. Prioritise testing for arsenic for new water sources.
- Encourage women to be more active in village committees. Presentation, leadership, public speaking and negotiation skills can be included in women training programs to help them. Correspondingly, working with male leaders and committee members is also important to support women's empowerment and their acceptance and acknowledgement of the contribution that women can make.
- It is important that community based DRR and preparedness activities are implemented as part of an integrated approach including livelihoods. This would provide the community with increased capability to adopt DRR and preparedness measures. Technical skills for staff in DRR activities have to be further developed. For instance, the staff members are relatively new, and will need more effort to incorporate DRR and climate change adaptation while planning and implementing mainstream activities.

ANNEXURE I: TERMS OF REFERENCE

CARE MYANMAR

FINAL EVALUATION CONSULTANT



Cyclone Nargis Humanitarian Response Water Sanitation and Hygiene Activities

Location of assignment:	Consultant Country of Residence
Responsible to:	Joseph Kodamanchaly, Assistant Country Director-Programs (ACDP)
Main counterparts:	Dr. Sithu, M&E Coordinator U Nay Myo Zaw, Program Coordinator Dr. Mya Thet Su Maw, Assistant Program Coordinator U Saw Eh Law Saw, Field Office Coordinator U Shwe Thein, Program Quality Team Leader

1. Background

CARE has been engaged in NRS since 1996, when it provided rehabilitative assistance to Rohingya refugees and host communities in the two townships of Maungdaw and Buthidaung as an implementing partner of UNHCR. The rehabilitation programme initiated community forestry and home garden development in 1997, and in 1999 income generation, water supply and women's health education components were added. Since then, CARE's programming in NRS has continued a progressive transition from relief and rehabilitation to a longer-term development approach, as represented by the AusAID-funded Rakhine Household Livelihood Security Project (RHLSP; September 2001 – April 2004) and the ongoing Rakhine Rural Household Livelihood Security Project (RRHLSP; 2005-2010).

The Project Goal is "To mitigate the impact of flooding on vulnerable people in Northern Rakhine State" with 2 outcomes:

1. Access to safe water
2. Improved sanitation

The final evaluation will focus on the project effectiveness at lower level outcomes since the project is emergency response for 1 year project following the end of the project in June 2011.

2. Objectives of the Final Evaluation

The overall objective of the final evaluation is to provide AusAID donor with sufficient information to make an informed judgment about the performance and overall effectiveness of the project.

The specific objectives of the final evaluation are:

- To assess project outcomes and results for different groups of people (by gender, ethnicity)
- To assess how and to what extent the project has effectively addressed the challenges faced by the target communities.
- To assess planned activities against the work plan, using strategies and approaches in the project design document.
- To assess the efficiency of the project in making timely progress towards achieving expected outcomes
- To evaluate the strengths and weaknesses of the program, and the appropriateness of project components and strategies, in relation to the overall goal of the project

- To capture lessons learned and good practices from all aspects of the project

3. Information to review during project final evaluation

The project final evaluation consultant will be expected to review the following information:

- All qualitative and quantitative data and information within log frame indicators
- Indicators of project goal and outcomes
- Lessons learned, good practices
- Information on cross cutting issue such as gender participation, environmental impact
- Unexpected outcomes such as benefit, harm, social changes etc.

Based on these assessments, the consultant will be expected to provide:

- Thorough report detailing all findings and recommendations based on the collected data from field team (SPSS version)
- Final Evaluation Report which will be used as a reference for later program development activities.

4. Methodology

Initial (4 Days)

- Desk review of documents such as project documents, narrative and financial periodical reports and other relevant project documents and descriptions.
- Development of the draft methodology (including work plan) using participatory approaches, the logical framework indicators and cross cutting themes (e.g. gender, ethnicity) including calculation of sample size and methods to be utilized for data collection.
- Development of triangulation tools (questionnaires, focus group discussion questions, etc)
- Development of guidelines for tools
- Development of the work plan

Analysis and Reporting (6 Days)

- Data analysis (using appropriate methods for data analysis) provided data (SPSS version) from data collection team
- Report drafting and finalization

In general the consultant will design for data collection team to facilitate, lead and guide the key stakeholders including target beneficiaries and cooperating partners and respective line departments (e.g. DOH), local authorities, and project staff, etc. with a view to ensuring all key stakeholders sufficiently contribute to the final evaluation.

5. Expertise Required

The Consultant shall be selected based on the following criteria:

- Extensive facilitation skills and ability to use participatory tools for evaluation processes;
- At least four years of continuous professional experience in the monitoring and evaluation of integrated conservation and development projects;
- Excellent grasp of financial analysis, planning and management of development projects;
- Updated and proven knowledge of AusAID policies and procedures;
- Knowledge of gender mainstreaming;
- Willing to work with national professionals and project-level staff;
- Experience in organizational capacity improvement;
- Willing to travel and work in remote and challenging environment; and
- Familiarity with the Myanmar development context, particularly in Northern Rakhine State, would be useful.

The final evaluation consultant will have overall responsibility for ensuring all parts of the TOR are addressed satisfactorily in the review report. Upon completion of the draft report and the feedback

from key program staff, the consultant will be responsible for incorporating the comments and suggestions into the final report.

6. Reporting Requirements

The product of the review is an End of Project Evaluation Report. The report should be in English and font not smaller than 10pt Arial, with the following structure

- Executive Summary
- Introduction and Project Background
- Methodology
- Key findings, Outcomes and Analysis - Progress towards indicators
- Unexpected outcomes (Positive and Negative)
- Lessons learned and good practices
- Analysis of relevant cross cutting themes (gender, ethnicity)
- Conclusion
- Annexes
 1. Tools (Guidelines for FGDs, IDIs)
 2. Reference
 3. Logical Framework
 4. Map of project area, if relevant
 5. Lists of persons/organizations consulted
 6. Other technical annexes where relevant (e.g. statistical analysis)

The Executive Summary should not be more than three (3) pages and the main text of the review report should not exceed 30 pages. Findings and recommendations must be fully cross-referenced. The report will be prepared using Microsoft Word Software and according to the above-listed donor format with descriptions in English. The report shall essentially follow the structure of the Terms of Reference and detailed materials shall be attached as appendix. It shall be clear and concise, limiting itself to essential points.

The consultant shall be responsible for providing a soft copy of the report. CARE Myanmar and/or CARE Australia will be responsible for printing hard copies for the AusAID and for distribution to other relevant partner organizations and agencies and stakeholder groups. CARE Myanmar will facilitate the translation of key portions of the review report to local languages, especially the findings, lessons learned, recommendations and the revised log frame if required, for non-English speaking stakeholders.

ANNEXURE II: PROJECT LOGICAL FRAMEWORK

WASH ACTIVITIES IN NORTHERN RAKHINE STATE, BURMA

(SEPTEMBER 2010- JUNE 2011)

BUTHIDAUNG AND MAUNGDAW TOWNSHIPS

Goal: To mitigate the impact of flooding on vulnerable people in Northern Rakhine State.			
Activity Description	Measurable Indicators	Means of Verification	Assumptions
Outcome 1: Access to safe water	Number of households with access to safe water	Baseline and final evaluation survey report	
Outputs: 1.1 Cleaned and renovated drinking water storage ponds 1.2 New ponds 1.3 New tube wells 1.4 New hand dug wells	<ul style="list-style-type: none"> • Number of ponds restored to operational condition • Number of constructed ponds • Number of new tube wells • Number of new hand dug wells 	Initial assessments Situation reports Water quality data Baseline and final evaluation survey report	Repeated occurrence of hazard events WASH Cluster coordination eliminates overlaps and gaps
Outcome 2: Improved sanitation	Number of households that are using latrines at the end of project	Baseline and final evaluation survey report	
Outputs: 2.1 Hygienic behaviours adopted 2.2 Hygiene kits distributed 2.3 Construction of latrines	<ul style="list-style-type: none"> • Number of households demonstrating acceptable hygiene practices • Number of kits distributed • Number of latrines constructed 	Baseline and Final evaluation Survey report Monitoring Report	Repeated occurrence of hazard events WASH Cluster coordination eliminates overlaps and gaps

ANNEXURE III: TARGET VILLAGES, BENEFICIARIES AND STUDY SAMPLE, BUTHIDAUNG

ID	TOWNSHIP	VILLAGE TRACT	TARGET VILLAGE	TARGET HH	SAMPLE HH
1	BUTHIDAUNG	NGA YANT CHAUNG	Nga Yant Chaung	665	
2			Kyi Hnot Thee	749	63
3		MEE KYAUNG GAUNG SWE	Mee Swal	88	
4			Maung Hla Ma	155	
5			Kume Kali	113	
6			Kone Tan	132	22
7		NGA KYI DAUK	Nga Kyi Dauk (Muslim)	249	
8			Nga Kyi Dauk (Dynet)	71	
9			Aung Lan Pyin	292	33
10			Thayay Kone Tan	123	
11		SAPA HTARR	Sapa Htarr	77	6
12			Kun Taung	56	
13		BA GONE NAR	Taung Ywar	248	
14			Done Chaung	29	14
15			Nyaung Ka Rone	25	
16		THA YET PYIN	Yay Chan Pyin	160	
17			Rakhine Ywar	68	
18			Ywar Thit	87	
19			Shar Kay	107	20
20			Thit Taw (Ah Lal Ywar)	30	
21		PHA YONE CHAUNG	Pha Yone Chaung (Rakhine+Muslim)	175	8
22		LET WELDAT PYIN SHAY	Htin Shar Pyin	314	18
23			Tha Pyay Taung	65	
24			Inn Pauk	31	
N1	SUBTOTAL FOR BUTHIDAUNG TOWNSHIP			4109	184

ANNEXURE IV: TARGET VILLAGES, BENEFICIARIES AND STUDY SAMPLE, MAUNGDAW

ID	TOWNSHIP	VILLAGE TRACT	TARGET VILLAGE	TARGET HH	SAMPLE HH
25	MAUNGDAW	PHA WET CHAUNG	Wet Pyin	181	
26			Ywar Thit	65	
27			Ywar Haung	145	
28			The' Chaung	333	43
29			Maung Hna Ma Gyi	242	
30		MAUNG HNA MA	Taung Ywar	104	
31			Ah Lal Ywar	216	28
32			Aung Mingalar	101	
33			Taung Ywar	211	
34		THA YET OAK	Ywar Gyi (Rakhine + Muslim)	264	15
35			Ah Shae Ywar	60	
36		YAY TWIN PYIN	Ah Lal Ywar	177	
37			Ah Nauk Ywar	47	
38			Gone Nar Ywar (Taung Ywar)	135	22
39			Taung Ywar	123	
40		GAW DU THAR YA	Ah Shae Ywar	129	
41			Myauk Ywar	167	
42			Ywar Thit Kay	199	
43			Ah Nauk Ywar	69	
44			Tha Yay Kone Baung	413	48
45			Ah Shae Ywar	90	
46		WA CHA	Thaung Paing Nyar	100	
47			Ah Nauk Ywar	29	7
48			Tat Oo Chaung	20	
49		DU CHEE YAR TAN	Taung Ywar	109	14
50			Ah Lal Ywar	131	
51			Myauk Ywar	45	
52			Kin Chaung (Rakhine)	25	
N2	SUBTOTAL FOR MAUNG DAW TOWNSHIP			3930	176
N	TOTAL (N1 + N2)			8039	360

ANNEXURE V: WOMEN’S INTERVIEW SCHEDULE



**CARE INTERNATIONAL IN MYANMAR
WASH ACTIVITIES IN NORTHERN RAKHINE STATE: NRS-WASH PROJECT
END OF PROJECT EVALUATION, 2011
WOMEN’S INTERVIEW SCHEDULE**

Good morning/good afternoon! My name is..... I am a field investigator working for CARE project on water, sanitation and hygiene (WASH) activities in Northern Rakhine State (NRS-WASH Project). We are conducting a survey as part of the end of project evaluation of the NRS WASH Project. In this context, we are studying the WASH related aspects in target areas namely Maungdaw and Buthidaung Townships. The results of this research will be used to assess the impact of project activities, and its effectiveness for the community. The questions asked of participating women will focus on the following information:

- The current situation of water supply and sanitation
- Knowledge and practices concerning hygiene
- Other health care and household practices

Because time is limited, not all women in the project villages will be included in the survey. A computer analysis will be conducted on the information collected in this survey for the project areas as a whole. Names and addresses of participants will not be included in the analysis or report, nor will information about your household be shared with anyone else. Participation is voluntary; you can choose not to participate, and if you can object to answering any specific question or questions in the questionnaire. There are no disadvantages if you decide not to participate or not to answer certain questions. However, we would greatly appreciate your cooperation.

The survey usually takes about 40 minutes to complete. Whatever information you provide will be kept strictly confidential. Therefore, could you have sufficient time and agree to participate in this interview?

At this time, do you want to ask me anything about the survey?
(ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT’S CONCERNS.)
In case you need more information about the survey, you may contact these persons.
(GIVE CARD WITH CONTACT INFORMATION.)

May I begin the interview now?
 Begin interview if respondent agrees to be interviewed
 End if respondent does not agree to be interviewed

Interviewer name:..... Team leader name:.....
 Date of interview:..... HH ID:.....
 Starting time:..... End time:.....
 Signature of interviewer:..... Date:.....

Location	Name of location	Code	Location	Name of location	Code
District			Township		
Village Tract			Village		

A. Beneficiary Information: (Respondent: Women engaged with WASH activities of household)		
1.	Name of interviewee:	
2.	Age of interviewee (age in completed years):	
3.	Relationship with the head of the household:	
4.	Marital Status:	
5.	Education:	
6.	Occupation:	
7.	Has this house been affected by 2010 floods such that it affected your water and sanitation system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Has this house been affected by any other natural disaster or event that affected your water and sanitation system? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Coding: Relationship: Head-1, wife -2, daughter-3, daughter-in-law-4, grandchild-5, parent-6, parent-in-law-7, sister – 8, sister-in-law – 9, niece– 10, adopted or stepchild-11, other relatives-99

Marital status: currently married-1, widowed– 2, divorced– 3, separated– 4, deserted– 5, never married- 6

Education: illiterate-1, primary school-2, secondary school-3, high school-4, university-5, others-99

Occupation: 1 - Casual Labor, 2 – Fisherman, 3 – Farmer, 4 – Livestock, 5 – Traders, 6 - Mobile worker, 7 - Government Staff, 8 - Private sector staff, 9 - NGO staff, 10 - Own Business, 11 – Homemaker/Housewife, 12 - Others (Please specify)

B. Water		
9.	Could you get me a glass of water as if you would offer it to someone to drink? INTERVIEWER'S ASSESSMENT OF BEHAVIOUR <input type="checkbox"/> Hygienic <input type="checkbox"/> Unhygienic	
10.	Before the 2010 floods, what was the main source of water for drinking and cooking purposes in the rainy season? (can answer only one option) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well water <input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify) _____	
11.	The drinking water from this source in rainy season is a) <input type="checkbox"/> Clean <input type="checkbox"/> Turbid b) <input type="checkbox"/> No smell <input type="checkbox"/> smell c) <input type="checkbox"/> Tasteless <input type="checkbox"/> Taste	
12.	Before the 2010 floods, what was the main source of water for bathing and washing purposes in the rainy season? (can answer only one option) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well water <input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify) _____	

13.	<p>Before the 2010 floods, what was the main source of water for drinking and cooking purposes in the dry season? (can answer only one option)</p> <p><input type="checkbox"/> Pond</p> <p><input type="checkbox"/> Rain water collection tank (concrete/brick)</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Tube well water</p> <p><input type="checkbox"/> Stream</p> <p><input type="checkbox"/> River water</p> <p><input type="checkbox"/> Rain water</p> <p><input type="checkbox"/> Others (Please specify) _____</p>						
14.	<p>The drinking water from this source in dry season is</p> <p>a) <input type="checkbox"/> Clean <input type="checkbox"/> Turbid</p> <p>b) <input type="checkbox"/> No smell <input type="checkbox"/> smell</p> <p>c) <input type="checkbox"/> Tasteless <input type="checkbox"/> Taste</p>						
15.	<p>Before the 2010 floods, what was the main source of water for bathing and washing purposes in the dry season? (can answer only one option)</p> <p><input type="checkbox"/> Pond</p> <p><input type="checkbox"/> Rain water collection tank (concrete/brick)</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Tube well water</p> <p><input type="checkbox"/> Stream</p> <p><input type="checkbox"/> River water</p> <p><input type="checkbox"/> Rain water</p> <p><input type="checkbox"/> Others (Please specify) _____</p>						
16.	<p>Was this water source damaged due to 2010 floods?</p>	<table border="1"> <tr> <td data-bbox="1044 993 1133 1035">1</td> <td data-bbox="1141 993 1369 1035">Yes</td> </tr> <tr> <td data-bbox="1044 1045 1133 1087">2</td> <td data-bbox="1141 1045 1369 1087">No</td> </tr> </table>	1	Yes	2	No	
1	Yes						
2	No						
17.	<p>After the 2010 floods, what was the main source of water for drinking and cooking purposes in the rainy season? (can answer only one option)</p> <p><input type="checkbox"/> Pond</p> <p><input type="checkbox"/> Rain water collection tank (concrete/brick)</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Tube well water</p> <p><input type="checkbox"/> Stream</p> <p><input type="checkbox"/> River water</p> <p><input type="checkbox"/> Rain water</p> <p><input type="checkbox"/> Others (Please specify) _____</p>						
18.	<p>The drinking water from this source in rainy season is</p> <p>a) <input type="checkbox"/> Clean <input type="checkbox"/> Turbid</p> <p>b) <input type="checkbox"/> No smell <input type="checkbox"/> smell</p> <p>c) <input type="checkbox"/> Tasteless <input type="checkbox"/> Taste</p>						
19.	<p>After the 2010 floods, what was the main source of water for bathing and washing purposes in the rainy season? (can answer only one option)</p> <p><input type="checkbox"/> Pond</p> <p><input type="checkbox"/> Rain water collection tank (concrete/brick)</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Tube well water</p> <p><input type="checkbox"/> Stream</p> <p><input type="checkbox"/> River water</p> <p><input type="checkbox"/> Rain water</p>						

	<input type="checkbox"/> Others (Please specify)_____											
20.	<p>After the 2010 floods, what was the main source of water for drinking and cooking purposes in the dry season? (can answer only one option)</p> <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well water <input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____											
21.	<p>The drinking water from this source in dry season is</p> <p>a) <input type="checkbox"/> Clean <input type="checkbox"/> Turbid</p> <p>b) <input type="checkbox"/> No smell <input type="checkbox"/> smell</p> <p>c) <input type="checkbox"/> Tasteless <input type="checkbox"/> Taste</p>											
22.	<p>After the 2010 floods, what was the main source of water for bathing and washing purposes in the dry season? (can answer only one option)</p> <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well water <input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____											
23.	<p>The water you collect from different sources is it enough for your domestic needs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No											
24.	<p>Are livestock or wild animals able to get into the source of water, ponds, wells etc.?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No											
25.	<p>Are you aware of NRS WASH Project activities implemented by CARE in your village?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No											
26.	<p>Is there any pond renovated or constructed at this village by CARE?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No											
27.	<p>Does your household collect water from this source for domestic use?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No											
28.	<p>The drinking water from this source in rainy season is</p> <p>a) <input type="checkbox"/> Clean <input type="checkbox"/> Turbid</p> <p>b) <input type="checkbox"/> No smell <input type="checkbox"/> smell</p> <p>c) <input type="checkbox"/> Tasteless <input type="checkbox"/> Taste</p>											
29.	<p>What kind of activities did the project do for water availability in your village? (can answer more than one response, No need to prompt)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Construction of new pond</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Renovate well</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Repairing of pond</td> <td style="border: none;"><input type="checkbox"/> Construction of new tube well with air compressor</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Renovate pond</td> <td style="border: none;"><input type="checkbox"/> Construction of new tube well</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Construction of new well</td> <td style="border: none;"><input type="checkbox"/> Nothing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Repairing of well</td> <td style="border: none;"><input type="checkbox"/> Others (Please specify)_____</td> </tr> </table>	<input type="checkbox"/> Construction of new pond	<input type="checkbox"/> Renovate well	<input type="checkbox"/> Repairing of pond	<input type="checkbox"/> Construction of new tube well with air compressor	<input type="checkbox"/> Renovate pond	<input type="checkbox"/> Construction of new tube well	<input type="checkbox"/> Construction of new well	<input type="checkbox"/> Nothing	<input type="checkbox"/> Repairing of well	<input type="checkbox"/> Others (Please specify)_____	
<input type="checkbox"/> Construction of new pond	<input type="checkbox"/> Renovate well											
<input type="checkbox"/> Repairing of pond	<input type="checkbox"/> Construction of new tube well with air compressor											
<input type="checkbox"/> Renovate pond	<input type="checkbox"/> Construction of new tube well											
<input type="checkbox"/> Construction of new well	<input type="checkbox"/> Nothing											
<input type="checkbox"/> Repairing of well	<input type="checkbox"/> Others (Please specify)_____											

30.	Can the water from the pond be used year round?	1	Yes	
		2	No	
31.	If "No", which seasons cannot be used?	1	Dry season (summer or winter)	
		2	Rainy season	
		3	Others (please specify) _____	
32.	For which purposes do your family use the water from pond constructed or renovated by the project? (can answer more than one response, No need to prompt) <input type="checkbox"/> For drinking and cooking <input type="checkbox"/> For washing <input type="checkbox"/> For Bathing <input type="checkbox"/> For Farming <input type="checkbox"/> For animals drinking <input type="checkbox"/> Others (please specify) _____			
33.	How is the drinking water stored in your family? (can answer more than one response) <input type="checkbox"/> Water pot/ ceramic pot <input type="checkbox"/> Plastic bucket <input type="checkbox"/> Bamboo Joint <input type="checkbox"/> Others (Please specify) _____			
34.	Does your family drink boiled water (after cooling)?	1	Always	
		2	Sometimes	
		3	Never	
35.	Are you using the water filter, bucket and kettle provided by the project?			
	Materials	Use	Use where	Not use
	Water Filter			
	Water Bucket			
	Kettle			
	Not get any support			
36.	Did you make water clean or safe for drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
37.	If yes, what methods did you use to make water safe or clean for drinking? a) Boiling water <input type="checkbox"/> Yes <input type="checkbox"/> No b) Use alum <input type="checkbox"/> Yes <input type="checkbox"/> No c) Expose to sun <input type="checkbox"/> Yes <input type="checkbox"/> No d) Ceramic filter <input type="checkbox"/> Yes <input type="checkbox"/> No e) Use water filter provided by CARE <input type="checkbox"/> Yes <input type="checkbox"/> No f) Strain water through cloth <input type="checkbox"/> Yes <input type="checkbox"/> No g) Others _____			
38.	Who is mainly responsible for fetching water in your family? (answer only option) <input type="checkbox"/> Head of the Household (Male) <input type="checkbox"/> Head of household (Female) <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify) _____			

39.	Do you usually have to wait to get your water? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		
40.	Does your main water source provide water throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
41.	How many times your family has to fetch drinking water in dry season?	1 2 3 4 5 6 7	1 time per day 2 times per day 3 times per day 4 times and above Once every two days Once every three days Others (please specify)_____
42.	How much time spent for drinking water fetching in dry season?	1 2 3 4	Less than 30 minutes 30 mins – 1 hr 1 – 2 hr More than 2 hr
43.	How many times your family has to fetch drinking water in rainy season?	1 2 3 4 5 6 7	1 time per day 2 times per day 3 times per day 4 times and above Once every two days Once every three days Others (please specify)_____
44.	How much time spent for drinking water fetching in rainy season?	1 2 3 4	Less than 30 minutes 30 mins – 1 hr 1 – 2 hr More than 2 hr
45.	How does your family fetch for drinking water?	1 2 3 4 5	By human force By cart with cows Tractor By boat Others (please specify)_____
46.	How does your family fetch water for using?	1 2 3 4 5	By human force By cart with cows Tractor By boat Others (please specify)_____

47.	What do you use for drinking water fetching?	1 2 3 4 5	Gallon bucket Plastic bucket Drum Water pot Others (Please specify) _____	
48.	What do you use to fetch water for using?	1 2 3 4 5	Gallon bucket Plastic bucket Drum Water pot Others (Please specify) _____	
49.	Is there difference in time spent to fetch water for drinking before and after 2010 floods? (Dry season/ Rainy season)	1 2 3	More time spent before the 2010 floods More time spent after 2010 floods Not different	
50.	Is there difference in time spent to fetch water for using before and after 2010 floods? (Dry season/ Rainy season)	1 2 3	More time spent Before the 2010 floods More time spent after 2010 floods Not different	
51.	What are the current difficulties faced to get water in your area? (can answer more than one response) <input type="checkbox"/> Difficult water availability in dry season <input type="checkbox"/> Can't access water in some area of village <input type="checkbox"/> To get safe and clean water <input type="checkbox"/> Long water fetching time <input type="checkbox"/> Others (Please specify) _____ <input type="checkbox"/> No difficulties			
52.	When compared to before 2010 flood situation do you think that the water availability in your village has improved because of project activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as pre-2010 situation			
53.	Do you think that the quality of water has improved when compared to pre 2010 situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as pre-2010 situation			
54.	Do you think that women have to travel less for water when compared to pre 2010 situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as pre-2010 situation			
55.	What benefits do you get from the ponds constructed or renovated by the project? (can answer more than one response, No need to prompt) <input type="checkbox"/> Could access water in all seasons not only in rainy season <input type="checkbox"/> Get sufficient water/ could use adequate amount of water for family <input type="checkbox"/> Could use clean water <input type="checkbox"/> Decrease in fetching time <input type="checkbox"/> Could use in farming and livestock raising <input type="checkbox"/> Others (please specify) _____			
C. Sanitation and Hygiene				
56.	Is the container where the water is kept covered? <input type="checkbox"/> Yes <input type="checkbox"/> No			

57.	How often do you clean water container? <input type="checkbox"/> once per day <input type="checkbox"/> 2 times per week <input type="checkbox"/> once per week <input type="checkbox"/> Others _____		
58.	Before the 2010 floods, where did you use as your latrine? <input type="checkbox"/> My latrine <input type="checkbox"/> My neighbor's latrine <input type="checkbox"/> Public latrine <input type="checkbox"/> Open defecation <input type="checkbox"/> Others (Specify)		
59.	If yes, was that latrine fly proof?	1 2	Yes No
60.	Was your latrine damaged during the 2010 floods? <input type="checkbox"/> Yes <input type="checkbox"/> No		
61.	Do you now have a latrine at your house?	2	Yes No
62.	Do you feel complete privacy in the sanitation facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
63.	Do you feel it is safe to use water and sanitation facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
64.	Do you regularly use your latrine at home?	1 2	Yes No
65.	If no, why	1 2 3 4 5	Due to habit Due to inadequate water Due to damage of latrine Due to bad smell Others (Specify)
66.	Mostly, who take the responsibility of latrine cleaning? (Multiple response) <input type="checkbox"/> Household head (male) <input type="checkbox"/> Household head (female) <input type="checkbox"/> Wife <input type="checkbox"/> Husband		<input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
67.	Mostly, if the latrine is not functioning, who repairs them? (Multiple response) <input type="checkbox"/> Household head (male) <input type="checkbox"/> Household head (female) <input type="checkbox"/> Wife <input type="checkbox"/> Husband		<input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other _____
68.	Are there any problems with the latrine? a) Water not available for cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No b) Flies and mosquitoes <input type="checkbox"/> Yes <input type="checkbox"/> No c) Superstructure does not ensure privacy <input type="checkbox"/> Yes <input type="checkbox"/> No d) Foul smell <input type="checkbox"/> Yes <input type="checkbox"/> No		

	<p>e) Flooding in rainy season <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) Difficulties for younger children to use <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g) Pit filled up <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h) Slab not stable/fear to fall <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i) Others (specify) _____</p>	
69.	During usage of toilet, what do you use for cleaning?	<p>1 Water</p> <p>2 Paper</p> <p>3 Stick</p> <p>4 Others (specify)</p>
70.	Do you wash your hands after using toilet?	<p>1 Always wash</p> <p>2 Often wash</p> <p>3 Sometimes wash</p> <p>4 Never wash</p>
71.	With what do you usually wash your hands?	<p>1 Water only</p> <p>2 Soap and water</p> <p>3 Ash</p> <p>4 Soap nut</p> <p>5 Others (specify)</p>
72.	<p>Apart from it, when do you usually wash your hands? (Multiple response, non-prompted)</p> <p>a) Before cooking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Before preparing food <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Before meal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Before breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) After meal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) After cleaning baby's bottom <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g) After work <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h) After handling of waste and rubbishes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i) After handling of animals <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
73.	<p>What do you do with children stool?</p> <p>a) Leave it where it is <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Throw it in the street <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Throw it in the latrine <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Don't see it harmful <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
74.	<p>What do you do to prevent skin diseases?</p> <p>a) Bathe and change clothes regularly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Wash all clothes and bedding regularly and hangout in sun <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Keep flies away from body and face <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Wash face everyday with soap or water <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
75.	<p>How often do you like to take bath?</p> <p><input type="checkbox"/> Everyday</p> <p><input type="checkbox"/> Once in two days</p> <p><input type="checkbox"/> twice per week</p> <p><input type="checkbox"/> once per week</p> <p><input type="checkbox"/> Others _____</p>	

76.	How do you store your cooked food before eating?	1 J ၃ ၄ 5	Screen the prepared meal Keep inside the cupboard Place on the kitchen shelf Place on the dining table (uncovered) Other (specify)	
77.	What is the principle way you dispose your garbage? <input type="checkbox"/> Collected from home by govt/community association <input type="checkbox"/> Collected from neighbourhood box by govt/community association <input type="checkbox"/> Disposed within premises <input type="checkbox"/> Disposed outside premises <input type="checkbox"/> Burned or buried <input type="checkbox"/> Others (specify)			
78.	What are the various diseases or illnesses you experienced during the last one month a) Malaria <input type="checkbox"/> Yes <input type="checkbox"/> No b) Diarrhoea <input type="checkbox"/> Yes <input type="checkbox"/> No c) Jaundice <input type="checkbox"/> Yes <input type="checkbox"/> No d) Dysentery <input type="checkbox"/> Yes <input type="checkbox"/> No e) Skin infection <input type="checkbox"/> Yes <input type="checkbox"/> No f) Others (specify)			
79.	Did you seek medical advice for the illnesses? a) Malaria <input type="checkbox"/> Yes <input type="checkbox"/> No b) Diarrhoea <input type="checkbox"/> Yes <input type="checkbox"/> No c) Jaundice <input type="checkbox"/> Yes <input type="checkbox"/> No d) Dysentery <input type="checkbox"/> Yes <input type="checkbox"/> No e) Skin infection <input type="checkbox"/> Yes <input type="checkbox"/> No f) Others (specify)			
80.	Were there any diarrhea cases among children below 5 years in your family within last two weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
81.	Were there any diarrhea cases in your family among members above 5 years of age within last two weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Knowledge				
82.	Have you receive any education or awareness regarding water, sanitation and hygienic behavior from awareness campaigns? <input type="checkbox"/> Yes <input type="checkbox"/> No			
83.	Do you know how to treat water and make it safer for drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
84.	Have you shown anyone else how to treat the water? <input type="checkbox"/> Yes <input type="checkbox"/> No			
85.	Do you know how to take care of latrine and toilet facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
86.	Have you shown anyone else how to take care of latrine and toilet facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			

87.	Please tell me how to treat a diarrhea case (Multiple response, non-prompted) <input type="checkbox"/> give ORS <input type="checkbox"/> give home-made ORS (8 teaspoons of sugar and 1 teaspoon of salt in 1 liter clean water) <input type="checkbox"/> stop the usual diet <input type="checkbox"/> continue the usual diet or breastfeeding <input type="checkbox"/> go to see the health personnel at clinic or hospital <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> don't know	
88.	What do you think, are the causes of diarrhea? (Multiple response, non-prompted) <input type="checkbox"/> Due to unclean food <input type="checkbox"/> Due to unclean water <input type="checkbox"/> Due to unclean hand <input type="checkbox"/> Due to fly <input type="checkbox"/> Due to unclean kitchen utensils <input type="checkbox"/> Due to waste and rubbishes <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> don't know	
89.	Can you tell me the danger signs when a child is seriously ill from diarrhea and should be taken to a health facility? (DO NOT READ THE ANSWERS, ENCOURAGE BY ASKING) <input type="checkbox"/> sunken eyes <input type="checkbox"/> persistent skin fold <input type="checkbox"/> blood in stool <input type="checkbox"/> irritable or restless <input type="checkbox"/> drinks eagerly or thirsty <input type="checkbox"/> Others _____ <input type="checkbox"/> Don't Know	
E. Village Health Promoter, Water Committee and Village Development Committee		
90.	Do you know the trained village health promoters in your village?	1 Yes 2 No
91.	Have you attended the HE sessions conducted in your village?	1 Yes 2 No
92.	If no, why? What were the difficulties for you to attend those sessions?	
93.	What did you learn from those HE sessions? (Multiple response, non-prompted) <input type="checkbox"/> hand washing <input type="checkbox"/> fly proof latrines usage <input type="checkbox"/> safe drinking water <input type="checkbox"/> diarrhea <input type="checkbox"/> dengue <input type="checkbox"/> clean food <input type="checkbox"/> 3 food groups <input type="checkbox"/> other (specify) _____	
94.	Is there any Water Committee at village?	1 Yes 2 No
95.	What does the Water Committee do for the village? (Multiple response, non-prompted) <input type="checkbox"/> Maintenance of pond <input type="checkbox"/> Supervise pond/latrine constructions or renovations <input type="checkbox"/> Solving complaints <input type="checkbox"/> Take responsibility to make disciplines at the pond to prevent water shortage <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> don't know	
96.	Does the Water Committee of your village have female members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
97.	Are females from the village consulted while undertaking water and sanitation system design and activities in the village? <input type="checkbox"/> Yes <input type="checkbox"/> No	
98.	Did you participate in the water committee meetings regarding the water and sanitation system design and activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

99.	Did you give any suggestions to the water committee regarding the water and sanitation system design and activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
100.	Do you think there should be more involvement of females in the management of water and sanitation system of the village? <input type="checkbox"/> Yes <input type="checkbox"/> No		
101.	If yes, what restricts women's participation in water and sanitation system management? Please specify _____		
102.	Is your water supply operated and maintained by the community? <input type="checkbox"/> Yes <input type="checkbox"/> No		
103.	Do you have any suggestions regarding your water system? _____		
104.	Did your village have environment, water, sanitation or hygiene related issues or problem? a) Damaged canal <input type="checkbox"/> Yes <input type="checkbox"/> No b) Garbage in the community <input type="checkbox"/> Yes <input type="checkbox"/> No c) Unsafe water <input type="checkbox"/> Yes <input type="checkbox"/> No d) Poor sanitation <input type="checkbox"/> Yes <input type="checkbox"/> No e) Deforestation <input type="checkbox"/> Yes <input type="checkbox"/> No f) Diseases due to poor water and sanitation <input type="checkbox"/> Yes <input type="checkbox"/> No		
105.	Did your village faced flood problem this year (2011) <input type="checkbox"/> Yes <input type="checkbox"/> No		
106.	Do you know the infrastructure or activities to deal with the problems of natural disaster such as floods? a) Reserve water system or water tanks <input type="checkbox"/> Yes <input type="checkbox"/> No b) Boreholes or well constructions <input type="checkbox"/> Yes <input type="checkbox"/> No c) Pond reconstruction <input type="checkbox"/> Yes <input type="checkbox"/> No d) Latrine facility <input type="checkbox"/> Yes <input type="checkbox"/> No e) Hygiene kit <input type="checkbox"/> Yes <input type="checkbox"/> No f) Others (specify) <input type="checkbox"/> Yes <input type="checkbox"/> No		
107.	Who supported in constructing infrastructure or activities to deal with natural disaster issues such as floods? a) CARE <input type="checkbox"/> Yes <input type="checkbox"/> No b) Community organizations <input type="checkbox"/> Yes <input type="checkbox"/> No c) Other NGOs <input type="checkbox"/> Yes <input type="checkbox"/> No d) Government <input type="checkbox"/> Yes <input type="checkbox"/> No e) Others (specify)		
108.	Do you know the complaint mechanism towards the NRS WASH project?	1	Yes
		2	No
109.	If yes, what are the means? (Multiple response, non-prompted) <input type="checkbox"/> by letter (via complaint box) <input type="checkbox"/> verbally to VDC member <input type="checkbox"/> verbally to the project staff <input type="checkbox"/> other (specify) _____		
110.	Was there any dissatisfaction regarding project activities/ beneficiary selection/ water storage tank/ latrine construction?	1	Yes
		2	No
111.	If yes, did you raise your complaint	1	Yes

		2	No	
112.	What mean did you use to complain?	1	Complain box	
		2	To VDC	
		3	To project staff	
		4	Other (specify)	
113.	Did they solve your complain?	1	Yes	
		2	No	
114.	If no, why?			
115.	Did you and your household participate in developing village development plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

F. Impact Assessment

116.	The drinking water your family used had odour/smell	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
117.	The drinking water your family used had colour or was turbid	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
118.	The drinking water your family used had taste	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
119.	Your family was drinking treated water	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
120.	Your family used soap or ash to wash hands before preparing food	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
121.	Your family used soap or ash to wash hands before eating	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
122.	Your family used soap or ash to wash hands before breastfeeding	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
123.	Your family used soap or ash to wash hands after cleaning baby's bottom	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
124.	Your family used soap or ash to wash hands after toilet	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
125.	Your family used soap or ash to wash hands after work	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
126.	You family had fly proof latrine	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
127.	Your family used fly proof latrine	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
128.	Your family kept water container clean and covered	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
129.	You feel completely safe using water and sanitation facility	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
130.	You have privacy while using sanitation facility	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
131.	You have received health education	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
132.	You know how to treat water	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
133.	You know of ORS	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
134.	You know symptoms of diarrhoea	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
135.	When compared to pre-project situation, the time now required to fetch water is	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
136.	When compared to pre-project situation, now women's participation in WASH related village meetings is	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
137.	When compared to pre-project situation, now number of households accessing safe water and sanitation is	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
138.	When compared to pre-project situation,	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	

	now the WASH related health problems are	
139.	When compared to pre-project situation, now the WASH situation in your village	<input type="checkbox"/> Improved <input type="checkbox"/> Same as before <input type="checkbox"/> Worsened



ANNEXURE VI: MEN'S QUESTIONNAIRE



**CARE INTERNATIONAL IN MYANMAR
WASH ACTIVITIES IN NORTHERN RAKHINE STATE: NRS-WASH PROJECT
END OF PROJECT EVALUATION, 2011
MEN'S INTERVIEW SCHEDULE**

Good morning/good afternoon! My name is..... I am a field investigator working for CARE project on water, sanitation and hygiene (WASH) activities in Northern Rakhine State (NRS-WASH Project). We are conducting a survey as part of the end of project evaluation of the NRS WASH Project. In this context, we are studying the WASH related aspects in target areas namely Maungdaw and Buthidaung Townships. The results of this research will be used to assess the impact of project activities, and its effectiveness for the community. The questions asked of participating households will focus on the following information:

- Information about the household and the people living here
- The current situation of water supply and sanitation
- Knowledge and practices concerning hygiene
- Other health care and household practices

Because time is limited, not all households in the project villages will be included in the survey. A computer analysis will be conducted on the information collected in this survey for the project areas as a whole. Names and addresses of participants will not be included in the analysis or report, nor will information about your household be shared with anyone else. Participation is voluntary; you can choose not to participate, and if you can object to answering any specific question or questions in the questionnaire. There are no disadvantages if you decide not to participate or not to answer certain questions. However, we would greatly appreciate your cooperation.

The survey usually takes about 40 minutes to complete and involve several members of your households. Whatever information you provide will be kept strictly confidential. Therefore, could you have sufficient time and agree to participate in this interview?

At this time, do you want to ask me anything about the survey?
(ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.)

In case you need more information about the survey, you may contact these persons.
(GIVE CARD WITH CONTACT INFORMATION.)

- May I begin the interview now?
- Begin interview if respondent agrees to be interviewed
 - End if respondent does not agree to be interviewed

Interviewer name:.....
Date of interview:.....
Starting time:.....
Signature of interviewer:.....

Team leader name:.....
HH ID:.....
End time:.....
Date:.....

Location	Name of location	Code	Location	Name of location	Code
District			Township		
Village Tract			Village		

C. Beneficiary Information: Male Questionnaire

140.	Name of interviewee						
141.	Age of interviewee (age in completed years)						
142.	Ethnicity _____				Religion _____		
143.	The house is:						
	<input type="checkbox"/> Owned by Head of the household or self <input type="checkbox"/> Temporary house <input type="checkbox"/> Friends house <input type="checkbox"/> Rented house <input type="checkbox"/> Others _____						
144.	Has this house been affected by 2010 floods such that it affected your water and sanitation system? <input type="checkbox"/> Yes <input type="checkbox"/> No						
145.	Has this house been affected by natural disaster or event that affected your water and sanitation system? <input type="checkbox"/> Yes <input type="checkbox"/> No						
146.	Information on household members:						
	No.	Name	Relationship with household head	Age	Sex	Education	Occupation
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
147.	Does your household have:						
	<input type="checkbox"/> Electricity <input type="checkbox"/> Mattress <input type="checkbox"/> Pressure cooker <input type="checkbox"/> Chair <input type="checkbox"/> Cot or bed <input type="checkbox"/> Table <input type="checkbox"/> Electric fan <input type="checkbox"/> Radio <input type="checkbox"/> Television (TV) <input type="checkbox"/> Mobile telephone/Landline telephone <input type="checkbox"/> Computer				<input type="checkbox"/> Refrigerator <input type="checkbox"/> Watch <input type="checkbox"/> Clock <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle (Two-wheeler) <input type="checkbox"/> Car <input type="checkbox"/> Animal drawn cart <input type="checkbox"/> Water pump <input type="checkbox"/> Tractor <input type="checkbox"/> Land for subsistence farming <input type="checkbox"/> Land for cash crop cultivation		
148.	Observe the main materials of the following:						

	<p>FLOOR:</p> <p><input type="checkbox"/> Natural Floor (Mud, clay, earth, sand, dung)</p> <p><input type="checkbox"/> Rudimentary Floor (raw wood planks, pal or bamboo, raw brick or stone)</p> <p><input type="checkbox"/> Finished Floor (polished wood, vinyl or asphalt, ceramic tiles, cement, polished stone, marble)</p> <p>ROOF:</p> <p><input type="checkbox"/> Natural Roof (No roof, thatched, palm leaf, grass, mud, plastic or polythene sheet)</p> <p><input type="checkbox"/> Rudimentary Roof (mat, palm or bamboo, raw wood planks, raw brick or stone)</p> <p><input type="checkbox"/> Finished Roof (metal, GI, wood, cement, asbestos, RCC, concrete roof, tiles)</p> <p>WALLS:</p> <p><input type="checkbox"/> Natural Wall (No walls, Mud, palm, bamboo, thatch)</p> <p><input type="checkbox"/> Rudimentary Wall (bamboo & mud, stone & mud, plywood /cardboard, raw wood /unburnt brick)</p> <p><input type="checkbox"/> Finished Wall (Cement, concrete, stone with lime, burnt bricks, wood planks, GI, metal, asbestos)</p>																						
149.	<p>Main family income source /occupation</p> <table border="0"> <tr> <td><input type="checkbox"/> Casual Labor</td> <td><input type="checkbox"/> Casual Labor</td> </tr> <tr> <td><input type="checkbox"/> Fisherman</td> <td><input type="checkbox"/> Fisherman</td> </tr> <tr> <td><input type="checkbox"/> Farmer</td> <td><input type="checkbox"/> Farmer</td> </tr> <tr> <td><input type="checkbox"/> Livestock</td> <td><input type="checkbox"/> Livestock</td> </tr> <tr> <td><input type="checkbox"/> Traders</td> <td><input type="checkbox"/> Traders</td> </tr> <tr> <td><input type="checkbox"/> Mobile worker</td> <td><input type="checkbox"/> Mobile worker</td> </tr> <tr> <td><input type="checkbox"/> Government Staff</td> <td><input type="checkbox"/> Government Staff</td> </tr> <tr> <td><input type="checkbox"/> Private sector staff</td> <td><input type="checkbox"/> Private sector staff</td> </tr> <tr> <td><input type="checkbox"/> NGO staff</td> <td><input type="checkbox"/> NGO staff</td> </tr> <tr> <td><input type="checkbox"/> Own Business</td> <td><input type="checkbox"/> Own Business</td> </tr> <tr> <td><input type="checkbox"/> Others (Please specify)</td> <td><input type="checkbox"/> Others (Please specify)</td> </tr> </table>	<input type="checkbox"/> Casual Labor	<input type="checkbox"/> Casual Labor	<input type="checkbox"/> Fisherman	<input type="checkbox"/> Fisherman	<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Livestock	<input type="checkbox"/> Livestock	<input type="checkbox"/> Traders	<input type="checkbox"/> Traders	<input type="checkbox"/> Mobile worker	<input type="checkbox"/> Mobile worker	<input type="checkbox"/> Government Staff	<input type="checkbox"/> Government Staff	<input type="checkbox"/> Private sector staff	<input type="checkbox"/> Private sector staff	<input type="checkbox"/> NGO staff	<input type="checkbox"/> NGO staff	<input type="checkbox"/> Own Business	<input type="checkbox"/> Own Business	<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> Casual Labor	<input type="checkbox"/> Casual Labor																						
<input type="checkbox"/> Fisherman	<input type="checkbox"/> Fisherman																						
<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer																						
<input type="checkbox"/> Livestock	<input type="checkbox"/> Livestock																						
<input type="checkbox"/> Traders	<input type="checkbox"/> Traders																						
<input type="checkbox"/> Mobile worker	<input type="checkbox"/> Mobile worker																						
<input type="checkbox"/> Government Staff	<input type="checkbox"/> Government Staff																						
<input type="checkbox"/> Private sector staff	<input type="checkbox"/> Private sector staff																						
<input type="checkbox"/> NGO staff	<input type="checkbox"/> NGO staff																						
<input type="checkbox"/> Own Business	<input type="checkbox"/> Own Business																						
<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Others (Please specify)																						

Coding:

Relationship: Head-1, wife or husband-2, son or daughter-3, son-in-law or daughter-in-law-4, grandchild-5, parent-6, parent-in-law-7, brother or sister – 8, brother-in-law or sister-in-law – 9, niece or nephew – 10, adopted or stepchild-11, other relatives-99

Marital status: currently married-1, widowed– 2, divorced– 3, separated– 4, deserted– 5, never married- 6

Education: illiterate-1, primary school-2, secondary school-3, high school-4, university-5, others-99

Sex: male-1, female-2

Occupation: 1 - Casual Labor, 2 – Fisherman, 3 – Farmer, 4 – Livestock, 5 – Traders, 6 - Mobile worker, 7 - Government Staff, 8 - Private sector staff, 9 - NGO staff, 10 - Own Business, 11 – Homemaker/Housewife, 12 - Others (Please specify)

D. Water										
150.	<p>Before the 2010 floods, where did you get the water for drinking and cooking purposes in the rainy season? (can answer more than one response, No need to prompt)</p> <table border="0"> <tr> <td><input type="checkbox"/> Pond</td> <td><input type="checkbox"/> Stream</td> </tr> <tr> <td><input type="checkbox"/> Rain water collection tank (concrete/brick)</td> <td><input type="checkbox"/> River water</td> </tr> <tr> <td><input type="checkbox"/> Well</td> <td><input type="checkbox"/> Rain water</td> </tr> <tr> <td><input type="checkbox"/> Tube well</td> <td><input type="checkbox"/> Others (Please specify)_____</td> </tr> </table>	<input type="checkbox"/> Pond	<input type="checkbox"/> Stream	<input type="checkbox"/> Rain water collection tank (concrete/brick)	<input type="checkbox"/> River water	<input type="checkbox"/> Well	<input type="checkbox"/> Rain water	<input type="checkbox"/> Tube well	<input type="checkbox"/> Others (Please specify)_____	
<input type="checkbox"/> Pond	<input type="checkbox"/> Stream									
<input type="checkbox"/> Rain water collection tank (concrete/brick)	<input type="checkbox"/> River water									
<input type="checkbox"/> Well	<input type="checkbox"/> Rain water									
<input type="checkbox"/> Tube well	<input type="checkbox"/> Others (Please specify)_____									

151.	Before the 2010 floods, where did you get the water for bathing and washing purposes in the rainy season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____	
152.	Before the 2010 floods, where did you get the water for drinking and cooking purposes in the dry season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____	
153.	Before the 2010 floods, where did you get the water for bathing and washing purpose in the dry season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____	
154.	Was there any pond at your village before the 2010 floods?	1 Yes 2 No	
155.	Was there any pond that was damaged due to 2010 floods?	1 Yes 2 No	
156.	After 2010 floods, where do you get the water for drinking and cooking purposes in rainy season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____	
157.	After 2010 floods, where do you get the water for bathing and washing purposes in rainy season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify)_____	
158.	After 2010 floods, where do you get the water for drinking and cooking purposes in dry season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please	

	<input type="checkbox"/> Tube well _____ specify) _____		
159.	After 2010 floods, where do you get the water for bathing and washing purposes in dry season? (can answer more than one response, No need to prompt) <input type="checkbox"/> Pond <input type="checkbox"/> Rain water collection tank (concrete/brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well	<input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others (Please specify) _____	
160.	Are livestock or wild animals able to get into the source of water, ponds, wells etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		
161.	What kind of activities did the project do for water availability in your village? (can answer more than one response, No need to prompt) <input type="checkbox"/> Construction of new pond <input type="checkbox"/> Repairing of pond <input type="checkbox"/> Renovate pond <input type="checkbox"/> Construction of new well <input type="checkbox"/> Repairing of well	<input type="checkbox"/> Renovate well <input type="checkbox"/> Construction of new tube well with air compressor <input type="checkbox"/> Construction of new tube well <input type="checkbox"/> Nothing <input type="checkbox"/> Others (Please specify) _____	
162.	Can everyone in the village use water from newly constructed or renovated pond?	1 Yes 2 No	
163.	If "No", how much percent of the village community can use?	1 Less than one fourth (up to 25%) 2 One fourth to half (25 to 50%) 3 Three fourth (50 to 75%) 4 More than three-fourth (75 to 100%)	
164.	Why can't the rest of people use? Please explain _____		
165.	Can the water from the pond be used year round?	1 Yes 2 No	
166.	If "No", which seasons cannot be used?	1 Dry season (summer or winter) 2 Rainy season 3 Others (please specify) _____	
167.	For which purposes do your family use the water from pond constructed or renovated by the project? (can answer more than one response, No need to prompt) <input type="checkbox"/> For drinking and cooking <input type="checkbox"/> For washing <input type="checkbox"/> For Bathing <input type="checkbox"/> For Farming <input type="checkbox"/> For animals drinking <input type="checkbox"/> Others (please specify) _____		
168.	Does water for drinking or cooking used by your family have color? (clean/turbid)	1 Water is clean 2 Water is dirty (turbid)	
169.	Does water for drinking or cooking used by your family have odour?	1 Yes 2 No	

170.	Does water for drinking or cooking used by your family have any taste?	1	Yes	
		2	No	
171.	How is the drinking water stored in your family? (can answer more than one response) <input type="checkbox"/> Water pot/ ceramic pot <input type="checkbox"/> Plastic bucket		<input type="checkbox"/> Bamboo Joint <input type="checkbox"/> Others (Please specify) _____	
172.	Does your family drink boiled water (after cooling)?	1	Always	
		2	Sometimes	
		3	Never	
173.	Are you using the water filter, bucket and kettle provided by the project?			
	Materials	Use	Use where	Not use
	Water Filter			
	Water Bucket			
	Kettle			
	Not get any support			
174.	Did you make water clean or safe for drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
175.	If yes, what methods did you use to make water safe or clean for drinking? h) Boiling water <input type="checkbox"/> Yes <input type="checkbox"/> No i) Use alum <input type="checkbox"/> Yes <input type="checkbox"/> No j) Expose to sun <input type="checkbox"/> Yes <input type="checkbox"/> No k) Ceramic filter <input type="checkbox"/> Yes <input type="checkbox"/> No l) Use water filter provided by CARE <input type="checkbox"/> Yes <input type="checkbox"/> No m) Strain water through cloth <input type="checkbox"/> Yes <input type="checkbox"/> No n) Others _____			
176.	What are the current difficulties faced to get water in your area? (can answer more than one response) <input type="checkbox"/> Difficult water availability in dry season <input type="checkbox"/> Can't access water in some area of village <input type="checkbox"/> To get safe and clean water <input type="checkbox"/> Long water fetching time <input type="checkbox"/> Others (Please specify) _____ <input type="checkbox"/> No difficulties			
177.	What benefits do you get from the ponds constructed or renovated by the project? (can answer more than one response, No need to prompt) <input type="checkbox"/> Could access water in all seasons not only in rainy season <input type="checkbox"/> Get sufficient water/ could use adequate amount of water for family <input type="checkbox"/> Could use clean water <input type="checkbox"/> Decrease in fetching time <input type="checkbox"/> Could use in farming and livestock raising <input type="checkbox"/> Others (please specify) _____			
C. Sanitation and Hygiene				
178.	Before the 2010 floods, where did you use as your latrine? <input type="checkbox"/> My latrine <input type="checkbox"/> My neighbor's latrine <input type="checkbox"/> Public latrine <input type="checkbox"/> Open defecation <input type="checkbox"/> Others (Specify) _____			
179.	If yes, was that latrine fly proof?	1	Yes	

		2	No	
180.	Was your latrine damaged during the 2010 floods <input type="checkbox"/> Yes <input type="checkbox"/> No			
181.	Do you now have a latrine at your house?	2	Yes No	
182.	If yes, (INTERVIEWER'S INSPECTION) may I look at the sanitary facility? INTERVIEWERS OBSERVATIONS a) Does it look like someone has cleaned the latrine? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Are there feces outside of toilet or latrine? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Are there any flies? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are there any signs of use of sanitary facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No e) Is the path to the outhouse clear? <input type="checkbox"/> Yes <input type="checkbox"/> No f) Is the latrine or toilet facility well swept? <input type="checkbox"/> Yes <input type="checkbox"/> No g) Are there any spider-webs? <input type="checkbox"/> Yes <input type="checkbox"/> No h) Is the toilet covered? <input type="checkbox"/> Yes <input type="checkbox"/> No i) Is there any cleaning material? <input type="checkbox"/> Yes <input type="checkbox"/> No			
183.	If no, what do you use as your latrine?	2 3 4 5	My neighbor's latrine Public latrine Open defecation Others (Specify)	
184.	Did you receive a latrine after 2010 floods? <input type="checkbox"/> Yes <input type="checkbox"/> No			
185.	If yes, who gave it to you? Please specify _____			
186.	Do you now use the same latrine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
187.	Do you regularly use your latrine at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
188.	If no, why	1 2 3 4 5	Due to habit Due to inadequate water Due to damage of latrine Due to bad smell Others (Specify)	
189.	Are there any household members who have not used the latrine yet?	1 2	Yes No	
190.	If yes, who are they?	1 2 3 4 5 6 7	Children under 3 years Children between 3-10 years Grandparents Male household members Female household members Disabled family members Others (Specify)	
191.	Why are they not using the latrines?	1 2 3	Due to habit Too young to use Others (specify)	
192.	If so, where did they go as their toilet?	1 2 3	Child's potty Open defecation Others (Specify)	
193.	Will you repair your latrine, if damaged?	1 2	Yes No	
194.	Why or why not? Explain your answer.			

202.	What do you do to prevent skin disease? e) Bathe and change clothes regularly <input type="checkbox"/> Yes <input type="checkbox"/> No f) Wash all clothes and bedding regularly and hangout in sun <input type="checkbox"/> Yes <input type="checkbox"/> No g) Keep flies away from body and face <input type="checkbox"/> Yes <input type="checkbox"/> No h) Wash face everyday with soap or water <input type="checkbox"/> Yes <input type="checkbox"/> No	
203.	How often do family members usually like to take bath? <input type="checkbox"/> Everyday <input type="checkbox"/> Once in two days <input type="checkbox"/> twice per week <input type="checkbox"/> once per week <input type="checkbox"/> Others _____	
204	What is the principle way you dispose your garbage? <input type="checkbox"/> Collected from home by govt/community association <input type="checkbox"/> Collected from neighbourhood box by govt/community association <input type="checkbox"/> Disposed within premises <input type="checkbox"/> Disposed outside premises <input type="checkbox"/> Burned or buried <input type="checkbox"/> Others (specify)	
205	What are the various diseases or illnesses your family experienced during the last one month g) Malaria <input type="checkbox"/> Yes <input type="checkbox"/> No h) Diarrhoea <input type="checkbox"/> Yes <input type="checkbox"/> No i) Jaundice <input type="checkbox"/> Yes <input type="checkbox"/> No j) Dysentery <input type="checkbox"/> Yes <input type="checkbox"/> No k) Skin infection <input type="checkbox"/> Yes <input type="checkbox"/> No l) Others (specify)	
206	Did the family member seek medical advice for the illnesses? g) Malaria <input type="checkbox"/> Yes <input type="checkbox"/> No h) Diarrhoea <input type="checkbox"/> Yes <input type="checkbox"/> No i) Jaundice <input type="checkbox"/> Yes <input type="checkbox"/> No j) Dysentery <input type="checkbox"/> Yes <input type="checkbox"/> No k) Skin infection <input type="checkbox"/> Yes <input type="checkbox"/> No l) Others (specify)	
207	When members of your household get sick, where do they generally go for treatment? <input type="checkbox"/> Government hospital, dispensary or health clinic <input type="checkbox"/> Private hospital, dispensary or doctor <input type="checkbox"/> NGO supported health clinic <input type="checkbox"/> Traditional healer <input type="checkbox"/> Pharmacy or drug store <input type="checkbox"/> Others _____	
208.	Were there any diarrhea cases in your family within last two weeks?	1 Yes 2 No
D. Knowledge		

209.	Have you received any education or awareness regarding water, sanitation and hygienic behavior from awareness campaigns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
210.	Do you know how to treat water and make it safer for drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
211.	Do you know how to take care of latrine and toilet facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
212.	Please tell me how to treat a diarrhea case (Multiple response, non-prompted) <input type="checkbox"/> give ORS <input type="checkbox"/> give home-made ORS (8 teaspoons of sugar & 1 teaspoon of salt in 1 liter clean water) <input type="checkbox"/> stop the usual diet <input type="checkbox"/> continue the usual diet or breastfeeding <input type="checkbox"/> go to see the health personnel at clinic or hospital <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> don't know	
213.	What do you think, are the causes of diarrhea? (Multiple response, non-prompted) <input type="checkbox"/> Due to unclean food <input type="checkbox"/> Due to unclean water <input type="checkbox"/> Due to unclean hand <input type="checkbox"/> Due to fly <input type="checkbox"/> Due to unclean kitchen utensils <input type="checkbox"/> Due to waste and rubbishes <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> don't know	
214.	How many food groups have you heard of?	1 three 2 two 3 One 4 Other (specify) 5 Don't know
215.	Please describe the main food groups as far as you know. (Multiple response, non-prompted) <input type="checkbox"/> Body building food group <input type="checkbox"/> Body protecting food group <input type="checkbox"/> Energy giving food group <input type="checkbox"/> Others	
216.	What are included in body building food group? (Multiple response) <input type="checkbox"/> varieties of meat <input type="checkbox"/> varieties of fish <input type="checkbox"/> pulses <input type="checkbox"/> eggs <input type="checkbox"/> milk and milk products <input type="checkbox"/> groundnut, bean sprout	
217.	What are included in body protecting food group? (Multiple response) <input type="checkbox"/> vegetables <input type="checkbox"/> fruits <input type="checkbox"/> milk and milk products <input type="checkbox"/> small fish and prawns <input type="checkbox"/> gruel, bean sprout, pulses <input type="checkbox"/> nuts <input type="checkbox"/> iodine salt, sea foods <input type="checkbox"/> liver, meat	
218.	What are included in energy giving food group? (Multiple response) <input type="checkbox"/> rice, corn, wheat, noodles <input type="checkbox"/> potatoes, taro, sweet potatoes etc. <input type="checkbox"/> oils (from animals and vegetables) <input type="checkbox"/> sugar	
219.	Can you tell me the danger signs when a child is seriously ill from diarrhea and should be taken to a health facility? (DO NOT READ THE ANSWERS, ENCOURAGE BY ASKING) <input type="checkbox"/> sunken eyes <input type="checkbox"/> persistent skin fold	

	<input type="checkbox"/> blood in stool <input type="checkbox"/> irritable or restless <input type="checkbox"/> drinks eagerly or thirsty <input type="checkbox"/> Others _____ <input type="checkbox"/> Don't Know		
E. Village Health Promoter, Water Committee and Village Development Committee			
220.	Do you know the trained village health promoters in your village?	1	Yes
		2	No
221.	Have you attended the HE sessions conducted in your village?	1	Yes
		2	No
222.	If no, why? What were the difficulties for you to attend those sessions?		
223.	What did you learn from those HE sessions? (Multiple response, non-prompted)		
	<input type="checkbox"/> hand washing <input type="checkbox"/> fly proof latrines usage <input type="checkbox"/> safe drinking water <input type="checkbox"/> diarrhea	<input type="checkbox"/> dengue <input type="checkbox"/> clean food <input type="checkbox"/> 3 food groups <input type="checkbox"/> other (specify) _____	
224.	Is there any Water Committee at village?	1	Yes
		2	No
225.	What does the Water Committee do for the village? (Multiple response, non-prompted)		
	<input type="checkbox"/> Maintenance of pond <input type="checkbox"/> Supervise pond/latrine constructions or renovations <input type="checkbox"/> Solving complaints <input type="checkbox"/> Take responsibility to make disciplines at the pond to prevent water shortage <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> don't know		
226.	Does the Water Committee of your village have female members?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
227.	Are females from the village consulted while undertaking water and sanitation system design and activities in the village?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
228.	Do you think there should be more involvement of females in the management of water and sanitation system of the village?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
229.	Is your water supply operated and maintained by the community?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
230.	Do you have any suggestions regarding your water system?		

231.	Did your village have environment, water, sanitation or hygiene related issues or problem?		
	g) Damaged canal <input type="checkbox"/> Yes <input type="checkbox"/> No		
	h) Garbage in the community <input type="checkbox"/> Yes <input type="checkbox"/> No		
	i) Unsafe water <input type="checkbox"/> Yes <input type="checkbox"/> No		
	j) Poor sanitation <input type="checkbox"/> Yes <input type="checkbox"/> No		
	k) Deforestation <input type="checkbox"/> Yes <input type="checkbox"/> No		
	l) Diseases due to poor water and sanitation <input type="checkbox"/> Yes <input type="checkbox"/> No		
232.	Is there any VDC at village?	1	Yes
		2	No
			If no, skip to 88

233.	What activities did the Village Development Committee do for the village? (Multiple response, non-prompted) <input type="checkbox"/> Community meetings <input type="checkbox"/> Mobilize for health activities <input type="checkbox"/> Assist the project team <input type="checkbox"/> Supervise pond/latrine constructions and renovations <input type="checkbox"/> Complain management <input type="checkbox"/> Take responsibility to make disciplines at the pond to prevent water shortage <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> don't know		
234.	Is the VDC effective in dealing with problems of the villages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
235.	Did your village faced flood problem this year (2011) <input type="checkbox"/> Yes <input type="checkbox"/> No		
236.	Do you know the infrastructure or activities to deal with the problems of natural disaster such as floods? g) Reserve water system or water tanks <input type="checkbox"/> Yes <input type="checkbox"/> No h) Boreholes or well constructions <input type="checkbox"/> Yes <input type="checkbox"/> No i) Pond reconstruction <input type="checkbox"/> Yes <input type="checkbox"/> No j) Latrine facility <input type="checkbox"/> Yes <input type="checkbox"/> No k) Hygiene kit <input type="checkbox"/> Yes <input type="checkbox"/> No l) Others (specify) <input type="checkbox"/> Yes <input type="checkbox"/> No		
237.	Who supported in constructing infrastructure or activities to deal with natural disaster issues such as floods? f) CARE <input type="checkbox"/> Yes <input type="checkbox"/> No g) Community organizations <input type="checkbox"/> Yes <input type="checkbox"/> No h) Other NGOs <input type="checkbox"/> Yes <input type="checkbox"/> No i) Government <input type="checkbox"/> Yes <input type="checkbox"/> No j) Others (specify)		
238.	Do you know the complaint mechanism towards the NRS WASH project?	1 2	Yes No
239.	If yes, what are the means? (Multiple response, non-prompted) <input type="checkbox"/> by letter (via complaint box) <input type="checkbox"/> verbally to VDC member <input type="checkbox"/> verbally to the project staff <input type="checkbox"/> other (specify) _____		
240.	Was there any dissatisfaction regarding project activities/ beneficiary selection/ water storage tank/ latrine construction?	1 2	Yes No
241.	If yes, did you raise your complaint	1 2	Yes No
242.	What mean did you use to complain?	1 2 3 4	Complain box To VDC To project staff Other (specify)
243.	Did they solve your complain?	1 2	Yes No
244.	If no, why?		

245.	Did you and your household participate in developing village development plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Fly proof latrine and latrine environment Observation (Only for the HH who has the latrine - After the interview, please ask the permission from the HH member for observation)		
246.	Type of the latrine <input type="checkbox"/> Indirect pit latrine <input type="checkbox"/> Direct pit latrine <input type="checkbox"/> Brick latrine <input type="checkbox"/> Other (please specify) _____	
247.	Infrastructure <input type="checkbox"/> strong <input type="checkbox"/> have roof and walls <input type="checkbox"/> have roof and walls, but with tears and holes	
248.	Latrine Pit <input type="checkbox"/> Pit is well-covered (safe, clean and tidy) <input type="checkbox"/> Pit is located in suitable distance (at least 50 feet) from the water source <input type="checkbox"/> Pit is located at the lower level then the water source <input type="checkbox"/> Pit is well heaped from prevention water and/or rodent intrusion	
249.	Ventilation pipe <input type="checkbox"/> has vent pipe <input type="checkbox"/> vent pipe is well installed (has screen for mosquitoes/flies, has painted black, the radius of the pipe is at least 4 inches, has at the side mostly received the sunlight, height is at least 1 foot above the roof)	
250.	Latrine pan <input type="checkbox"/> has placed at a suitable distance (1 foot) from the floor's side <input type="checkbox"/> has the foot slates <input type="checkbox"/> is clean <input type="checkbox"/> has the pit cover <input type="checkbox"/> has brush to clean the latrine	
251.	Water pot inside the latrine <input type="checkbox"/> has water pot <input type="checkbox"/> has water inside the pot <input type="checkbox"/> has water and bowl inside the pot	
252.	Other utensils used to clean selves other than water <input type="checkbox"/> tissue or paper <input type="checkbox"/> stick <input type="checkbox"/> Other (please specify) _____	
253.	Water pot outside the latrine <input type="checkbox"/> has water pot <input type="checkbox"/> has water inside the pot <input type="checkbox"/> has water and bowl inside the pot <input type="checkbox"/> has the towel to dry the hands	
254.	Soap container <input type="checkbox"/> has soap container <input type="checkbox"/> has soap inside the container	

ANNEXURE VII: VDC INTERVIEW SCHEDULE



**CARE INTERNATIONAL IN MYANMAR
WASH ACTIVITIES IN NORTHERN RAKHINE STATE: NRS-WASH PROJECT
END OF PROJECT EVALUATION, 2011
VDC INTERVIEW SCHEDULE**

Good morning/good afternoon! My name is..... I am a field investigator working for CARE project on water, sanitation and hygiene (WASH) activities in Northern Rakhine State (NRS-WASH Project). We are conducting the end of project evaluation of the NRS WASH Project. In this context, we are studying the WASH related aspects in target areas namely Maungdaw and Buthidaung Townships. The results of this research will be used to assess the impact of project activities, and its effectiveness for the community. The questions asked will focus on the following information:

- The current situation of water supply and sanitation
- The role of WASH project activities in the village
- Knowledge and practices concerning hygiene
- Issues and concerns regarding water system management
- Issues and concerns regarding sanitation facilities

Names and addresses of participants will not be included in the analysis or report, nor will information about your household be shared with anyone else. Participation is voluntary; you can choose not to participate, and if you can object to answering any specific question or questions in the questionnaire. There are no disadvantages if you decide not to participate or not to answer certain questions. However, we would greatly appreciate your cooperation.

The discussion usually takes about 40 minutes to complete and involve all the members of the VDC. Whatever information you provide will be kept strictly confidential. Therefore, could you have sufficient time and agree to participate in this group discussion?

At this time, do you want to ask me anything about the discussion?
(ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.)

In case you need more information about the project or evaluation, you may contact these persons.
(GIVE CARD WITH CONTACT INFORMATION.)

May I begin the discussion now?
 Begin discussion if VDC members agree
 End if VDC members do not agree

Interviewer name:..... Team leader name:.....
 Date of interview:..... Village ID:.....
 Starting time:..... End time:.....
 Signature of VDC chief or member:..... Date:.....

Location	Name of location	Code	Location	Name of location	Code
District			Township		

Village Tract			Village		
Total persons	Males		Females		Total

Village Development Committee or Water Committee

1.	How many members are there in the Village Development Committee? (Write the exact number of members) _____ (Males __ Females __)
2.	How often does the VDC meet for discussing village issues and concerns? <input type="checkbox"/> two times per month <input type="checkbox"/> one time per month <input type="checkbox"/> once in two months <input type="checkbox"/> Others _____
3.	How many times issues related to water, sanitation and hygiene discussed in the VDC meetings? <input type="checkbox"/> In all meetings <input type="checkbox"/> In some meetings <input type="checkbox"/> Only when required <input type="checkbox"/> never
4.	Is there a water committee in the village? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	How were the members of the water committee selected? <input type="checkbox"/> nominated by authorities <input type="checkbox"/> Elected by villagers <input type="checkbox"/> Both <input type="checkbox"/> Others _____
6.	What is the composition of the Water Committee? Males _____ Females _____ Total members _____
7.	What is the main source of drinking water in this village? <input type="checkbox"/> Pond <input type="checkbox"/> Rainwater Collection Tank (concrete/Brick) <input type="checkbox"/> Well <input type="checkbox"/> Tube well water <input type="checkbox"/> Stream <input type="checkbox"/> River water <input type="checkbox"/> Rain water <input type="checkbox"/> Others _____
8.	Was this source renovated or constructed at this village by CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	What type of sanitation facility do you generally have in the village? <input type="checkbox"/> Private fly proof latrine <input type="checkbox"/> Open defecation <input type="checkbox"/> Public latrine <input type="checkbox"/> Others _____
10.	Was this sanitation facility constructed or provided at this village by CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is the water source treated at the community level? <input type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
12.	Is the water source tested for contamination? <input type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
13.	How often does the water committee meet for discussing WASH issues and concerns? <input type="checkbox"/> two times per month <input type="checkbox"/> one time per month <input type="checkbox"/> once in two months <input type="checkbox"/> Others _____
14.	Are women from the community participating in the meetings of the Water Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Does the Committee think that participation of women is: <input type="checkbox"/> Greater <input type="checkbox"/> Equal as men <input type="checkbox"/> Lesser <input type="checkbox"/> No participation
16.	Do woman from the community discuss their concerns and offer suggestions? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
17.	Is there any pond renovated or constructed at this village by CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If yes, how many? _____

19.	When compared to pre 2010 floods, has the pond renovation or construction significantly increased the availability of water and its consumption by households? <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Do you think that the quality of water has improved when compared to pre 2010 situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as pre-2010 situation
21.	Do you think that women have to travel less for water when compared to pre 2010 situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as pre-2010 situation
22.	Do you think that the community health has improved after WASH project activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as pre-2010 situation
23.	Why? _____
24.	Did the Water Committee provide their inputs and suggestions to CARE? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
25.	Did the community members provide their inputs and suggestions to CARE? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
26.	Did the community members participate during the renovation/construction of the pond? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
27.	What kinds of difficulties were faced during renovation/construction of pond? _____ _____ _____
28.	What hygiene and sanitation activities has the committee overseen in the past six months? a. village clean up <input type="checkbox"/> Yes <input type="checkbox"/> No b. garbage disposal <input type="checkbox"/> Yes <input type="checkbox"/> No c. toilet facilities <input type="checkbox"/> Yes <input type="checkbox"/> No d. hygiene behaviour <input type="checkbox"/> Yes <input type="checkbox"/> No e. hand washing <input type="checkbox"/> Yes <input type="checkbox"/> No f. using toilet facilities <input type="checkbox"/> Yes <input type="checkbox"/> No g. keeping water safe in household <input type="checkbox"/> Yes <input type="checkbox"/> No h. keeping food safe in household <input type="checkbox"/> Yes <input type="checkbox"/> No i. appropriate use of hygiene kit provided <input type="checkbox"/> Yes <input type="checkbox"/> No j. others _____
29.	Has the project adequately responded to the village needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Has the water provision improved in the village? a. Compared to 2010 floods situation <input type="checkbox"/> Yes <input type="checkbox"/> No b. Compared to before 2010 floods <input type="checkbox"/> Yes <input type="checkbox"/> No
31.	What aspects of the project could have been improved? _____ _____
32.	Was the project successful in achieving its specified objectives? a. Improved water facilities <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree b. Improved sanitary facilities <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree c. Improved hygiene practices <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
33.	Does every household at your village have access to water from the ponds? <input type="checkbox"/> Yes <input type="checkbox"/> No
34.	What percentage of the village, do you think, has access to the pond?

	<input type="checkbox"/> 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75% and more
35.	What type of people does not have access to water from the ponds? _____
36.	Who is responsible for maintenance of the water system? _____
37.	Do women members of the community participate in the maintenance of the water system? <input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Currently, what activities are your group members carrying out for maintenance of the ponds? Please explain the role of women in current activities. _____ _____
39.	Is the place where the pond exists convenient for women to come and fetch water? <input type="checkbox"/> Yes <input type="checkbox"/> No
40.	If No, what are the issues and concerns? _____ _____
41.	Was there any dissatisfaction among community regarding construction of the pond and access to water? <input type="checkbox"/> Yes <input type="checkbox"/> No
42.	If Yes, what are the issues and concerns? _____ _____
43.	Is the water from the pond enough for all households in the village? <input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Do you think this water source can be used year round? <input type="checkbox"/> Yes <input type="checkbox"/> No
45.	If No, what time of the year does the water source does not provide usable water?
46.	Is the water from the pond suitable for drinking and cooking? Is there any color, odor or taste in the water? d) <input type="checkbox"/> Clean <input type="checkbox"/> Turbid e) <input type="checkbox"/> No smell <input type="checkbox"/> smell f) <input type="checkbox"/> Tasteless <input type="checkbox"/> Taste
47.	Does the water system build under the project work properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
48.	Was the latrine built properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Are there any people in your villages without fly proof latrines? <input type="checkbox"/> Yes <input type="checkbox"/> No
50.	What percentage of the village, do you think, has fly proof latrines? <input type="checkbox"/> 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75% and more
51.	Do you think that the households with fly proof latrines use it? <input type="checkbox"/> All households <input type="checkbox"/> Some households <input type="checkbox"/> None of the households
52.	What are the most common sanitation problems? a. Defecation in open <input type="checkbox"/> Yes <input type="checkbox"/> No b. Open sewer <input type="checkbox"/> Yes <input type="checkbox"/> No c. Blocked sewer <input type="checkbox"/> Yes <input type="checkbox"/> No d. Pit overflow <input type="checkbox"/> Yes <input type="checkbox"/> No e. Overflows during rain <input type="checkbox"/> Yes <input type="checkbox"/> No f. Other _____
53.	What type of households do not use fly proof latrines? _____

54.	Does your village have VHP trained by the project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
55.	If Yes, how many?		
56.	What main activities are they doing for your community? _____ _____		
57.	Are women are also included in VHPs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
58.	Should women be included as VHPs? <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree		
59.	What topics are they mainly educated? Did the communities show their interest? Why, or why not?		
60.	How do you think the HE sessions conducted by VHPs are <input type="checkbox"/> Highly effective <input type="checkbox"/> Effective <input type="checkbox"/> Less effective		
61.	What is composition of HE training sessions? <input type="checkbox"/> Mostly men <input type="checkbox"/> Mostly women <input type="checkbox"/> Equal participation <input type="checkbox"/> No women participation		
62.	Do you think more women should join in for training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
63.	Do you think that the training component of the project gave the community useable skills? <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree		
64.	Do you think the VHPs will continue their activities (HE) after the project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
65.	What support will the VHPs need in continuing the HE activities? _____ _____		
66.	The drinking water the village mainly uses had odour/smell	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
67.	The drinking water the village mainly uses had colour or was turbid	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
68.	The drinking water the village mainly uses had taste	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
69.	Most of the community households were drinking treated water	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
70.	Most of the community households had fly proof latrine	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
71.	Most of the community members used fly proof latrine	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
72.	The female members feel completely safe using water and sanitation facility	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
73.	Most of the community members have received health education	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No
74.	Most of the community members know how to treat	Before Project <input type="checkbox"/> Yes <input type="checkbox"/> No	After Project <input type="checkbox"/> Yes <input type="checkbox"/> No

	water		
75.	When compared to pre-project situation, for most of the households the time now required to fetch water is	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
76.	When compared to pre-project situation, now women's participation in WASH related village meetings is	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
77.	When compared to pre-project situation, now number of households accessing safe water and sanitation is	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
78.	When compared to pre-project situation, now the WASH related health problems are	<input type="checkbox"/> Less <input type="checkbox"/> Same as before <input type="checkbox"/> More	
79.	When compared to pre-project situation, now the WASH situation in your village has	<input type="checkbox"/> Improved <input type="checkbox"/> Same as before <input type="checkbox"/> Worsened	



ANNEXURE VIII: KEY DISCUSSION POINTS: FGDs AND KIIs



CARE INTERNATIONAL IN MYANMAR
WASH ACTIVITIES IN NORTHERN RAKHINE STATE: NRS-WASH PROJECT
END OF PROJECT EVALUATION, 2011
KEY QUESTIONS FOR FOCUS GROUP DISCUSSION AND KEY INFORMANT INTERVIEWS

Good morning/good afternoon! My name is..... I am a field investigator working for CARE project on water, sanitation and hygiene (WASH) activities in Northern Rakhine State (NRS-WASH Project). We are conducting the end of project evaluation of the NRS WASH Project. In this context, we are studying the WASH related aspects in target areas namely Maungdaw and Buthidaung Townships. The results of this research will be used to assess the impact of project activities, and its effectiveness for the community. The questions asked will focus on the following information:

- The current situation of water supply and sanitation
- The role of WASH project activities in the village
- Knowledge and practices concerning hygiene
- Issues and concerns regarding water system management
- Issues and concerns regarding sanitation facilities

Names and addresses of participants will not be included in the analysis or report, nor will information about your household be shared with anyone else. Participation is voluntary; you can choose not to participate, and if you can object to answering any specific question or questions in the questionnaire. There are no disadvantages if you decide not to participate or not to answer certain questions. However, we would greatly appreciate your cooperation.

The discussion usually takes about 40 minutes to complete and involve all the members of the VDC. Whatever information you provide will be kept strictly confidential. Therefore, could you have sufficient time and agree to participate in this group discussion?

At this time, do you want to ask me anything about the discussion?
 (ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.)

In case you need more information about the project or evaluation, you may contact these persons.
 (GIVE CARD WITH CONTACT INFORMATION.)

May I begin the discussion now?
 Begin discussion if VDC members agree
 End if VDC members do not agree

THE RESPONDENT IS:

- Village Development Committee Member/Chief
- CARE NRS WASH Project Staff
- Village Water Committee Member

KEY QUESTIONS FOR FOCUS GROUP DISCUSSION AND KEY INFORMANT INTERVIEWS

1. What type of support was provided by CARE to the village during the NRS WASH Project?
2. Was the support adequate, less, more?
3. How many staff members were working for NRS WASH project?
4. How would you broadly categorize these human resources?
 - a. Engineer : Number =
 - b. Other Technical Staff: Number =
 - c. Community Development Personnel: Number =
 - d. Administration: Number =
 - e. Others _____: Number =
5. Do you think that for this project, it would have been good to have different type of skills?
What skills?
6. How often did you have meetings with the VDC or the Water Committee?
7. Is the frequency of meetings enough, more or less?
8. How often did you have meetings with the NRS WASH Project Staff?
9. Is the frequency of meetings enough, more or less?
10. How often did the NRS WASH Project Staff go for monitoring field project activities?
11. Is the frequency of meetings enough, more or less?
12. Were there any concerns raised by the VDC or Water Committee members? If yes, what were the concerns?
13. What were the major difficulties while implementing the project? Explain all these difficulties?
14. Do you think that the fund flow from Project management for project activities was regular?
15. Did the project activities suffered du to untimely release of funds? If yes, what were the reasons for delays?
16. Were the Project activities and its financial aspects approved in consultation with the community members?
17. What suggestions did you received from the community members regarding the project activities?
18. Did female community members participated in the meetings?
19. According to you, is female participation in meetings enough, more or less?
20. What could be done to improve women participation in community development activities?
21. What suggestions do you have for improving the management of WASH infrastructure and activities?
22. What suggestions do you have for improving the sustainability of WASH infrastructure and activities?
23. What type of training was provided to the project staff for NRS WASH?

24. How often were the trainings organized?
 25. How many of the NRS WASH project staff has trained under NRS WASH project?
 26. Has the technical and managerial skills improved after training?
 27. After training has the Project staff capabilities to monitor and evaluate WASH infrastructure interventions strengthened?
 28. Has trainings helped in professional and career advancement for the participants?
 29. Do you think that there is need for some more training on any specific aspect of project management and implementation?
 30. If yes, what aspect needs to more training and how would this training benefit WASH projects?
 31. What training was provided to prepare and implement gender sensitive community development activities?
 32. What was the role of other NGOs in NRS WASH Project activities?
 33. What was the role of government staff in NRS WASH Project Activities?
 34. How often do NRS WASH Project staff and government staff meet to discuss project activities?
 35. What was the role of NRS WASH Project staff in supporting and developing VDC and Water Committee?
 36. What can be done to improve the WASH infrastructure and activities in the project area?
 37. Do you think that NRS WASH activities have benefited the target area?
 38. Which aspects of WASH have greatly benefited the target households? Why?
 39. Which aspects of WASH need more focus? Why?
 40. Which aspects of WASH have faced most difficulties? Why?
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