INDEPENDENT FINAL EVALUATION

SEPTEMBER 2015

Humanitarian Support to Vulnerable Populations in Pakistan

Funded by ECHO

By Saeed Ullah Khan

This report was commissioned by Action Against Hunger | ACF International. The comments contained herein reflect the opinions of the Evaluators only.

An ACF beneficiary in Tando Muhammad Khan, Sindh, expressing his joy as his son got better after receiving nutrition support from ACF /ECHO.

**** Cover Picture 1:*** *Female Focus Group Discussions in Kohat*

***** Cover Picture 2:*** People's Primary Healthcare Initiative (PPHI) official explaining different aspect of coordination to the evaluation team member in Bannu**.**

Preface

The evaluation team would like to thank everyone who participated in and supported the undertaking of this evaluation. This includes the communities the team visited as well as the management and field staff of ACF. Special thanks go to Ms. Hannah Wichterich, Mr. Shahzad Ajmal Paracha and Mr. Tariq Rahim from ACF for their coordination and support enabling a successful conclusion to the evaluation exercise.

Author

Mr. Saeed Ullah Khan and Mr. Zaki Ullah: For information/clarification on the report please email at SaeedUllah.Khan@GLOWconsultants.org

Evaluation Team

Mr. Saeed Ullah Khan (Lead Consultant)
Mr. Zaki Ullah (Co-Consultant)
Ms. Saima Inayat (Female Facilitator-Khyber Pakhtunkhwa)
Mr. Said Jehan (Field Facilitator – Khyber Pakhtunkhwa)
Ms. Faiza (Female Facilitator – Sindh)
Mr. Muhammad Ismail (Household Data Analyst)
Mr. Muhammad Haroon (Map Designer)

Contents

List of Acronyms

ACF	Action Contre la Faim
ACTED	Agence d'Aide a la Coopération Technique et au Développent
BHU	Basic Health Unit
BISP	Benazir Income Support Programme
CCG	Conditional Cash Grant
CfW	Cash for Work
CLTS	Community-Led Total Sanitation
CMAM	Community-based Management of Acute Malnutrition
DAC	Development Assistance Committee (DAC)
DoH	Department of Health
DRR	Disaster Risk Reduction
ECHO	European Commission Humanitarian Aid Office
EU	European Union
FCM	Feedback and Complaint Mechanism
FGD	Focus Group Discussion
FSL	Food Security Livelihoods
GAM	Global Acute Malnutrition
HH	Household
IDPs	Internally Displaced Persons
INP	Integrated Nutrition Programme
IYCF	Infant Young Child feeding
KAP	Knowledge, Attitude and Practices
KII	Key Informant Interviews
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
MAM	Moderately Acute Malnutrition
NNS 2011	National Nutrition Survey 2011
NTU	Nephelometric Turbidity Unit
NWA	North Waziristan Agency
ODF	Open Defecation Free
OTP	Out-Patient Therapeutic Programme
ORS	Oral Rehydration Solution
PC1	Planning Commission 1
PCRWR	Pakistan Council of Research in Water Resources
PEFSA	Pakistan Emergency Food Security Alliance
PHED	Public Health and Engineering Department
PKR	Pakistani Rupee
PLW	Pregnant and lactating women
PPHI	People's Primary Healthcare Initiative
PQA	Program Quality and Accountability
SAM	Severally Acute Malnutrition
SMART	Specific. Measurable. Attainable. Realistic and relevant
SEK	Swedish Krona
SIDA	Swedish International Development Cooperation Agency
SFP	Supplementary Feeding Program
SUN	Scaling Up Nutrition
TB	Tuberculosis
TMA	Taluka Municipal Administration
TMK	Tando Muhammad Khan
ToR	Terms of Reference
UC	Union Council
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WINS	Women and Children/Infant Improved Nutrition in Sindh
WMC	Water Management Committee

List of Figures

List of Tables

Executive Summary

Background to the Project and Evaluation: Pakistan is facing a nutrition emergency with Sindh being the worst affected area of the country (National Nutrition Survey 2011). The nutrition situation has become a crisis after the unrelenting cycle of disasters hit Sindh since 2010. Floods and draughts have taken the already fragile state of the population into a state of nutrition emergency. After the influx of over a million Internally Displaced Persons (IDPs) for North Waziristan Agency (NWA) with a deteriorating nutrition status affecting women and children, ACF extended its nutrition project to cater for the needs of these IDPs. With funding support from European Commission Humanitarian Aid Office (ECHO), ACF through its "Humanitarian support to vulnerable populations in Pakistan" project intervened in the provinces of Khyber Pakhtunkhwa (KP) and Sindh, supporting vulnerable communities across six districts. This project started on 01 August 2014 and concluded on 31 July 2015 addressing the underlying causes of undernutrition and maximizing the support to IDPs in the KP. The project also focuses on malnourished children, Pregnant and Lactating Women (PLW) and their families in the Sindh province, by adopting a comprehensive integrated programming which focuses on Nutrition, Water Sanitation and Hygiene (WASH) and Food Security and Livelihoods (FSL) interventions. The ECHO funded project had a total budget of Euro 3,684,210. In addition to ECHO, the evaluation also considered a smaller WASH project funded by the Swedish International Development Cooperation (SIDA) II in KP, co-financed by this KPV project. This SIDA funded project had a budget of SEK 1,395,000 and covered period from 15 December 2014 till 15 April 2015.

The evaluation was commissioned by Action Contre la Faim (ACF) and was carried out by two independent consultants from 13 August till 13 September 2015. The evaluation covered three of six implementation districts namely Tando Muhammad Khan (TMK) in Sindh and Bannu and Kohat in KP. To cover additional activities under SIDA funded project, the evaluation also covered Peshawar and Nowshera districts in KP. The evaluation team also had two female staff that enabled the team to access female beneficiaries and solicit their feedback.

Methodology: The overall purpose of the evaluation was to evaluate the project within the Development Assistance Committee (DAC) framework. The methodologies adopted by the evaluation team included literature review, key informant interviews, Focus Group Discussions (FGDs), physical observation with supporting photographs and Household (HH) interviews. Evaluation team covered 22 villages as part of this evaluation. For this purpose, every tenth (10^{th}) village where integrated programmes were implemented were randomly selected. There were other villages where only nutrition activities took place, however they were not considered as part of the sample because nutrition was already a part of integrated interventions and was thus covered in sample villages where other activities related to WASH and FSL were implemented. Thus, for integrated programme intervention locations, this equalled just over 10% percent of total integrated villages targeted by the ACF as part of this project. In case of Sindh, in the evaluation villages, activities related to all three sectors (WASH, FSL and Nutrition) were implemented. In KP, nutrition related activities were implemented in all the villages along with WASH and FLS or both. The evaluation team conducted a total of 39 FGDs with ACF beneficiaries in TMK, Kohat and Bannu. In these FGDs, 446 beneficiaries participated and almost half of them were female. In addition, 148 household interviews were conducted of which 77 were female and 71 were with male beneficiaries. Evaluation team also interviewed over 40 key informants from ACF, government and other stakeholders in group as well as in individual settings.

Key Conclusions: Overall, this was a well-designed project which was appropriate and coherent with the objectives of the Action. ACF interventions were focused on provision of nutrition services for risk groups, who were provided with an encompassing multi sectoral support, effectively linking Nutrition interventions with FSL and WASH to maximize likelihood of impact. The particular strengths of the Action's design included consistent inter sector and cross cutting integration throughout the life of the project. ACF mainly operated in an integrated manner. This was especially the case in TMK where all three sectors – Nutrition, FSL and WASH – were implemented in an integrated manner. This is primarily due to the fact that in TMK, ACF is operational since 2012 and

has evolved its projects. In case of KP, which where activities started in response of North Waziristan Agency IDP crisis, activities were not well integrated. This can be best reflected by the fact that out of almost 100 villages in KP, Cash for Work (CfW) and Conditional Cash Grant (CCG) activities took place in 1/3 of these villages and Household Latrine were constructed in 1/10 of the villages where nutrition support was supported. SIDA interventions also included CCG and CfW activities in Nowshera and Peshawar were effective in addressing the needs of Khyber IDPs. Gender concerns were considered throughout the design during beneficiary selection stage and project implementation stage. ACF female staff helped in accessing female beneficiaries. The project reports provided sex-disaggregated data. Specific activities to cater for the needs of women were included in the project design including hygiene kits and female sanitation kits. Older people, including women were also considered under the CCG. There were separate distribution organised for women and elderly. WASH activities were well designed and addressed the important needs of the communities. A unique feature of the ACF intervention was the sanitation pit. This activity was specially designed for women based on a gender gap analysis and were positively received by women.

From the relevance and appropriateness perspective, the evaluation found this project both relevant and appropriate to the specific needs of the beneficiaries. The SMART Nutrition 2014 ACF International nutritional survey situation in TMK district reported that a Global Acute Malnutrition (GAM) rate of 19.4 % and a Severe Acute Malnutrition (SAM) rate of 5.1%. This highlights the need for nutrition related activities which were covered by this project. Based on the interview with the ACF nutrition expert and ACF nutrition survey, in KP, the IDPs initially had a better nutritional status then their hosting population. However during displacement they experienced food shortages and lack of dietary diversity. As a result their children started losing weight within two to three weeks into displacement and were in need of immediate nutrition assistance. Regarding WASH activities, ACF conducted a survey amongst women where faeces disposal was identified as a key issue. In response, ACF designed and developed sanitation pits for women. They also provided women with female sanitation kits. Further hygiene kits were provided to IDP families, which catered for their sanitation needs, as highlighted during beneficiary interactions. CCG and CfW were provided to vulnerable beneficiaries in Bannu, TMK, Peshawar and Nowshera with both SIDA and ECHO support. Background discussions with beneficiaries in these districts revealed they highly appreciated both these schemes. It covered their needs for cash to buy food items, medicine, pay for utility bills, pay for house rent etc.

For coherence, the evaluation team assessed ACF interventions, policies and strategies to ensure consistency and minimize duplication. Overall there was high level of collaboration with stakeholders in all the geographical areas both during the design and implementation phases of the project. Amongst the beneficiaries, men and women committees were formed to help with the beneficiary identification. Overall, all project activities were in line with the government policies. This is especially true for nutrition activities which were in line with the government of Planning Commission 1 (PC1) in Sindh and KP government policies to improve the nutrition situation in the province. In both provinces, there were strong coordination with government and semi government counterparts, including Integrated Nutrition Programme (INP), Department of Health (DoH) and People Primary Healthcare Initiative (PPHI). Overall the project fit within the national strategies to ensure consistency

In terms of coverage, ACF addressed the worst affected districts. In case of Sindh, TMK was identified as one of crisis district for nutrition in National Nutrition Survey 2011 (NNS 2011). Within TMK, specific villages were identified based on hotspot survey. In case of Bannu and Kohat, together they are hosting the highest number of IDPs in the province. For Bannu, intervention areas were identified based on consultations with the government while keeping in view the fact if other actors are providing similar services in nutrition, FSL and WASH.

Overall, there was high level of efficiency in different components of the project and provided high value for money. Targets for different segments as identified in the project proposal were achieved in a timely manner. Efficiency of hygiene sessions could be improved as the session duration and/or

intensity did not allow beneficiaries to retain their learning. For staffing, within a given geographical area, there was different staff members providing services related to his/her sector meaning same village was served by three different individuals for nutrition, WASH and FSL services. The project achieved improved efficiencies through its competitive procurement processes including open tendering. Depending on the nature of the work, where possible, sourcing of procured items took place at local level. These efficiencies are reflected from the fact the project was able to achieve their results despite experiencing a depreciating Euro and an appreciating PAK Rupee rate leading to a net exchange rate loss during the project period.

Overall, there was high level of effectiveness in the project. All sectors effectively operated and achieved its results. Based on the available data, the project reached all the planned targets against the proposal indicators in a timely manner. Timeliness was an important effectiveness component in both the provinces as this project provided them with relevant support when they needed it the most. All community level respondents consulted expressed satisfaction with the timeliness of the response.

The measure of sustainability and likelihood of impact varied depending on nature of activities within the project. For nutrition, only less than 1% of children are re-admitted in the nutrition project once they got cured. These nutrition activities were also linked with Planning Commission 1 (PC1) in Sindh and INP in KP which provided a degree of sustainability. However, PC1 in Sindh has limited coverage of 60% and also does not cover MAM and PLW related services. Thus, at the end of this intervention, it is unlikely a government institution will take on-board full set of ACF nutrition activities.

Good Practices: Evaluation team identified different good practices for this project including:

- Both in Sindh and Khyber Pakhtunkhwa, repeated hygiene messages led to better effect on behaviour change as beneficiaries were able to retain these messages.
- In Sindh, especially in Tando Muhammad Khan (TMK), ACF achieved better coverage for water and hygiene related activities by adopting low cost local technology for water clean supply like Chulli filters.
- In KP, engaging and re-engaging of communities by ACF in beneficiary selection helped in achieving additional transparency in the beneficiary selection process

Lesson Learnt: This evaluation captured different lesson which will be helpful in future programme designs including:

- Integrated Project Design (especially in TMK) provided better results and made it easy for community engagements. In fact in areas (i.e. Kohat) where "nutrition only" activities were implemented, ACF team faced difficulties in such areas. This is because communities were hoping to receive WASH or cash related assistance and did not value high nutrition only activities. This lesson from the field highlights the importance of an integrated approach.
- For Conditional Cash Grants (CCG), given needs on the ground, there was a clear need for increasing scale of the CCG. This is more relevant for IDP hosting areas in KP as compared to Sindh where more long term livelihoods interventions are likely to yield better results. Another important lesson is related to increasing choices around CfW as currently beneficiary can work only in limited fields under CfW. There is a need to provide more choices around Cash for Work beyond drainage-cleaning, street pavements and mud-plastering.
- ACF community level screening mechanism in both provinces to identify nutrition cases should include other possibilities by screening for additional issues like immunisation coverage and linked it up with other initiatives like Integration Nutrition Programme (INP) and TB Control Programme. This will help in delivering better value for money and greater advantage to beneficiaries.
- In terms of hygiene promotion and behaviour change, the project was clearly focused on women and children. During the evaluation, in both the provinces, the team found men were not fully

aware of the nutrition needs of pregnant and lactating women and infant and young children. Engaging men will lead to more sustainable change.

Recommendation: Evaluation team would like to make the following recommendation:

- ACF should strive to create more synergies in the project. These synergies should be created both at sectoral as well as at thematic level. Further, taking advantage of extensive community outreach and screening processes, the project can deliver more value by adopting a comprehensive screening process where it will include screening for completion of immunisation amongst children and link it with other programmes run by other government departments.
- Keeping in view needs on the ground amongst the vulnerable groups, evaluation team would recommend increasing scale of the Conditional Cash Grants for the vulnerable individuals in the communities. Similarly, there is a need to increase choices for Cash for Work (CfW). For sustainability of CfW and CCG, the evaluation team would recommend linking it with Benazir Income Support Programme. With this said, as Benazir Income Support Programme usually opens up for limited duration, therefore, close coordination with relevant government departments will be needed.
- ACF has a well-developed Beneficiary Feedback and Complaint Mechanism. Evaluation team would recommend phone number and other contact details for Beneficiary Feedback and Complaint Mechanism should be more widely distributed and should be available in project implementation areas throughout the project implementation period.
- One of ACF successful activity was its sanitation kits. ACF may consider continued provision of sanitation kits for a long term behaviour change.
- Water quality was carried out at all points established or rehabilitation by ACF. Evaluation team would recommend all water sources should be marked mentioned quality of the water and the purpose for which it can be used. This will help communities to distinguish between safe drinking water and other water sources to use for other activities.
- It is important ACF link its exit from TMK with the full initiation of programmes under PC1 and coverage of un-covered services like for MAM and PLW. Evaluation team believes the project should continue in areas which will not be covered by PC1 to ensure gains in this period are not lost.

a. Background Information

"Humanitarian support to vulnerable populations in Pakistan" intervened in the provinces of Khyber Pakhtunkhwa (KP) and Sindh, supporting vulnerable communities across six districts. This project is funded by ECHO and started on 01 August 2014 and concluded on 31 July 2015. This Action targets the underlying causes of undernutrition and maximizes the support to internally displaced persons (IDPs) in the KP. The project also focuses on malnourished children, Pregnant and Lactating Women (PLW) and their families in the Sindh province, by adopting a comprehensive integrated programming which focuses on Nutrition, Water Sanitation and Hygiene (WASH) and Food Security and Livelihoods (FSL) interventions. The project had a total budget of Euro 3,684,210. In addition to ECHO, the evaluation covers a smaller WASH project funded by the Swedish International Development Cooperation (SIDA) II in KPK, and co-financed by this ECHO project. The SIDA project had a value of SEK 1,395,000 and covered period from 15 December 2014 till 15 April 2015. SIDA contribution covered only Khyber Pakhtunkhwa while focusing on Water, sanitation and hygiene (WASH) and Food security (FS) sectors. The ECHO project was initially designed in response to the on-going nutrition emergency in district Tando Muhammad Khan of Sindh and bridges the gap till the launch of Planning Commission 1 (PC1). Later, the Action was modified to support the emergent nutrition crises of the conflict affected, displaced populations in districts Bannu, Hangu, Karak, Kohat, Nowshera and Peshawar of KP. The project objectives are as follows:

Principle Objective: To reduce morbidity and mortality through sustainable, nutrition sensitive support to vulnerable populations affected by crises in Pakistan

Specific Objective: To enhance the nutritional status of the vulnerable population by supporting treatment programs, nutritious food intake, water access and disease prevention through integrated nutrition sensitive approaches, with sustainable capacity building and advocacy.

Tabulated below are the key results and activities of the Action.

Table 1: Planned Activities per Result

Sector	**Nutrition**
Result 1	**Promotion and protection of the nutritional status of children and PLW to ensure faster recovery and future prevention of under nutrition in Sindh and KP Provinces**
Activity 1	*Identification and referral of acutely malnourished children aged 6- 59 months and PLW to relevant treatment sites*
Activity 2	*Treatment of acutely malnourished 6- 59 months children*
Activity 3	*Provision of Health and Nutrition Awareness Sessions*
Activity 4	*Counselling and support for IYCF provided through skilled breastfeeding counsellors*
Activity 5	*Capacity building of DoH / PPHI / NP staff for effective transition and takeover of CMAM and IYCF programme in Sindh. Capacity building of DoH/LHW program in KP*
Activity 6	*Evidence and Advocacy for DoH / PPHI / INP in line with the SUN and PC1 for Sindh Evidence on malnutrition status among NWA's IDP of KP*
Activity 7	*Nutritionally most affected and at risk households have improved access to adequate quantity and quality of food*
Sector	**Food assistance, short term food security and livelihood support**
Result 2	**Nutritionally most affected and at risk households have improved access to adequate quantity and quality of food**
Activity 1	*Conduct Market Assessment survey (Sindh)*
Activity 2	*Provision of Conditional Cash Grants to vulnerable households for increase access to nutritious diet*
Activity 3	*Increase income generation opportunities through Cash for Work (CfW)*
Activity 4	*Improved household net income through reduced fuel cost (Sindh)*
Activity 5	*Emergency Response KPK and Sindh*
Sector	**Water, sanitation and hygiene promotion**
Result 3	**Targeted vulnerable population have improved access to safe drinking water, hygiene and sanitation in KPK and Sindh**
Activity 1	*Provide access to sustained safe water supply to communities (Sindh)*
Activity 2	*Improved access to sanitation (Sindh)*
Activity 3	*Hygiene and sanitation behaviour change (Sindh)*

Activity 4	*Provide access to emergency safe water supply, sanitation and hygiene promotion (KPK)*

Under SIDA, ACF worked towards the following key objectives:

IDPs households improved their access to immediate food items and ability to meet basic food needs.

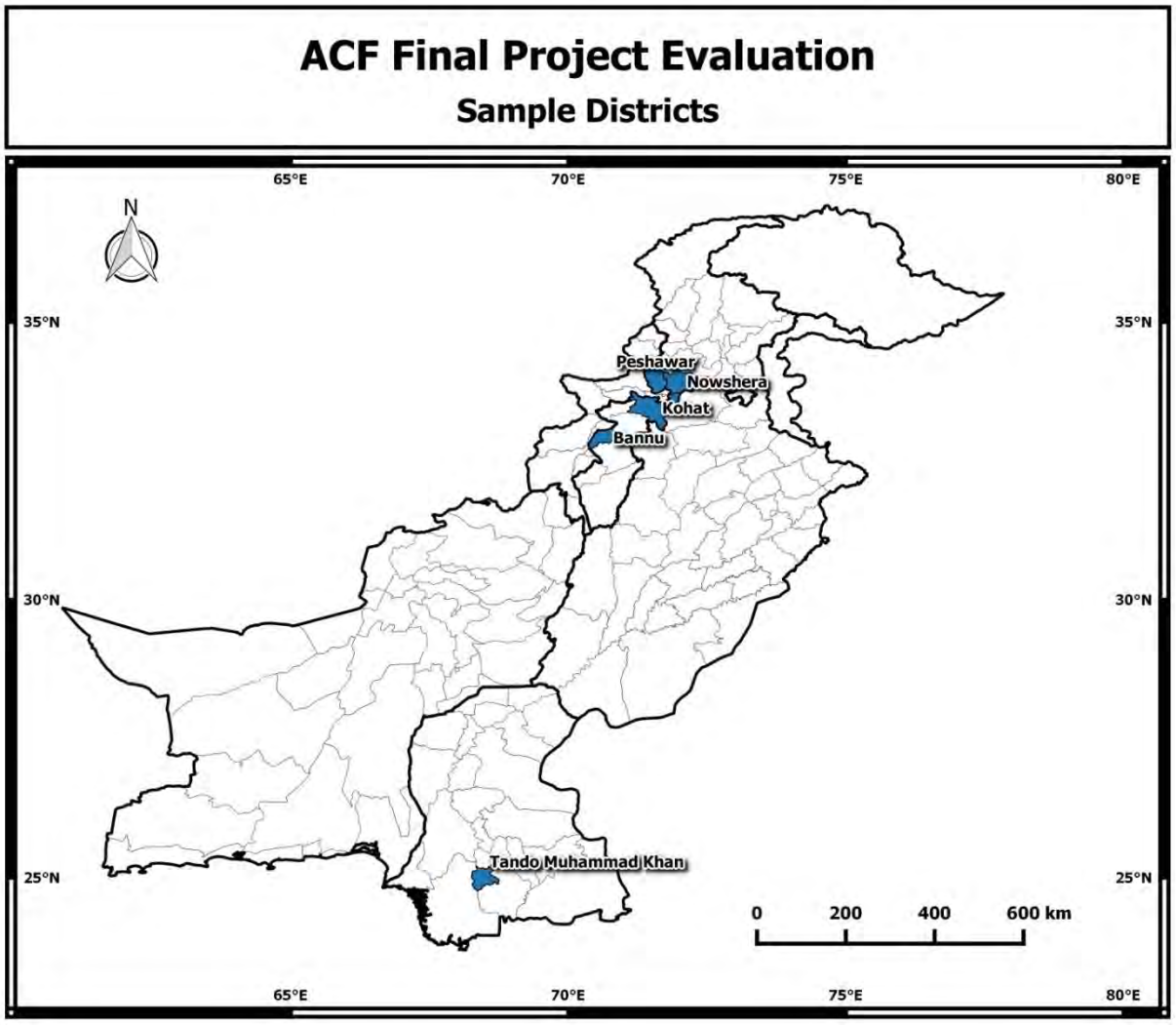
i. 937 individuals (150 IDP HHs) had improved access to immediate food items and able to meet their basic food and nutrition needs
ii. 150 individuals participated in health and nutrition sessions organized at village level

IDPs households improved their access to water, sanitation and hygiene practices

i. 1,500 IDP households received hygiene kits that led to improved sanitation conditions and hygiene practices.
ii. 500 IDP households living in the vicinity of unprotected water sources received water filters ensuring that these people have safe and clean drinking water.
iii. 161 sanitation promotion sessions were conducted. A total of 4,270 beneficiaries (3593 males and 677 females) participated in these sessions and learnt about effective WASH, health and hygiene practices.
iv. A total of 2,245 people took part in village clean-up campaigns.
v. 19 community volunteers were trained on solid waste management.

With help of SIDA contribution, ACF assisted a total of 2,289 household (15,913 individuals) of which 2,139 households (14,976 individuals) were assisted in WASH and 150 Households (937 individuals) were in Food Security Sectors. ACF's areas of interventions in the target districts of KP and Sindh, respectively, are as presented in the following maps:

Figure 1: Map of ACF Project Evaluation Districts



b. Evaluation objective and methodology

a. Objective

To review the project against its original objectives and investigate the effect of the integrated nutrition specific and nutrition sensitive approaches, as well as to analyse the humanitarian support to IDPs along with analysing efficiency and effectiveness of integration across the various sectors. In addition, the evaluation defines **good practices** and **lessons learnt** to ACF, ECHO, and other stakeholders implementing Nutrition, WASH and FSL projects in Pakistan. This evaluation took place from 13th August till 13th September 2015 and spanned over 18 days. Some additional visits took place towards the end of September to cover for SIDA funded activities.

The specific objectives of the evaluation are as follows:

- ➔ Establish the relevance of the project design and the effect of the integrated nutrition sensitive approach
- ➔ Determine the implementation efficiency of the project, identify areas of success and room for improvement; highlight the main challenges;
- ➔ Assess the extent to which the project has effectively achieved its stated objectives and to identify the supporting factors and constraints that have led to this achievement or lack of achievement;
- ➔ Identify unintended changes, both positive and negative, in addition to the expected results;
- ➔ Assess the relevance of the sustainability strategy and likelihood of impact, its progress and its potential for achievement, identifying the processes that are to be continued by stakeholders;
- ➔ Identify lessons learnt and potential good practice;
- ➔ Provide recommendations to project stakeholders to promote sustainability and support the completion, expansion or further development of initiatives that were supported by the project and; inform the design of future stages of ACF.

b. Geographic focus

The evaluation covered district Bannu and Kohat in KP and Tando Muhammad Khan (TMK) in Sindh, respectively. In addition, the evaluation considered a smaller WASH project funded by the Swedish International Development Cooperation (SIDA) II in KP, co-financed by this Action.

c. Methodology

The evaluation methodologies were broadly guided by the Terms of Reference and refined by the evaluation team in consultation with ACF. They included the following elements:

i. Literature Review

Literature review of project related documents such as the baseline survey report, other country specific literature deemed relevant as well as literature external to Pakistan but relevant to context, such as lessons learnt from other responses and ACF's results framework. Some of the documents reviewed included ACF-International 2015 Lesson learned Reports for KP-IV for Sindh and Khyber Pakhtunkhwa, ACF Integrated Survey for TMK and Smart Survey Report for Kohat and ACF-International Market Assessment Report for KP. In addition, the team consulted Pakistan's National Nutrition Survey (2011), National Sanitation Policy. (2006) and National Behaviour Change Communication Strategy and Action Plan for Safe Drinking Water, Sanitation and Hygiene (2010). For complete list of reference and bibliography, please refer to annex 3.

ii. Briefing by Key ACF staff

The evaluation team met with twenty two ACF staff members in Islamabad, Sindh and KP, where detailed briefings and interviews were conducted. These discussions also helped in elaborating of evaluation objective and the support required from ACF throughout the evaluation process. Amongst others, the team met with:

- Country Director ACF
- Field Coordinator KP

- Field Coordinator Sindh
- PQA (Program Quality and Accountability Coordinator)
- Deputy PQA (Program Quality and Accountability Coordinator)
- DPM KP (Deputy Program Manager)
- PQA (Program Quality and Accountability Manager) - KP
- PQA (Program Quality and Accountability Manager) - Sindh
- Program Manager (Nutrition)
- Program Manager (WASH)
- Logistic Manager – KP
- Nutrition Coordinator

iii. Field Visits

The sampling universe constituted the entire villages targeted by the Action where integrated project took place. Of these villages every tenth (10^{th}) village was selected based on the systematic random sampling technique where integrated interventions took place. This awarded equal opportunity to each village for being chosen. The final sample size constituted of six villages from TMK, with six villages from Bannu and nine villages from Kohat districts. This equalled just over 10 % percent of total villages targeted by the Action where integrated nutrition project took place. It is important to note the every tenth (10^{th}) village were those where integrated programmes were implemented. There were other villages where only nutrition activities took place, however they were not considered as part of the sample because nutrition was already part of integrated interventions and was thus covered in sample villages where other activities related to WASH and FSL were implemented. In case of Sindh, in the evaluation villages, activities related to all three sectors (WASH, FSL and Nutrition) were implemented. In KP, nutrition related activities were implemented in all the villages along with either WASH or FLS or both.

A further analysis was run on the selected villages to ensure maximum coverage of the Action's interventions. With the exception of two interventions in KP, namely, sanitation pits and household latrines all other activities were covered. Evaluation team selected additional villages to cover these two activities as well in KP. Further, to evaluate SIDA funded activities, six additional villages were randomly selected to cover its activities in Peshawar and Nowshera.

Table 2: Planned vs Actual Villages Covered for the Exercise

Sr #	District Name	# of planned villages	# of villages covered
1	TMK	6	6
2	Bannu	5	6
3	Kohat	7	9
4	Peshawar	0	4
5	Nowshera	0	2
Total		18	25

In all villages, team had a transect walk to have an overview of the wellbeing of the village and understand its overall needs. This walk was more relevant in areas where there were physical infrastructure and Cash for Work (CfW) done.

2.3.4 Semi-structure interviews with key informants

Semi Structured Key Informant Interviews (KIIs) with key stakeholders took place such as government officials, cluster coordinators and the donor agency. A total of twenty six individuals were interviewed during the course of the evaluation, out of which twenty two were men and four were women. The individuals interviewed included:

- Representative of the Public Health and Engineering Department (PHED) in district TMK
- Representative of the Taluka Municipal Administration (TMA) in district TMK

- Sanitation mart owners (Vendors) in district TMK
- A representative of the education department in district TMK
- District Executive Officer-Health, Department of Health in Bannu
- District Manager, PPHI, Bannu
- Coordinator/Focal Point Provincial Disaster Management Authority, Bannu
- WASH Cluster Coordinator in Peshawar
- Food Security Cluster Coordinator in Peshawar
- Focal Point for Integrated Nutrition Programme-Bannu

iv. Focus Group Discussions (FGDS)

Focus Group Discussions (FGDs) took place with relevant target groups such as women and community organisations/project management committees at the village and sub-village level. A total of 39 FGDs were conducted with beneficiaries of ACF's Interventions in TMK, Kohat and Bannu. Of the 39 FGDs, 10 were in TMK, 14 were conducted in Kohat, nine in Bannu, four in Peshawar and two in Nowshera. In these FGDs, 446 beneficiaries participated and almost 40% of them were female. In TMK, women and men participated in two mixed FGDs while the remaining were separate FGDs both for female and male in other locations of which a little less than half of the FGDs were conducted separately with females including in KP.

Table 3 and 4 below presents further details of these FGDs.

These FGDs were conducted with specific groups of the targeted communities which included but were not limited to direct and indirect beneficiary men and women, community organisations, as well as WASH management committees (WMCs). The discussion revolved around the following topics:

1. Current status of Nutrition, WASH and FSL in the communities
2. Status of Nutrition, WASH and FSL in the communities at the time the Action interventions were initiated / Implementation gaps (if any)
3. Beneficiary selection / Relevance and appropriateness of the planned interventions

In addition, the communities were encouraged to share suggestions on how the interventions may be improved for future projects. The detailed questionnaire form can be found in the Annex 5 of this report while district wise break up of FGDs is as given below:

Table 3: Type of Focus Group Discussions

S.No	District Name	Total FGDs	Joint FGD	Male FGDs	Female FGDs
1	TMK	10	2	4	4
2	Bannu	09	nil	5	4
3	Kohat	14	nil	7	7
4	Peshawar	4	nil	4	Nil
5	Nowshera	2	nil	2	Nil
Total		**39**	**2**	**22**	**15**

Table 4: Number of Participants in Focus Group Discussions

S.No	District Name	Total FGD Participants	Male FGDs	Female FGDs
1	TMK	122	58	64
2	Bannu	102	56	46
3	Kohat	155	76	79
4	Peshawar	45	45	
5	Nowshera	22	22	
Total		**446**	**257**	**189**

The participants of FGDs were taken into confidence after assurances of anonymity and confidentiality. They were also assured of the fact that they could refuse to participate in the study at any time if they so desired.

Separate FGDs were arranged for male and female beneficiaries. The FDGs in Peshawar and Nowshera exclusively covered SIDA funded activities.

v. Household (HH) Interviews

A total of 148 Household interviews were conducted with 77 female and 71 male beneficiaries to understand likelihood of impact of the project at household level. These one to one interviews were conducted by female and male staff of the evaluation team. Each of the interview lasted for around 30 minutes. These interviews were conducted mostly in those villages where FGDs also took place.

Table 5: Household Questionnaire Disaggregated Data

S.No	District Name	Female HH Questionnaire	Male HH Questionnaire
1	TMK	24	24
2	Bannu	23	19
3	Kohat	30	28
Total	148	77	71

Figure 1: Alisa Khan in Shereen Village, Bannu, a nutrition beneficiary
Figure 2: Discussions in CCG beneficiary in Barakzai, Bannu

vi. Limitations

The key limitations pertinent to the evaluation exercise are as follows:

- As this project was already concluded and TMK based closed, this created some additional challenges in getting relevant information from ACF staff members as they already left, especially in TMK. Evaluation team also spoke with ACF team who left on telephone and, with support of ACF team, was still able to speak to some of the outgoing staff members.
- ACF has been present in TMK for some three years and has intervened in the district via several projects. In some instances, confusion prevailed amongst the beneficiaries between the interventions for previous Actions as opposed to the Action being evaluated. To differentiate between activities, evaluation team focused on the time line when a beneficiary received the assistance. This helped the team to understand whether or not the assistance is provided under the current project or from the previous project.
- Access to IDPs due to repatriation and or relocation e.g. in village Khan Shereen of district Bannu and village Waziro Kaly, Nai Abadi and Ustarzai in Kohat, the IDPs targeted by the Action were not available. As it was not possible to trace the IDPs, new villages were selected in close proximity of the village from where IDPs had moved away.

- Security constraints resulting from internal community issues limited discussions in one village in Wazero Kalay Kohat as it was closed to central jail Kohat and there were road blockages. Evaluation team still visited the village and had informal conversation with the community focal point and also had a brief FGD with some of the people who gathered there. Detailed discussions took place with beneficiary in neighbouring villages who received similar support.
- There were limited SIDA activities in Bannu and Kohat. To cover for SIDA activities, team included two additional districts – Nowshera and Peshawar – to have a better perspective of the SIDA activities.

Table 6: List of Visited Villages in All the Household Questionnaire Disaggregated Data

TMK - Sindh										
S. No.	**Village Name**	**OTF**	**SPF**	**CCG**	**CfW**	**New HP**	**Reb HP**	**E. Lat**	**Ho. La**	**Chu. Fi**
1	Ladho Meghwar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Ali Hassan Lund	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
3	Allah Dad Rind	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
4	Rawto Kolhi	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
5	Haji Habibullah Jamali	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes
6	Yousif Talpur	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No

Bannu - KP														
S. No.	**Village Name**	**OTF**	**SPF**	**IYCF**	**DOH**	**CCG**	**CfW**	**New HP**	**Reb HP**	**E. Lat**	**Ho. La**	**San Pit**	**Hy Kits**	**F S Kit**
1	Ghani Machan Khel	Yes	Yes	Yes		Yes	Yes							
2	Shahbaz Azmat Khel	Yes	Yes	Yes	Yes	yes	yes						350	114
3	Khan Shereen	Yes	Yes	Yes		Yes	Yes						Yes 350	Yes 70
4	Laka Shawe	Yes	Yes	Yes	Yes									
5	Gula Noor Barak Zai					Yes	Yes							
Kohat – KP														
S. No.	**Village Name**	**OTF**	**SPF**	**IYCF**	**DOH**	**CCG**	**CfW**	**New HP**	**Reb HP**	**E. Lat**	**Ho. La**	**San Pit**	**Hy Kits**	**F.S Kit**
6	Gul Abad	Yes	Yes	Yes										
7	Nai Abadi	Yes	Yes	Yes		Yes	Yes							
8	Baqi Zai	Yes	Yes	Yes		Yes	Yes						Yes 51	
9	Hakeem Abad	Yes	Yes	Yes								3	82	24
10	Usterzai Kaly	Yes	Yes	Yes	Yes									
11	Zara Mela					Yes	Yes	Yes 7			Yes 25	Yes 4	Yes 18	Yes 14
12	Wazero Kalay					Yes	Yes	Yes 3			Yes 10	Yes 2	Yes 68	Yes 30
Peshawar – KP														
13	Wali Abad	Yes	Yes	Yes		Yes	Yes						Yes	
14	Feroz Baloch	Yes	Yes	Yes		Yes	Yes						Yes	
15	Budho Samar Bagh	Yes	Yes	Yes		Yes	Yes						Yes	
16	Larama	Yes	Yes	Yes		Yes	Yes						Yes	
Nowshera – KP														
17	Daag Ismail Kheil	Yes	Yes	Yes		Yes	Yes						Yes	
	Jalozai	Yes	Yes	Yes		Yes	Yes						Yes	

c. Findings

a. Design

From the design perspective, overall, this was a well-designed project which was appropriate and coherent with the objectives of the project of enhancing "the nutritional status of the vulnerable population by supporting treatment programs, nutritious food intake, water access and disease prevention through integrated nutrition sensitive approaches, with likelihood of impact through capacity building and advocacy".

ACF has intervened in TMK for over three years, where Nutrition support has been identified as one of the most pressing needs after the unrelenting cycle of natural disasters to hit Sindh since 2010. In terms of approach and project design, ACF interventions were focused on nutrition at risk groups, who were provided with an encompassing multi sectoral support, effectively linking Nutrition interventions with FSL and WASH to maximize likelihood of impact. ACF intervened in KP after the IDP crisis from North Waziristan Agency when this project was modified in order to respond to the emergent Nutrition crisis. ACF in KP followed an integrated multi sector response to support the immediate needs of the vulnerable IDPs.

All of the respondents interviewed in both Sindh and KP by the evaluation team expressed satisfaction on the design of the interventions. SIDA supported intervention in WASH and FS sectors were well integrated in overall project design and were implemented mainly in Nowshera and Peshawar. This is reflected from the fact beneficiary selection criteria, amount of money distributed as cash grant, nutrition activities and other activities followed same design features as ECHO funded project.

From the overall project perspective, the particular strengths of the Action's design included:

- Effective strategic planning at the design stage
- Comprehensive exit strategy
- Effective targeting and mainstreaming of gender and equality
- Consistent inter sector and cross cutting integration through the life of the project
- The strong blend of capacity building of local government departments as opposed to being a typical supply driven operation (general tendency for emergency response)

According to the project design, ACF will mainly operate in an integrated manner. This was especially the case in TMK where all three sectors – Nutrition, FSL and WASH – were implemented in an integrated manner. This is primarily due to the fact that in TMK, ACF is operational since 2012 and has evolved its projects. In case of KP, which where activities started in response of North Waziristan Agency IDP crisis, activities were not well integrated. This can be best reflected by the fact that out of almost 100 villages in KP, Cash for Work (CfW) and Conditional Cash Grant (CCG) activities took place in 1/3 of these villages and Household Latrine were constructed in 1/10 of the villages where nutrition support was supported. SIDA funded activities for Khyber IDPs in Peshawar and Nowshera were also added at a later stage.

The overall objectives of the project were clear and realistic, and significant achievements were made during the project life. This can be seen from the positive effect on children nutrition status in both the provinces and comfort this project brought in the lives of the IDPs. During the FGDs and HH interviews, over 90% of the respondents mentioned there is a positive effect on their children health. They gave examples of their children getting better and they having the ability to buy medicine for them. To enhance the nutritional status, the treatment projects and nutritious food intake coupled with access to water and sanitation and food security interventions led to better nutrition status amongst children and PLWs and also contributed to a drop in disease prevention. In case of Bannu where population served by a Basic Health Unit (BHU) increased by three fold after the displacement as over one million new people came to Bannu after military operation started in North Waziristan Agency and took refugees thus increasing total population a BHU was to serve, however there was still no proportional increase in diarrhoea cases and BHU reported same number of diarrhoea as was the case before the displacement. This success can partly be attributed to ACF and other organisations who worked in this field.

Gender was considered throughout the design. ACF female staff helped in accessing female beneficiaries reflecting careful consideration that has gone into the project design. This was more relevant for KP were men could not access female beneficiaries. Besides accessing female, gender was made part of project design by reporting on sex-disaggregated data, special activities for women and elderly, catering for the needs of disabled amongst others. Even at the activity level, different activities like female hygiene kit or sanitation pit for female were specially designed to cater for women needs.

In terms of overall financial resources allocation, it seems to be sufficient for the agreed activities. ACF was giving a cash grant of PKR 21,600 divided in to three instalments of PKR 7,200 each to Conditional Cash Grant receipts. This amount was suggested by Food Security Cluster and also practiced by other ECHO partners like ACTED, Concern Worldwide etc. During the evaluation, in case of both Sindh and KP, the team found it is a reasonable amount especially for those who are receiving food assistance from WFP (KP only). However those who were not receiving any food assistance from WFP, this amount were hardly sufficient. In Bannu, over 80% of the beneficiaries were registered whereas this percentage dropped to 20% in case of Nowshera, Peshawar and Kohat which was both ECHO and SIDA funded. ACF cash disbursement was very important as WFP food ration only provided limited items and also did not cover for other needs like rental, fee, medicine etc. In ideal situation, both WFP food ration and cash grant should be provided. However when WFP food assistance was not provided, in such a case, CCG/CfW should be prioritized as was the case in ACF interventions in Nowshera, Peshawar and Kohat. Beside the amount, given the high number of vulnerable population, even the scale of interventions was on lower side. Due to limited scale at least 2/3 of individuals who otherwise will qualify for CCG grants could not be assisted due to lack of available financial resources.

"Though the amount was very useful and helpful but it was in small quantity of just PKR 21,600 and was in three consistent instalments of PKR 7,200. We need a project on jobs to better utilize the capacities of youth for them to support their families." Mr. Yameen Khan (Khyber IDPs), a SIDA beneficiary of CCG from village Wali Abad.

WASH activities were well designed and addressed the important needs of the communities. These activities included latrine construction, hand pumps, distribution of hygiene kits, female sanitation kits, hygiene sessions etc. TMK was a good example as they received more of the WASH assistance (i.e. Chulli filters and hand pumps beside other assistance) as compared to other districts who were provided with hygiene kits hygiene trainings and other related support only. Women and children were the main target of this activity.

In case of Bannu, a unique feature of the ACF intervention was the sanitation pit. This activity was specially designed for women based on a gender gap analysis and were positively received by women. Female sanitation kit was also positively received and used by women. Hygiene kits were more widely distributed, especially in Bannu, Nowshera and Peshawar, and almost all the beneficiaries were happy with the kit content and quantity. In some areas, like in Kohat, where malnutrition is comparatively minor issue, communities were less cooperative during field implementation and even during the evaluation stage. This even forced ACF to delay or move activities from some villages. These communities were of the opinion that beside nutrition, they should be supported with other WASH related activities.

The project design included an independent monitoring team under ACF Programme Quality Assurance. This provided an additional monitoring framework beside project team own monitoring. This helped in ensuring data quality, validity and reliability as reflected in cross checking nutrition data with field BHU data and ACF own data sheets.

ACF activities were closely linked with other programme interventions. At the village level, relevant government departments especially health and nutrition programme (Department of Health, Integrated Nutrition Programme and Pakistan Public Health Initiative) were closely engaged. They were cross referring patients to each other. In some cases, ACF outreach activities were also identifying children who had not received full immunization and may thus be requiring additional support.

For the exit strategy, ACF has on going collaboration with the government counterparts to meet the needs of people in nutrition sector. If ACF leaves, some of the beneficiaries could be enrolled in these government programmes. In case of Sindh, government will take over nutrition related interventions under PC1. At the same time, in Sindh, for WASH related activities, WMC will take care of hand pump and Chulli Filter and will take them over. As the Easy Latrines are built with twin pits, this will help to ensure continuous functioning of the latrine.

For KP, the nutrition interventions will continue under PPHI and INP. Sustainability of WASH activities in KP is more related with the behaviour change as it is likely some of the communities will adopt the new habit regarding usage of toothpaste, soap etc. as they mentioned during the FDGs. or

Figure 3: ACF Hygiene Related Messages

For livelihoods activities covering CCG and CfW, in both provinces even though there is no clear exit, these beneficiaries can be linked up with government social safety programmes like Benazir Income Support Programme (BISP). It is important to mention BISP membership is not always open and therefore close linkages with local members of parliament have to be developed to avail the opportunity when BISP will be open for new members.

"I am very thankful of ACF's nutrition staff, they saved the life my daughter through their timely and effective assistance, and she was suffering from severe malnutrition". Sidra, the Mother of Alisha, a malnourished child in Bannu.

ACF has a comprehensive Feedback and Complaint Mechanism (FCM) which is part of the overall ACF operational design. Evaluation team looked into the system and found it functioning. However posters displaying details of complaint mechanisms like phone numbers were put on only during active activity period for a short duration of time (e.g. during hygiene sessions or CCG disbursement). During the household survey, 47% of the beneficiaries mentioned they are familiar with the FCM. However during the FGDs, less than 10% of the participants knew about the FCM and even they could not mention the phone number or other contact details for the FCM.

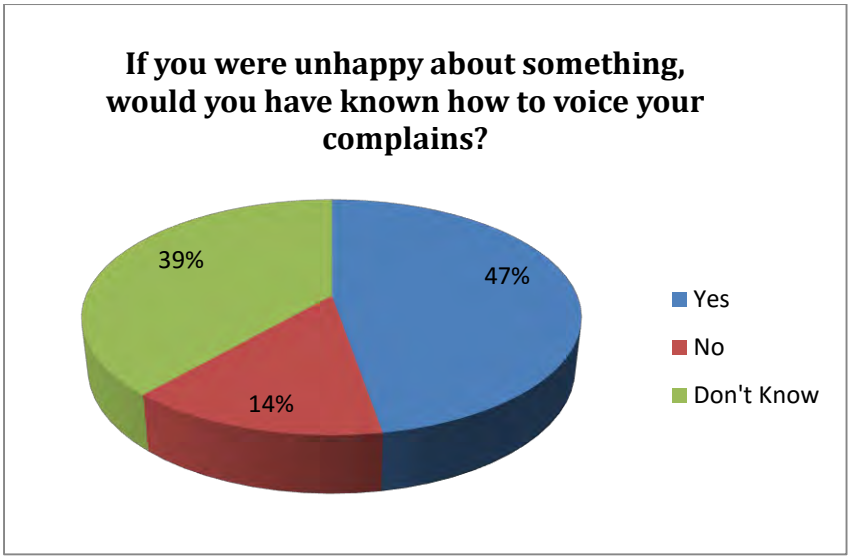


Figure 4: ACF Feedback and Complaint Mechanism

b. Relevance and Appropriateness

Based on findings from FGDs, HH survey and findings from the KII, it is evident beneficiaries found this project both relevant and appropriate to their needs in the areas of intervention. They commented that nutrition, FSL and WASH (drinking water in particular) were the sectors where they required support. The evaluation team reached the same conclusion that the project's response was relevant to the core problem and needs of the target population, and was also appropriate in the respective social and cultural context. This was determined from the following angles:

- The relevance of which geographic areas to target
- The relevance of which sectors to engage in
- The appropriateness of the Action's approach
- The appropriateness of the interventions

The project aimed at reaching acutely malnourished children under five years of age, and pregnant and lactating women in both provinces. According to the Pakistan's National Nutrition Survey 2011 (NNS 2011)[1], Sindh province has a global acute malnutrition rate (GAM) of 17.5% where severe acute malnutrition rate (SAM) is 6.6% and moderate acute malnutrition (MAM) is 10.9%, which is above emergency threshold of 15%.The ACF 2014 SMART Nutrition Survey[2] in TMK district reported that a GAM rate of 19.4 % and a SAM rate of 5.1%. It is pertinent to mention World Health Organisation has a global standard of 15% to declare a nutrition emergency. Thus this intervention was relevant as it not only addressed a very important need but also tried to create synergies by working together on a set of common objectives with the purpose to mainstream nutrition in the overall intervention strategy. For water, 80% of respondents overall (75% male and 85% female) ranked the provision of clean drinking water as a key priority. Sanitation and Hygiene did not appear to have been a prioritised need to begin with but the response in the area was necessary to help address the risk of infectious diseases and has to an extent created a demand for continued support in these areas. During the household survey, 98% of the beneficiaries mentioned they found the ACF intervention useful and relevant to their needs.

[1] http://pakresponse.info/LinkClick.aspx?fileticket=Ao4s-rwdFVI%3D&tabid=117&mid=752
[2] https://www.humanitarianresponse.info/en/operations/pakistan/document/smart-survey-preliminary-report-nov-2014-tmk-sindh-pakistan

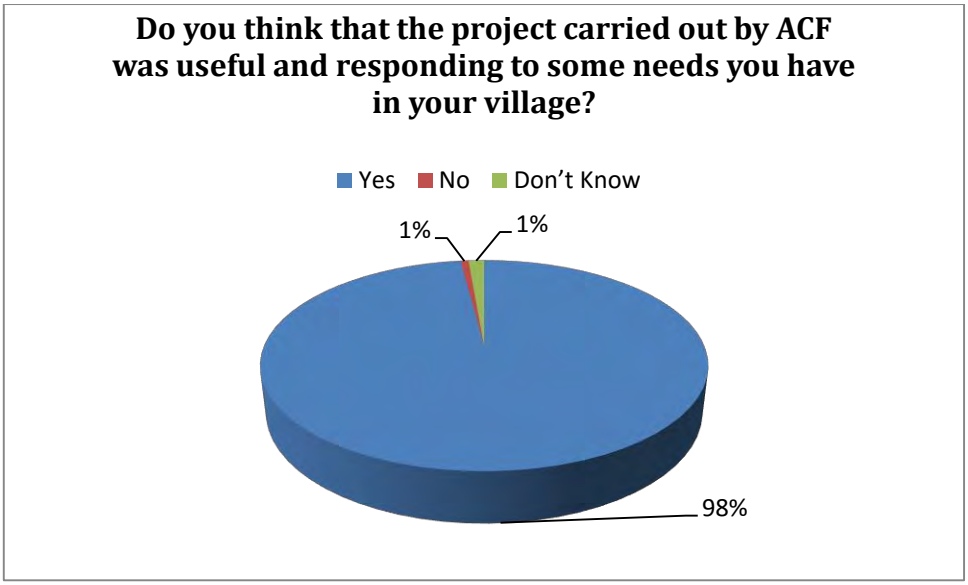


Figure 5: Beneficiary Data on Usefulness of Action

In Sindh, discussions with beneficiaries and interviews with ACF staff identified non availability of clean drinking water as a major issue in TMK. They identified it as the main cause of waterborne diseases and a main contributing factor to malnutrition issue in Sindh. ACF provided hand pumps to cater for water needs and provided Chulli Water filters in TMK. Both these activities were highly appreciated by the communities. Hygiene training was a key part of the ACF interventions, which was combined with distribution of Chulli filters. It was relevant to the needs of people as water borne diseases are the main cause of mortality amongst children under the age of five. In some of the villages in TMK, GLOW team observed people were not only used Chulli filters, they were also storing filtered water in close-lid containers (refer figure 6). This adaptation of the new technologies and hygiene related messages is only possible as people see a close relevance of the intervention with their needs. They also reiterated this fact during focus group discussions.

Figure 6: Chulli Filter in Use (L). Water cooler is used for storing filtered drinking water (R).

Based on the interview with the ACF nutrition expert and ACF nutrition survey, in KP, the IDPs initially had a better nutritional status then their hosting population. However during displacement they experienced food shortages and lack of dietary diversity. As a result their children started losing weight within two to three weeks into displacement and were in need of immediate nutrition assistance. During the FGDs, most of the IDP families in Bannu mentioned they had access to milk, eggs and meat prior to displacement, but could not bring their livestock while coming out of their villages in North Waziristan Agency.

In KP, ACF conducted a survey amongst women to help with the design of WASH activities. During the survey women identified faeces disposal as a key issue. In response, ACF designed and developed sanitation pits for women in KP. ACF also provided women with female sanitation kits. Further hygiene kits were provided to IDP families, which catered for their sanitation needs, as highlighted during beneficiary interactions. Based on interactions with IDPs and their hosting population in KP, non-availability of clean drinking water is a major issue in all IDP hosting areas including Peshawar, Bannu and other districts. They mentioned this is the main cause of waterborne diseases and a main contributing factor to malnutrition amongst IDPs in KP as children lose weight as a result of diarrhoea and other water borne deceases. Even though hand pumps were identified as a main need, especially in Kohat and Bannu, given underground water depth, evaluators do not believe it will be the appropriate solution for all geographical terrains in Bannu and Kohat.

CCG and CfW were provided to vulnerable beneficiaries under both SIDA and ECHO projects. Background discussions with beneficiaries revealed they highly appreciated both these schemes. This was the case for both provinces. In case of Sindh, money was mainly used for purchase of food items whereas in KP they used it to buy food items and medicine and pay for utility bills and house rent etc. ACF was also assisting unregistered IDPs in KP for whom this cash assistance especially appropriate and relevant as they were facing extra burden in terms of meeting their needs. However, as mentioned by IDPs during FGDs and by key informants during interviews, the amount provided was not as sufficient for those IDPs who were not receiving food assistance from WFP.

While responding to the beneficiaries' selection process, in TMK, over 80% of the women community members commented that ACF had formed women groups of activists in the localities, who were serving as main point of contact. They normally informed the communities about the interventions of ACF. Women also managed to spread the information about assessments for various initiatives. This situation was somewhat different in KP where majority of the women reported their committees were not active and they were mostly informed by their male family members.

c. Coherence

For coherence, the evaluation team assessed ACF interventions, policies and strategies to ensure consistency and minimize duplication. Overall there was high level of collaboration with stakeholders in all the geographical areas both during the design and implementation phases of the project. ACF closely engaged beneficiaries and other stakeholders to ensure its activities are in line with needs on the ground and there is no duplication. It closely coordinated activities with different clusters. Amongst the beneficiaries, men and women committees were formed to help with the beneficiary identification. The key difference between men and female committees were the level of engagement for female where they were less engaged especially in KP as compared to Sindh. Another important aspect is community engagement in the design and implementation stage. In this project, community engagements were mostly at the implementation stage and less during the design stage, with the exception of sanitation pit and female sanitation kit. These community structures which were established were also engaged in other short term humanitarian assistance and longer term development activities. Once initial list of beneficiaries were selected, ACF team, in some places, displayed the list of potential beneficiaries and sought community feedback and help to identify any undeserving beneficiary.

"Before the project the team of ACF came and visited the whole UC to identify the needy community. I was also with them and guide them through the whole UC. Finally they finalized few villages including our village Khan Shereen. The system was very transparent as they formed committees to eradicate any ambiguity and run the project smoothly." Village Khan Shereen district Bannu, Mr. Mumtaz khan

Overall, all project activities were in line with the government policies. This is especially true for nutrition activities which were in line with the PC1 in Sindh and KP government policies to improve nutrition situation in the province. Beside nutrition, an example of coherence with national policies is linkages of WASH activities where National Sanitation Policy of September 2006 states to promote Community Led Total Sanitation (CLTS)". ACF WASH activities contributed to sanitation policy objectives. Further, one other national strategy examined with respect to coherence/alignment is the Pakistan National Behaviour Change Communications Strategy and Action Plan for Safe Drinking Water, Sanitation and Hygiene 2010 – 2015. In this policy reference is made to using multiple channels of communication and for some behaviour to target fathers as well as mothers and children. For ACF, even though activities were in line with this strategy, however field implementation on hygiene related messages could be improved by engaging men in it and by increasing frequency of the hygiene sessions.

In both provinces, there was strong coordination with governments and semi government counterparts, including INP, DoH and PPHI. In case of TMK, office participated in occasional district level nutrition task force meetings. There were also strong participation in UN led clusters, especially in case of Bannu and Peshawar after the influx of North Waziristan Agency (NWA) IDPs and for Khyber IDPs. ACF staff participated in WASH and Food Security and Nutrition Clusters. They also participated in other clusters like protection. In Bannu, participation was a challenge as initially there were two parallel coordination mechanisms, one led by army through Provincial Disaster Management Authority and the other was UN-OCHA led cluster. However, eventually, these two coordination mechanisms merged in one and eased pressure on humanitarian actors.

Overall the project fits within the national strategies and ensures consistency. Keeping in view the need for an integrated project, the project aimed at implementing activities in an integrated manner. This integration was more visible and effective – both from sectoral and geographical focus – in TMK as compared to KP. The key challenge in KP for the integration was the fluid IDP situation which led the team to respond to the urgent need on the ground for water, sanitation, livelihoods and nutrition in a more traditional humanitarian response perspective rather than opting for an integrated response. Based on the discussions with ACF team in Islamabad and in Bannu, over the past year situation in Bannu has stabilised and ACF has now fully adopted integrated approaches in ECHO KP-VI where all three sectors – WASH, FSL and nutrition are implemented in an integrated manner.

As mentioned earlier in the report, mother and child health and nutrition related messages in hygiene promotion excluded men in both Sindh and KP. This was more of an implementation issue requiring re-focusing on part of the trainers rather a need for a change in the approach or policy related to WASH, nutrition or CLTS training. Inclusion of men regarding awareness raising on mother and child nutrition and health status is important as they are the one who decide what to buy for food at home, who and when to take a women or child to doctor when s/he is not feeling well and how much to spend on medicine. Hygiene promotion also appeared limited in the range of communication channels adopted and mainly relied on posters and trainings. This limited project ability to reach to a higher proportion of population in the target areas. Translation of hygiene messages in local languages (e.g. Sindhi) was helpful in passing on the message to the intended beneficiaries.

Figure 7: Hygiene Messages Displaced in Sindh / A well maintained toilet in Sindh

d. Coverage

In terms of coverage, ACF addressed the worst affected districts. In case of Sindh, TMK was identified as one of crisis district for nutrition in NNS2011. Within TMK, specific villages were identified based on hotspot survey[3] for WASH and FSL interventions. Thus, both at provincial level as well as within the district, ACF selection from coverage perspective were serving the area most in need of a humanitarian response.

In KP, Bannu and Kohat together are hosting the highest number of IDPs in the province. For Bannu, intervention areas were identified based on consultations with the government while keeping in view the fact if other actors are providing similar services in nutrition, FSL and WASH.

In both provinces, from the perspective of nutrition, ACF responses were sufficient to cover them in the targeted project areas. However, ACF could not fully meet FSL and WASH needs. This was visible during interactions with affected communities as certain individuals (both male and female) who could very easily qualify for CCG were not selected as beneficiaries due to lack of sufficient resources. In such cases, ACF prioritized other beneficiaries who were more vulnerable as compared to them.

[3] Hotspot Survey is an approach to identify areas worse affected by nutrition crisis within a Union Council, Tehsil or District. During the survey, screening of malnourished cases takes place in different villages of the targeted union councils. All surveyed villages were ranked according to GAM rate of screened children. The highest ranking clusters having maximum GAM rate selected as hotspots of Union Council.

Figure 8: CfW beneficiaries in front of the road they rehabilitated

During the HH survey, in both provinces, respondents identified water as one of their main need and listed water wells / Hand Pumps as main source of water in the target areas. ACF hygiene sessions were of 30-45 minutes duration, as mentioned by ACF team members in the field. From the focus group discussions and household survey, it was evident they were unable to meet knowledge requirement of the communities in both the provinces. This was because these messages were not repeated to them and thus they could not retain the messages. With this said, in areas where hygiene related messages were given multiple times, it did lead to have better retention of key messages amongst the beneficiaries.

Overall, ACF criteria for individual beneficiary were clear. ACF team in Bannu mentioned they were displaying list of selected beneficiaries who were identified based on discussions with communities and field based verification. This was done prior to commencement of activities to ensure no underserving beneficiary is included in the list. This was a good practice, however in areas which the team visited beneficiaries were unaware of such practice. Despite this, evaluation team has not come across any issue in which not deserving beneficiaries were selected. Female engagement, as compared to men, in beneficiary selection was lower. In fact, almost two-third of the female beneficiaries mentioned they were not aware how ACF selected a particular site for water source development in TMK (Sindh) and Kohat (KP). The remaining one-half mentioned their areas were selected for water activities because there was a severe need for water related services. The participants told that the male community members were involved in the process of site selection but no female was allowed to participate in the hand pump site selection processes. Selection criteria of ACF also ensured that gender considerations were taken into account. Almost half of the ACF beneficiaries were female. ACF clearly reported on sex-disaggregated data as part of its different report which provided a good monitoring tool.[4]

In terms of the remaining gap, there is a need for continuation of nutrition services in the project areas, especially in TMK and Bannu. For TMK, this will remain valid even when PC1 will be rolled out in quarter one as PC1 is covering only 60% of Sindh and also it will not provide MAM nor will serve PLWs. There is also a need to strengthen hygiene related messages within the target areas by engaging men and in areas where integrated activities are not taking places ensuring these messages are still repeated. The need for increasing scale of CCG as part of food security activities was clearly identified. For CfW, ACF provided limited choices mainly related to the drain cleaning, street pavement and mud plastering. Without questioning the utility of these activities, however, evaluation team believes this activity may require further rethinking. There is a need to include more choices for the communities. In addition, ACF beneficiaries were receiving PKR 21,600 which helped them cover their unmet needs. This was a sufficient amount for those who were receiving food assistance from WFP. For those who were not receiving food assistance, this amount was not sufficient and

[4] 2015 ECHO Interim Report KP-V / 2014 SMART Nutrition Survey

forced them to practice negative coping mechanism such as skipping a meal, taking less nutrient diet, selling of household assets (e.g. livestock, if any, jewellery etc.), not taking necessary medicine etc.

e. Efficiency

Overall, there was high level of efficiency in all different components of the project and provided high value for money. Targets for different segments as identified in the project proposal were achieved in a timely manner as mentioned in project progress reports (e.g. Interim Report to ECHO) and confirmed by beneficiaries during focus group discussions. With one exception during project implementation in March 2015 when pipeline for the supply of nutrition supplements was broken for approximately two weeks; in all other cases beneficiaries received intended supplies in a timely manner throughout project period. Cost of the hygiene kits was higher as compared to other organisations like ACTED, NRC, DRC which were almost 30-40% cheaper but this was primary because there was more soap in the ACF kit as compared to the kit of the other organizations. For staffing, within a given geographical area, there was different staff members providing services related to his/her sector meaning same village was served by three different individuals for nutrition, WASH and FSL services. It made this project staff intensive and provided the possibility to re-consider staffing structure at the field level where less number of staff may be able to deliver same project activities. ACF teams carried out a comprehensive nutrition screening. Keeping in view needs of the people, there is a possibility ACF could share the results of these screening with other organizations like TB Control Programme to maximize benefit for beneficiaries. Overall, in terms of service delivery, over 90% of the beneficiaries during the FGDs and HH Surveys stated that the support they received across all the targeted sectors were received in an efficient manner. Those who were saying there is an area for improvement were referring mainly to CfW where they mentioned more communal level work could be done for the same amount of labour (especially in IDP hosting villages in Bannu). Some beneficiaries were requesting for other kinds of support (e.g. WASH, Cash Grants etc.) rather than only having nutrition assistance (this was especially highlighted in nutrition only villages in Kohat).

The project achieved improved efficiencies through its competitive procurement processes including open tendering. Depending on the nature of the work, where possible, sourcing of procured items took place at local level. These efficiencies are reflected from the fact the project was able to achieve their results despite experiencing a depreciating Euro and an appreciating PAK Rupee rate leading to a net exchange rate loss during the project period. During the household survey when beneficiaries were asked to comment whether or not assistance was provided without delay, 94% mentioned assistance was provided in time. Same message was conveyed during FGD even though some of the people in Peshawar and Nowshera mentioned they could have been provided assistance in a timely manner.

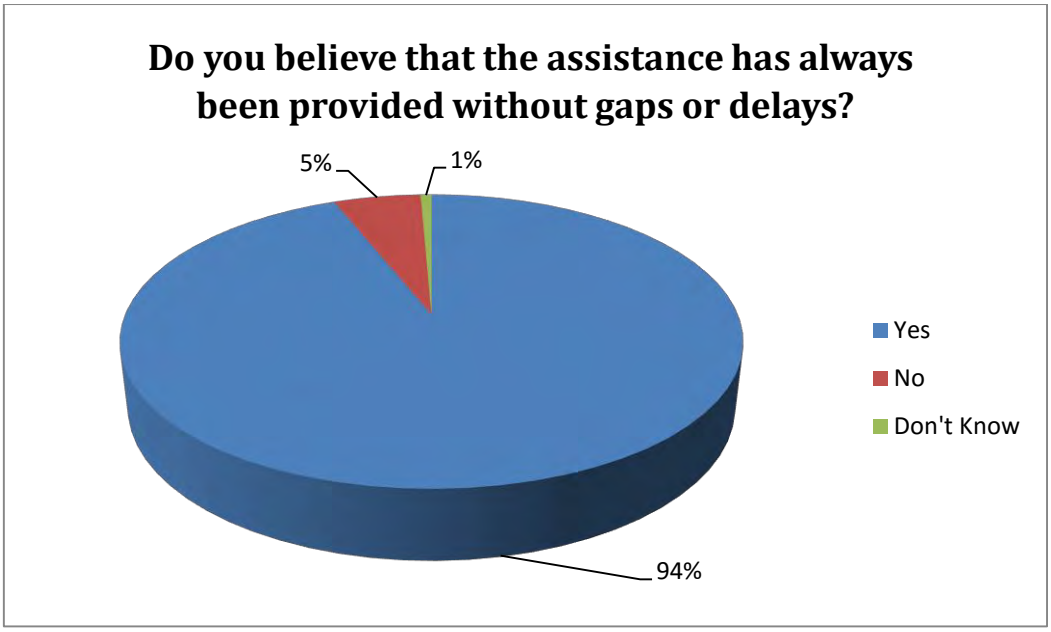


Figure 9: People Perception about Timeliness of ACF Support

f. Effectiveness

Overall there was high level of effectiveness in the project. All sectors effectively operated and, according to ACF team, achieved its results. Based on the available data, the project reached all the planned targets against the proposal indicators in a timely manner. Timeliness was an important effectiveness component in both the provinces as this project provided them with relevant support when they needed it the most. All community level respondents consulted expressed satisfaction with the timeliness of the response.

In TMK, considering the project was mostly in response to bridging the gap till PC1 is launched in TMK and supporting immediate nutrition related needs through an integrated response, needs continued to prevail in the target districts, especially in TMK, where the need of nutrition support was still evident in the communities. However, this is not attributed to the targeting or lapses on part of ACF, but more so to the continuity of interventions in the area, both by ACF or other humanitarian actors.

In Bannu, beneficiaries pointed to the fact that very little secondary displacement took place out of villages after needs were identified and met indicating assistance was delivered in an acceptable timeframe after identification. Others pointed to the fact that ACF was well familiar with the geographic locations and could respond more quickly than if arriving in the areas for the first time

Over 90% of the respondents shared that the nutrition interventions were very effective and provided to children and PLW suffering from malnutrition. The beneficiaries lauded the initiative undertaken by ACF, in terms of awareness raising on nutrition and IYCF. One OTP (Out-Patient Therapeutic Programme), 42 SFP (Supplementary Feeding Programme) and four PLWs cases were relapse case in KP-V[5]. The ACF team supported the pregnant and lactating mothers by providing them with nutrition supplements as well as trainings on IYCF practices. Mother to mother support groups was formed in each village and they were functioning in over 80% of the villages which the evaluation team visited as part of the evaluation process. During household interviews, 100% of the respondents termed the health of treated children and PLW who received support from ACF as improved. The beneficiaries were in particular extremely appreciative of the

[5] Annul ACF Data for Nutrition Activity Under KP-V

one to one sessions of breast feeding. In TMK, however, not all respondents started breast feeding practices immediately after birth, based on customs, depicting lack of knowledge of colostrum. In some instances in Sindh, health of some of the children who Moderate Acute Malnutrition (MAM) got worse and they joined the group of Severe Acute Malnutrition (SAM) due to implementation delays in PC1. Although ACF had lobbied with UNCIEF to provide the local BHU with supplies, the BHU lacked resources to deliver them to the beneficiaries. New cases of mal nourishment were also evident in the target villages as reported during the FGDs as well as observed by evaluation team and confirmed by ACF field team. Considering the project was mostly in response to bridging the gap till PC1 is launched in TMK and supporting immediate nutrition related needs through an integrated response, needs continue to prevail in the target districts, especially in TMK, where the need of nutrition support was still evident in the communities. However, this is not attributed to the targeting or lapses on part of ACF, but more so to the continuity of interventions in the area, both by ACF or other humanitarian actors.

Hand Pumps and Chulli Filters were termed as very effective in TMK. Responses gained during the evaluation would indicate that water supply in particular was a high priority need and in some cases the output most valued by recipients of assistance. In some villages, ACF also repaired existing hand pumps. Although 100% of respondents confirmed water testing was conducted by ACF staff during the installation process for hand pumps, no evidence was found to ascertain whether water tests were conducted for repaired hand pumps. Some beneficiaries were also not aware of the difference between safe and unsafe water, whereas 100% of respondents confirmed an overall decrease in water borne diseases, and related it directly to the use of drinking water from the hand pumps installed by ACF. It was noted in some instances, that confusion as to why drinking water should not be used for washing clothes, prevailed. However 100% of the respondents, where hand pumps of the Action were installed, confirmed the use of hand pumps. ACF delivered hygiene messages as part of WASH as well as nutrition interventions. These messages were more effective when they were repeated. These sessions were from 30-45 minutes. Effectiveness of hygiene sessions could be further improved as the session duration did not allow beneficiaries to retain their learning.

In both the provinces, majority of the women were aware of making Oral Rehydration Solution (ORS) at home in case of diarrhoea. Another positive effect that was evident was increase in the number of meals from the traditional two to three meals in a day by PLW. Respondents shared that this had resulted in fewer cases of low birth weight babies, as previously majority of the cases were malnourished from birth. All community level respondents in both the provinces consulted expressed satisfaction with the timeliness of the response. They also pointed to the fact that very little secondary displacement took place out of villages after their needs were identified indicating assistance was delivered in an acceptable timeframe after identification. Others pointed to the fact that ACF was well familiar with the geographic locations and could respond more quickly than if arriving in the areas for the first time.

Mohammad Arif, father of Romana belongs to village Baqizai (nutrition beneficiary) says “my daughter Romana was very weak. One day the president of the committee called me that took your daughter to the nearby health facility. I followed his instructions and took her for the doctor. The doctor examined her with a strip and then after several other measurements he prescribed some food supplements. I got the supplements from the helper and started the said course. Few weeks later Romana got a healthy shape and now she is quite good”

Of the respondents, during household survey, 23% were able to recall three or more messages, whereas 37% were able to recall at least one or two messages. Of the 23% who were able to recall three or more messages, 81% were between the age of 19-49 years, while the remaining 19% were 50 years and above. There were no children as part of the household survey. Whereas of the 37% who were able to recall at least one or two messages, 65% were between the age of 19-49 years, while the remaining 35% were 50 years and above. Interestingly women had more retention of key messages as compared to men. These messages were related to promotion of hand washing, avoiding open defecation, covering drinking water and food, using clean drinking

water and wearing clean clothes. Beneficiaries were mostly able to narrate messages around washing hands, drinking clean water and covering water and food items.

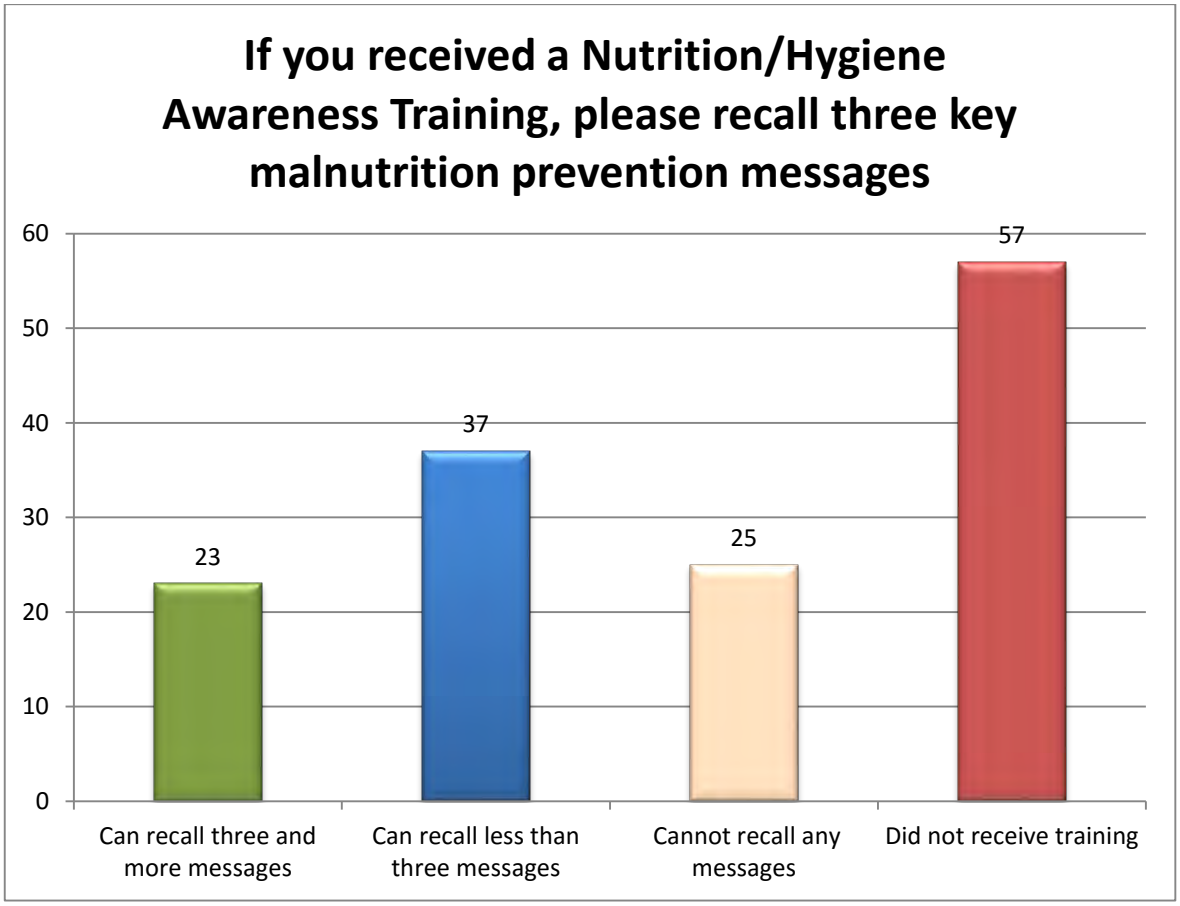


Figure 10: Effectiveness of Hygiene Messages

The ACF project made progress in implementing CLTS approach and contributed to the open defecation free model in ACF program area. There was some evidence of replication of household level latrines by the local community in different villages of TMK. Further, in TMK, in all villages, over 80% of the respondents including both women and children were able to demonstrate proper hand washing techniques and recalled seven key messages.

During the focus group discussion and household survey in Khyber Pakhtunkhwa, in Bannu, most of the respondents could not recall the seven critical movements for handwashing. However, respondents in Kohat were found to be more aware and informed as opposed the respondents in Bannu. An example was a very old man recalled hand washing steps and critical hand washing timings. A participant from Khan Shereen village told the team that none of the village members had received any hygiene session, and even if were conducted, they must have been very short. Some participants also recalled few names of water born epidemics. Women reported some cases of diarrhoea in the community, which can be linked to lack of proper sanitation practices in the communities, highlighting the need for continuous support for hygiene related activities. Respondents were further questioned about their practices for defecation. Some respondents, e.g. village Khan Sheren responded mentioning using both "Open fields" and "latrine" for defecation. Majority of the respondents using latrines reported regular cleaning practice and shared that the latrines they used were cleaned at least twice in a day. The overall response of the target beneficiaries about the ACFs interventions related to Sanitation was encouraging.

100% of the respondents shared that CFW and CCGs interventions were effective as it met their most important needs for health, food, rent for homes, utility payments, medicine and other related items and services. During the focus group discussions, education, both formal and informal, was not identified as relevant and appropriate to the needs of the communities by the IDPs themselves and they prioritised food and other basic necessities over education. It was encouraging to see that women were not only targeted for traditional CCGs, they also took part in CfW activities. In Sindh, at least on one occasion, women also took on the role of supervision of CfW interventions undertaken by men. 100% of the respondents confirmed receiving a total amount of PKR 21,600 in three cycles of PKR 7,200 each. There was no deduction by the bank or telephone company while giving this money to beneficiaries. Based on evaluators experience from other programmes, this is unique and indicates strong mobilisation and sensitisation by ACF team with the communities. As mentioned earlier, this amount was sufficient to cater for the additional food requirements for those who were receiving WFP assistance, whereas for those who were not receiving food assistance, it was barely sufficient and still led them in the negative coping mechanism like taking reduced quantity or quality of meals, skipping meals, selling livestock and other assets.

"I bought a sewing machine which is now helping to earn money. I charge 300 per suit as sewing charges and make at least seven suits per month". A female beneficiary from Kohat.

The measure of the effectiveness of ACF intervention can be judged from the fact over 82% of the responded during HH survey mentioned they believe their families are now healthier as compared to before due to ACF support. During the FGD where the evaluator had the opportunity to further probe them mentioned they were healthier because they could get more food, better quality food, necessary medicine and other daily life requirements thus leading to better household health.

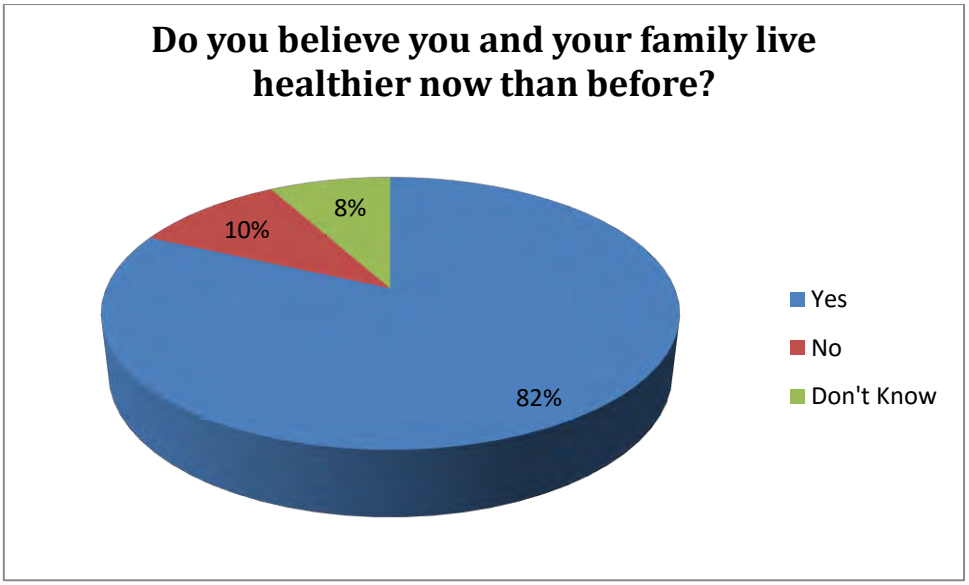


Figure 11: People Perception about Effectiveness of ACF Nutrition and WASH Activities

When the beneficiaries were asked during the household survey about the effects of the project on the communities, over 86% mentioned it had a positive effect on the environment which is now cleaner and better and 61% mentioned water quality is now better.

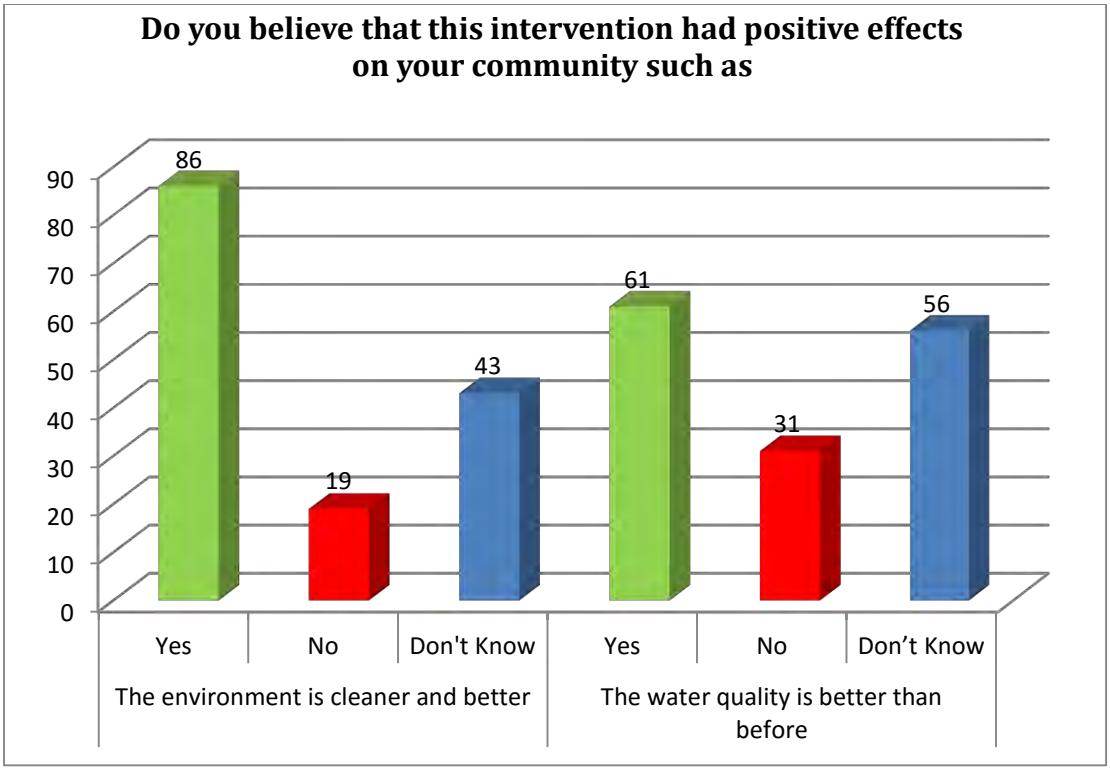


Figure 12: Effectiveness of Water Interventions.

g. Sustainability and Likelihood of Impact

The measure of sustainability and likelihood of impact varied depending on nature of activities within the project. For nutrition, only less than 1% of children are re-admitted in the nutrition project once they got cured. These nutrition activities were also linked with PC1 in Sindh and INP in KP which provided a degree of sustainability. However PC1 in Sindh has limited coverage of 60% and also does not cover MAM and PLW related services. Thus, at the end of this intervention, it is unlikely a government institution will take onboard full set of ACF nutrition activities. For FSL, the degree of likelihood of impact is high as it created significant positive effect on beneficiaries; however sustainability is low unless these activities are linked up with Benazir Income Support Programme which would continue to provide them with cash support. As BISP membership is not always open, therefore, ACF may have to wait for such a time when new applications will be invited by the government for inclusion in BISP. For WASH related activities, hygiene kits and sanitation kits had a positive effect on beneficiaries. This was reflected that despite an increase in Bannu population, there was still no proportional increase in number of waterborne disease. However sustainability of hygiene and sanitation kits are low as beneficiaries reported they are unlikely to buy these items given their low income and would continue to prioritize medicine, food and rent over hygiene related material. At the same time, behavior change amongst the IDPs will lead some of them to continue using soap, tooth paste and other related items as they got introduced to them through this ACF intervention. This is despite the fact they mentioned that they already have traditional ways to cleaning teeth, thus they do not need to buy tooth paste, brush etc. With this said, hygiene related messages would remain with them and would continue to guide them. Hand Pumps and Chulli Filters were used by the beneficiaries and over 80% of them said they will continue to use/operate them, either directly and through the committees. Household latrines are likely to sustain as households will continue to take care of them.

Mr. Tahir living in village Khan Shereen stated “Eshal is my cute little angel. She is two years old but was very weak and she used to be ill all the time. Once I took her to the health facility where doctor examined her and prescribed her some food supplements. She is now very healthy and beautiful. I would like to forward a message to ACF office that please this activity should not be for a limited interval of time as with the passage

of time many ladies give birth to malnourished children which would also need curing like my dear Eshal. I will say thanks to ACF team."

Figure 13: A latrine not in used in Sindh.

d. Conclusions

Based on the overall findings from Focus Group Discussions (FGDs), Household (HH) Survey, Key Informant Interviews (KIIs) and direct observations during field visits, evaluation team conclude the project met its overall objective by meeting emergency humanitarian needs of the targeted community in a timely manner.

From a design perspective, this was a well-designed project which was appropriate and coherent with the objectives of the Action. ACF interventions were focused on provision of nutrition services for risk groups, who were provided with an encompassing multi sectoral support, effectively linking Nutrition interventions with FSL and WASH to maximize likelihood of impact.

In Sindh, the project emergency nutrition needs of the affected population in an integrated and holistic manner. The particular strengths of the project design included consistent inter sector and cross cutting integration through the life of the project. ACF mainly operated in an integrated manner. This was especially the case in Tando Muhammad Khan (TMK) where all three sectors – Nutrition, Food Security and Livelihood (FSL) and Water, Sanitation and Hygiene (WASH) – were implemented in an integrated manner. This is primarily due to the fact that in TMK, ACF is operational since 2012 and has evolved its projects.

In Khyber Pakhtunkhwa (KP), the project provided integrated multi sector response to support the immediate needs of the already vulnerable IDPs. ACF activities in KP started in response of North Waziristan Agency IDP crisis and were not well integrated. This was due to fluid situation around IDPs. Non integration in KP can be best reflected by the fact that out of almost 100 villages in KP, Cash for Work (CfW) and Conditional Cash Grant (CCG) activities took place in 1/3 of these villages and Household Latrine were constructed in 1/10 of the villages where nutrition support was supported.

Gender was considered throughout the design. ACF female staff helped in accessing female beneficiaries. This was more relevant for KP were men could not access female beneficiaries. In terms of overall financial resources allocation, overall it seems to be sufficient for the agreed activities. ACF was giving a cash grant of PKR 21,600 divided in to three instalments to Conditional Cash Grant receipts. This amount was suggested by Food Security Cluster and also practiced by other ECHO partners. WASH activities were well designed and addressed the important needs of the communities. These activities include latrine construction, hand pumps, distribution of hygiene kits, female sanitation kits, hygiene sessions etc. Women and children were the main target of this Action design. A unique feature of the ACF intervention was the sanitation pit. This activity was specially designed for women based on a gender gap analysis and were positively received by women. Female sanitation kit was also positively received and used by women. For the hygiene kits, over 98% of the beneficiaries were happy with the kit content and quantity. The remaining mentioned other things like increasing the size of the towel, increasing number of toothpaste etc. in the kit.

ACF has a comprehensive Feedback and Complaint Mechanism (FCM), which is part of the overall ACF operational design. However, posters displaying details of complaint mechanisms like phone numbers were put on only during active activity periods for a short duration of time (e.g. during hygiene sessions or CCG disbursement). In both KP and Sindh, of every ten, only one beneficiary was familiar with this FCM and even fewer were having the phone number or other contact details for the FCM.

As for as relevance and appropriateness of the project is concerned, the evaluation found this project both relevant and appropriate to the specific needs of the beneficiaries. . Beneficiaries commented that nutrition, FSL and WASH (drinking water in particular) were the sectors where they required support. The evaluation team reached the same conclusion where project response was relevant to the core problems and needs of the target population, as well as being appropriate in the respective social and cultural context. The SMART Nutrition 2014 ACF International nutritional survey situation in TMK district reported that a Global Acute Malnutrition (GAM) rate of 19.4 % and a Severe Acute Malnutrition (SAM) rate of 5.1% reflecting relevance of this intervention to the needs of the people. For the IDPs in Bannu, based on the interview with the ACF nutrition expert and ACF nutrition survey, in KP, the IDPs initially had a better nutritional status then their

hosting population. However during displacement they experienced food shortages and lack of dietary diversity. As a result their children started losing weight within two to three weeks into displacement and were in need of immediate nutrition assistance. During the FGDs, most of the IDP families in Bannu mentioned they had access to milk, eggs and meat prior to displacement, but could not bring their livestock while coming out of their villages in North Waziristan Agency. Regarding WASH activities, ACF conducted a survey amongst women where faeces disposal was identified as a key issue. In response, ACF designed and developed sanitation pits for women. They also provided women with female sanitation kits. Further hygiene kits were provided to IDP families, which catered for their sanitation needs, as highlighted during beneficiary interactions. CCG and CfW were provided to vulnerable beneficiaries. Background discussions with beneficiaries revealed they highly appreciated both these schemes. It covered their needs for cash to buy food items, medicine, pay for utility bills, pay for house rent etc.

For coherence, the evaluation team assessed ACF interventions, policies and strategies to ensure consistency and minimize duplication. Overall there was high level of collaboration with stakeholders in all the geographical areas both during the design and implementation phases of the project. Amongst the beneficiaries, men and women committees were formed to help with the beneficiary identification. Discussions with these committees indicated that beneficiaries were selected in a fair and transparent manner and this was also confirmed by other community members. The key difference between men and female committees were the level of engagement for female where they were less engaged especially in KP as compared to Sindh. Overall, all project activities were in line with the government policies. This is especially true for nutrition activities which were in line with the government of PC1 in Sindh and KP government policies to improve nutrition situation in the province. In both provinces, there were strong coordination with government and semi government counterparts, including Integrated Nutrition Programme, Department of Health and People Primary Healthcare Initiative. Overall the project fit within the national strategies to ensure consistency.

In terms of coverage, ACF addressed the worst affected districts. In case of Sindh, TMK was identified as one of crisis district for nutrition in National Nutrition Survey 2011 (NNS 2011). Within TMK, specific villages were identified based on hotspot survey. For KP, Bannu and Kohat together are hosting the highest number of IDPs in the province. For Bannu, intervention areas were identified based on consultations with the government while keeping in view the fact whether or not other actors are providing similar services in nutrition, FSL and WASH.

Overall, there was high level of efficiency in all different components of the project and provided high value for money. Targets for different segments as identified in the project proposal were achieved in a timely manner. Efficiency of hygiene sessions could be improved as the session duration and/or intensity did not allow beneficiaries to retain their learning. For staffing, within a given geographical area, there were different staff members providing services related to his sector meaning same village was served by three different individuals for nutrition, WASH and FSL services. The project achieved improved efficiencies through its competitive procurement processes including open tendering. Depending on the nature of the work, where possible, sourcing of procured items took place at local level. These efficiencies are reflected from the fact the project was able to achieve their results despite experiencing a depreciating Euro and an appreciating PAK Rupee rate leading to a net exchange rate loss during the project period.

Overall there was high level of effectiveness in the project. All sectors effectively operated and achieved its results. Based on the available data, the project reached all the planned targets against the proposal indicators in a timely manner. Timeliness was an important effectiveness component in both the provinces as this project provided them with relevant support when they needed it the most. All community level respondents consulted expressed satisfaction with the timeliness of the response.

The measure of sustainability and likelihood of impact varied depending on nature of activities within the project. For nutrition, only less than 1% of children are re-admitted in the nutrition project once they got cured. These nutrition activities were also linked with PC1 in Sindh and INP in KP which provided a degree of sustainability. However PC1 has limited coverage of 60% and also does not cover MAM and PLW related

services. Thus, at the end of this intervention, it is unlikely a government institution will take on-board the full set of ACF nutrition activities. For FSL, the degree of likelihood of impact is high as it created significant positive effect on beneficiaries; however, sustainability is low.

In brief the project was relevant to the core problem and needs of the target groups at the time of project design with Nutrition, WASH and FSL of equal relevance in flood affected areas in Sindh and in conflict affected areas of KP. At the village level targeting was rigorous through self-identification by communities in both the provinces followed by verification by ACF team. Involvement of target communities in the assessment process was very comprehensive but there was less involvement at the design stage. Participation levels varied depending on the type of infrastructure being built and training/education being provided. Participation levels were high for Nutrition in particular, relatively high for water and less so for sanitation and hygiene. Involvement levels in the various components are relevant though under the topic of water there should have been greater community involvement across the project cycle including in design and planning if looking for greater sustainability and ownership.

In terms of appropriateness of interventions in the social and cultural context there is little doubt that the nutrition, FSL and WASH component were correct in most cases using a vernacular design, addressing the most important need and fit for purpose in the context. The water component was appropriate in both provinces focused on accessing water using hand pumps. The latrine response was in many circumstances inappropriate as it is difficult to expect sharing of latrines between families and also difficult for families to maintain operation and maintenance of this type of latrine. The kits provided were for the most part appropriate, however hygiene kit distribution was not found consistent at all locations as not all areas were covered with hygiene kits distribution.

Figure 14: Recording keeping by community for nutrition activities

Output targets were achieved and in some cases exceeded especially in nutrition component. Based on the data available and gathered, improved access to safe water, improved access to sanitation, increased access to and use of hygiene materials such as soap coupled with relevant hygiene education all combine to suggest an overall improved health status. Effects of the project are significant and are positive. Some of these positive effects even extended into livelihoods (buying sewing machines from Conditional Cash Grants). Due to the increased awareness and application of Disaster Risk Reduction into water sources, the likelihood of impact is likely to be felt into the short and medium term.

Under Accountability there remains some room for improvement such as putting signboards informing communities of interventions. Complaints from women directly appear low and accessibility to complaints mechanisms such as phone lines appeared restrictive. Geographically ACF appears to have a focused strategy going into the future for moving into places of need. Linked to the change in geographical locations are the issues of connectedness, coherence and sustainability. Many agree that a one year project is not enough to

build resilience and reduce future vulnerabilities in one geographical area. As said before the nutrition component has been successful in helping to reduce malnutrition into the future, but the other components of the project needed greater investment towards sustainability and simply more time to help establish sustained infrastructure and behaviours.

e. Good Practices

Beyond these achievements, the evaluation found some Good Practices specific to this project. These Good Practices are summarised below that ACF may consider for future programming:

- **Engaging and Re-engaging communities in Beneficiary Selection:** ACF had clear beneficiaries' selection criteria at Household level and also at village level. ACF PQA team also did 10% beneficiaries verification. ACF was twice engaging wider communities in beneficiary selection. In the first case, communities were asked to form a committee who were tasked to identify first list of beneficiaries. Once it was done, ACF did a verification exercise and prepared a list of provisional beneficiaries. As a third step, in some cases, ACF team went again to the communities where they displayed this list and asked people to comment on it. This gave the wider community another chance to object to any name that they might believe is undeserving and should not be assisted. This full loop helped ACF to a high level of transparency in its beneficiary selection process.

- **Integrated/Repeated Hygiene Messages Having Better Effect on Behaviour Change:** In some of the areas ACF worked in an integrated manner, especially in Tando Muhammad Khan, beneficiaries had a better knowledge of hygiene related messages. Based on the comparison of results from the two provinces, it is evident this was was made possible as similar messages were conveyed to the same beneficiaries at least three times and thus had a more lasting effect on them, as compared to those who received this message only once.

- **Engagement with Women:** ACF team worked in some of the most conservative areas where it was difficult to work with men, let alone female. An example is Bakakhel area in Bannu. ACF engaged female staff to work with female beneficiaries. These women were mobilised and requested to gather at a central location in the village. When such gatherings were not possible, ACF changed its mobilisation strategy and went from house to house and had individual sessions with females. It was more time consuming, but such flexibility on part of ACF enabled ACF to interact with these females and implement project activities.

- **Cash Transfer – CCG/CfW:** In all the project areas the evaluation team has not come across any case where the bank or telephone company charged any fee from the beneficiaries while they were receiving their cash. This reflect strong monitoring and mobilisation on part of ACF as at times banks and mobile phone operators do deduct some charges from the beneficiaries as bank or service charges. Evaluation team believe such measures on part of ACF have sector wide lessons as how to reduce transaction cost for beneficiaries. For CfW it was encouraging to see that women not only partook in CfW activities such as mud plastering of houses and levelling streets by mud filling. Women also took on the role of supervision, of CfW interventions undertaken by men. This practise of giving leadership position to women should be repeated in future projects as well.

- **Water and Hygiene:** The water and hygiene components managed to achieve very high coverage with relatively limited resources, adopting low cost local technology for water clean supply like Chulli filters. ACF may like to increase frequency of hygiene sessions as this will lead to better retention of knowledge on part of beneficiaries. Keeping in view need on the ground for clean drinking water, there is also a potential to increased scale of Chulli Filters.

- **Integrating Other Aspects at Community Level Screening:** ACF has a strong community level screening mechanism to identify nutrition cases. As accessing and screening these children and/or women is not easy. ACF was also asking regarding immunisation status and was reporting to the Integration Nutrition Program for any missing vaccines, which a child might not have received.

- **Accountability:** ACF has a strong accountability system. An example is nutrition data which was checked and crossed checked. In one such case when anomalies were reported in the data, necessary disciplinary action was taken. Such measures which brought increased reliability to the ACF data by

triangulating data from different sources has helped ACF gain the position of nutrition lead agency in the country and its data is widely accepted and used.

Figure 15: Discussions with Vulnerable IDPs to Know About Selection Process for CCG.

f. Lesson Learnt

This section incorporates different lesson learnt in terms of project design and implementation. ACF may consider them in future programming:

- **Integrated Project Design:** As such this project was implemented in an integrated manner in Sindh but this integrated was weaker in KP as compared to Sindh. This is primarily due to fluid situation in IDP response areas. This led to increased use of human and other resources. Further discussions with ACF team revealed they have now fully integrated all three components of the project – nutrition, WASH and FSL - in the current project design implemented under KP-VI.
- **Nutrition:** Nutrition related activities were having a positive effect on beneficiaries. However, ACF team faced difficulties in areas where "nutrition alone" activities were implemented. This is because communities were hoping to receive WASH or cash related assistance and did not value high nutrition only activities i.e. Kohat. This increased challenges for ACF team to mobilise communities. This lesson from the field highlights the importance of an integrated approach.
- **Cash Transfer – CCG/CfW:** For CCG, given needs on the ground, there was a clear need for increasing scale of the CCG. Another important lesson is related to increasing choices around CfW as currently beneficiary can work only in limited fields under CfW. There is a need to provide more choices around Cash for Work beyond drainage-cleaning, street pavements and mud-plastering. Such choices can include teaching children from hosting and IDP communities, teaching a new skill to girls and boys, tree plantation, rehabilitating school buildings amongst others.
- **Integrating Other Aspects at Community Level Screening:** ACF community level screening mechanism to identify nutrition cases should include other possibilities by screening for additional issues like TB and linked it up with other initiatives like TB Control Programme. This will help in delivering more value for money and greater advantage to beneficiaries.
- **Beneficiary Selection:** ACF actively engaged communities in the beneficiaries' selection. Part of the selection process included displaying of the list of selected beneficiaries. It is a very good measure and provides for additional control. It is recommended ACF should expand on this process and ensure it is fully implemented in all project areas.
- **Inclusion of Men:** In terms of hygiene promotion and behaviour change, the Action was clearly focused on women and children. During the evaluation team found men were not fully aware of the nutrition needs of pregnant and lactating women and infant and young children. Engaging men will lead to more sustainable change.
- **Religious Believes and Breast Feeding Practices:** Nutrition message of feeding a child within first hour of the birth was not very effective in Sindh. This is because of the religious belief in the minority community that a new born child should not be breast fed till there are stars in the sky (meaning it is not till the night). In future, nutrition messages should cater for such believes and take necessary measures to minimise their negative effect.
- **Accountability:** ACF may further strengthen its accountability system by strengthening its beneficiary feedback mechanism. For this purpose, ACF operated a beneficiary feedback and complaint mechanism. Contact details for these complaint mechanisms were displayed on a banner only during the period when ACF were delivering a session and used to take back the banners with them to the office when activities were completed. As a result, not all beneficiaries could remember the contact details or provided an opportunity to the non-beneficiaries to get familiar with the beneficiary complaint mechanism. Although most male respondents were familiar with complain boxes that were displayed during the project interventions, however the women were found to be unaware of any form of complaints system. It is recommended that communities are made fully aware of ACF's complaint response system and that this information is further displayed on boards and feasible places within the community so that community members can approach ACF.
- **Community Level Participation in Design:** Current engagement of communities in project design is limited (with the exception of sanitation pit and female sanitation hygiene kit); however they were activity engaged in project implementation. This increased their ownership of the project activities. ACF may like to incorporate community feedback in different project activities from the very onset e.g. while designing the infrastructure such as latrines to help maximise the relevance and appropriateness of the infrastructure to their needs.

- **Water Testing:** There was a clear need to strengthen efforts to record basic well data both on site (and off-site), including location, yield data, depth of borehole and static water level. During the evaluation, team were not aware regarding basic data for the water sources they were using. Communities should be able to distinguish between safe drinking water and other water sources to use for other activities.
- **Visibility and Communications:** There was limited visibility of ACF, ECHO and SIDA. In high risk areas like Bannu and Kohat it might be an appropriate strategy. However, as other organisations were carrying out more visibility activities for the same donors, as evident from different signboards, it is suggested ACF may also proceed with some visibility in their project areas by applying visibility and communications plans with greater rigour at field level.

Figure 16: Discussions with ACF beneficiaries in KP and Sindh

g. Recommendations

Key to the future is learning from the lessons of the past and the lessons identified through this evaluation process and other processes carried out by ACF collectively as part of other consortiums as well as individually. Below is a summary of the key recommendations for the ACF to take forward into future projects:

- **Synergies and Integrated Approaches:** ***(High Priority/Senior Management Team/Next Project)***Although synergies in the targeting for areas of intervention were evident and the Action approaches can clearly be seen led by the nutrition lens, synergies between sector wise targeting show room for improvement. Discussions with ACF team revealed they realised this as a key finding during field implementation and already incorporated it in the next project design. This was done by implementing activities in the same geographical areas and also aligning implementation periods for different interventions.

- **Linkages with Other Programmes:** ***(Medium Priority/Project Field Team /Next Project)*** Taking advantage of ACF extensive community outreach and screening processes, the project can deliver more value by adopting a more comprehensive screening process. This will include screening for other diseases like TB or completion of immunisation and linking it with other programmes run by other government departments.

- **Nutrition beyond Project Timeframe:** ***(High Priority/Senior Management Team and Donors/Next Project)*** Although ACF's exit from TMK is based on the assumption that PC1 will initiate in TMK in the near future and ACFs efforts to ensure supplies are provided by UNICEF to the BHU so that exiting cases may be treated. The government does not have the required resources to distribute these supplies to the beneficiaries, creating a gap in treatment. ACF may consider holding contingency funds for bridging similar gaps in the future. In Sindh sustainability beyond project period is closely linked with PC1. However PC1 has only 60% geographical coverage and does not include services for MAM and PLW. Evaluation team believes the project should continue in areas, which will not be covered by PC1 to ensure gains in this period are not lost.

- **Inclusion of Men:** ***(High Priority/Project Field Team /Next Project)*** It is suggested men should also be made aware of the nutrition needs of pregnant and lactating women and young children. As men are usually the bread earner and decision makers, it is important to note that engaging them can lead to more sustainable change. as it could lead men prioritizing the need of women and children, more nutritious food being bought and grown, and possibly ensuring proper medical support for children and women in need.t.

- **Breast Feeding Practices:** ***(High Priority/Project Field Team /Next Project)*** There should be increase vigour on breast feeding practices in Sindh and in places these messages are contradictory to religious believes, community sensitization should be increased.

- **Increasing Scale of CCG:** ***(High Priority/ Project Design/FSL Team and Donors/Next Project)*** Keeping in view needs on the ground, evaluation team would recommend increasing scale of the Conditional Cash Grants for the vulnerable individuals in the communities. Currently, many of the individuals are left without assistance even though they fulfil the criteria.

- **Increasing Choices for CfW:** ***(High Priority/Project Design/FSL Team/Next Project)*** To make CfW more useful for the communities, it is recommended to increase choices for CfW beyond drainage cleaning, street payments etc. Such choices can include rehabilitating school buildings, teaching a new skill to girls and boys, teaching children from hosting and IDP communities, tree plantation, taking part in awareness raising amongst others.

- **Beneficiary Feedback** and Complaint **Mechanism:** ***(High Priority/PQA Team /Next Project)*** Phone number and other contact details for beneficiary feedback mechanism should be more widely distributed and should be available in project implementation areas throughout the project implementation period. Currently this circulation is limited and beneficiaries have limited information about FCM. ACF may also consider centralising this feedback mechanism in Islamabad for better control and division of responsibility. Currently phone calls are received at the field office levels. This accountability to beneficiaries could be enhanced by: 1) Permanently displaying contact details for the beneficiary complaint mechanism; 2) Strengthening information systems to ensure that people not only understand the selection/targeting criteria, but also learn why they did not receive assistance; 3) Expanding the complaint response mechanism and improving channels through which complaints can be made to ensure all sections of the community (females as well as males) can be enabled to make a complaint; and 4) Review the system of complaint follow up and in particular how complaints of a sensitive nature were dealt with.

- **Operation and Maintenance:** ***(Medium Priority/Project Field/Design Team /Next Project)*** the maintenance kits provided for hand pumps were effective and a large number of respondents shared the use of these kits, and demonstrated the ability to repair the hand pumps. The latrines on the other hand were out of use due to lack of repair and maintenance. ACF may consider the provision of sanitation kits as well as training on related repair and maintenance. Such distribution should be at least once a year after delivery of the training.

- **Water Testing:** ***(High Priority/Project WASH Team/ /Next Project)*** In the future projects, evaluation team would recommend to strengthen efforts to record basic well data both on site (written into aprons or metal plate signs) and off-site, including location, yield data, depth of borehole and static water level. All water sources should be marked. This will help communities to distinguish between safe drinking water and other water sources to use for other activities. Consider the inclusion of testing stored water at the household level to help determine hygiene practices around water storage.

- **Sustainability of CCG and CfW:** ***(High Priority/FSL Team /Next Project)*** Sustainability of Conditional Cash Grant and Cash for Work can be achieved, to a degree, by linking it up with Benazir Income Support Programme.


Figure 17: KII in KP with DoH and in Sindh with Nutrition team

Annex 1 – Good Practice

Title of Good Practice
Bringing Transparency of Publicly Displaying Selected Beneficiary List in Community
Innovative Features & Key Characteristics
Once ACF Bannu team created beneficiaries list for their project activities, they visited one more time and publicly displayed beneficiaries list in the targeted area. This action helps to give voice of those non-beneficiaries who were not listed and have sufficient time to show their grievances on selection criteria. Thus, ACF Bannu team enhances greater transparency and accountability to the community. At the same time, community understands who was selected as a beneficiary for Cash for Work activities.
Background of Good Practice
Traditionally, organizations select beneficiaries through rapid assessment of the village with the help of committees formed by different organizations. Such practices has the potential to miss deserving households / individuals from the beneficiaries list as committees may include and exclude people based on their liking/disliking. To minimize this negative effect, ACF Bannu team shared beneficiary lists with targeted community. Such good practice provides community a sort of project ownership to express their opinion openly regarding inclusion / exclusion criteria of selectees.
Further Explanation of Chosen Good Practice
Those non-awarded beneficiaries who have concerns and might cause trouble during implementation phases after publicly displaying the beneficiary list so that villagers can review it and lodge their complaints, if any. Their complaints were properly addressed and negotiated either directly by ACF Bannu team or indirectly by village committee. Thus, with this chosen good practice, all project activities were smoothly carried out without any further risk or fear from non-awardees.
Practical / Specific Recommendations for Roll Out
Sharing beneficiary list practice to display it in more than one public places in community. This practice is to be adopted in other ACF programmes to ensure transparency and accountability to the community i.e. main stakeholder of the project. This initiative is also in line with Humanitarian Accountability Framework of which ACF is part which prefers to adopt greater transparency and accountability mechanisms. It is recommended that the ACF program team must incorporate this publicly displaying of beneficiary list in their future programs. This good practice seems to be easily replicated elsewhere and also by other ACF programs with commitment from the management. While implementing this policy, other consideration like beneficiary privacy and confidentially should also be considered. If there are specific request from a beneficiary that his/her name should not be included and there is a valid reason for his/her request, such requests should be entertained.
How could the Good Practice be developed further?
ACF programme team must display beneficiary list in more than one public place and within a wider community. This will certainly bring more transparency and more accountability in making beneficiaries list before starting formal implementation of other project activities.

Title of Good Practice
Integration of messages of Nutrition, WASH and FSL
Innovative Features & Key Characteristics
Integration of nutrition, WASH and FSL messages is very innovative and effective approach opted by ACF team. Such good practice has wider effects on individual / household daily life. They pay more attention to his routine diet and adopted more hygienic practices. It was observed by evaluation team in their field visits of different sites in Khyber Pakhtunkhwa and Sindh provinces.
Background of Good Practice
Nutrition, water & sanitation, food security, livelihood and hygiene indicators were pretty much alarmed in Bannu, Kohat and Tando Muhammad Khan districts of Pakistan. People neither pay attention nor know how to improve their standard of lives. With this integrated message approach, local people gradually changing their attitude and start best practices as ACF team conveyed to them in different community sessions.
Further Explanation of Chosen Good Practice
With such good practice of combined messages, most of the targeted community was gradually improving their daily diet chart, drink safe filter water, stop practicing open defecation and wash hands in critical times as well as bending towards gender equality. Thus, evaluation team observed that ACF chosen good practice of integrated messages works in targeted districts of Pakistan.
Practical / Specific Recommendations for Roll Out
This integrated message practice must be adopted for longer period of time because it illustrated very good results in the intervened areas so far. This integrated message step is also parallel with ACF policies related to eradication of malnutrition and better WASH facilities in world. It is recommended that the ACF in their future nutrition programmes must adopt integrated approach with other sectors. This good practice seems to be easily replicated elsewhere and have significant results.
How could the Good Practice be developed further?
ACF programme team must stress more the integrated messages along with wider disseminations of messages, as well as avoid duplication in IEC materials. Thus, it will make efficient use of scarce resources and will have better outcomes in future.

Annex 2 - Evaluation Matrix

Evaluation Criteria	Rating 1-5 (1 Low, 5 High)					Rationale
	1	2	3	4	5	
Design						Overall, the design of the project was appropriate and coherent with the objectives of the project. The project also interlinked with other projects and/or programs, especially related to nutrition related interventions.
Relevance / Appropriateness:						The project was relevant to the needs of the beneficiaries both from geographical and sectoral perspective and was in-line with donor policies and priorities.
Coherence						Overall there was a strong collaboration with stakeholders in all three areas of TMK, Bannu and Kohat. The project also fit well within the overall interventions by government and other organizations.
Coverage						The project assisted some of the most vulnerable groups of population in need of assistance in all three districts.
Efficiency						Overall, the project achieved high value for money and attained its objectives and results in a cost-effective way. Strengthening of the project design will help in achieving further efficiency in the project.
Effectiveness						The project successfully achieved all the planned targets against the proposal indicators in a timely manner. ACF put in place necessary management capacities and arrangements to support the achievement of results.
Sustainability and Likelihood of Impact						Sustainability and likelihood of impact varied from activity to activity. Because of the very nature of the activities, sustainability of certain activities like Conditional Cash Grant or Cash for Work was low.

Other Annexes

Annex 3 - Bibliography / List of documents for the desk review

ANNEX 3 -
Bibliography and List (

Annex 4 - List of Persons Interviewed

List of Persons
Interviewed.docx

Annex 5 – Data Collection Instruments

Data Collection
Instrument.docx

Annex 6 – Evaluation TORs

Adobe Acrobat
Document