End of Programme Evaluation Report for DEC-funded WV Relief Program in Sindh (July 2011)

WORLD VISION PAKISTAN

FLOOD RESPONSE PROGRAM – DEC PHASE 1

Figure 1 – Evaluation team with communities in Sukkur

Sustainable Solutions (Pvt) Limited

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1. ACKNOWLEDGEMENTS

At the outset, we are thankful to World Vision (WV) for giving us the opportunity to carry out the final evaluation of World Vision DEC-funded Phase 1 Flood Response Programme in Sindh. We are grateful to Mr. Imran Ali Chishtie for providing practical suggestions to perfect the evaluation tools and methodology.

The evaluation study is based on the data made available to us whole-heartedly by the communities and various officials of the Government of Sindh. We could not have succeeded in the study without the data, which was provided to us without hesitation.

We are thankful to the team of WV Sindh office who accompanied the evaluation team to various identified sites and ensured that all the concerned resource persons and records were available on site.

Lastly, we are grateful to the 380 households (HHs) who participated in the conducted household survey and to participants (232 people) in focus group discussions (FGDs) in all the 11 sites visited by the evaluation team in Sukkur and Khairpur districts. Without their co-operation it would not have been possible to thoroughly complete the evaluation study.

We trust that the study conducted by us will be useful to World Vision Pakistan and World Vision UK, in deciding further action to be undertaken for effective humanitarian response planning and implementation.

Sana Khan (Evaluation Team Lead/ Report Writer)

Cover photographs

Photo # 1: Evaluation team member with female community members

Photo by: Sana Khan

2. LIST OF ACRONYMS

DDO	Deputy District Officer
DEC	Disasters Emergency Committee
EDO	Executive District Officer
FGD	Focus Group Discussion
HAP	Humanitarian Accountability Partnership
HH	Household
IDI	In-depth Interview
M&E	Monitoring and Evaluation
McRAM	Multi-cluster Rapid Assessment Mechanism
MoU	Memorandum of Understanding
NFI	Non Food Items
PDMA	Provincial Disaster Management Authority
PFR	Pakistan Flood Response
TMO	Town Management Officer
UN	United Nations
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
WV	World Vision
WVP	World Vision Pakistan
WVUK	World Vision United Kingdom

3. EXECUTIVE SUMMARY

Over the course of July and early August 2010, Pakistan experienced the worst monsoon-related floods in living memory. Heavy monsoon rains in the Khyber Pakhtunkhwa, Sindh, Punjab and Balochistan regions of Pakistan affected the Indus River basin. Approximately one-fifth of Pakistan's total land area was underwater, that is around 796,095 square kilometers (307,374 sq mi). According to Pakistani government data, the floods directly affected about 20 million people, mostly by destruction of property, livelihood and infrastructure, with a death toll of close to 2,000.

World Vision in Pakistan (WVP), with funding from the Disasters Emergency Committee (DEC), implemented the Pakistan Flood Response (PFR) Programme for the affected population of three districts in Sindh Province. This programme was designed as an emergency response intervention in Sukkur and Khairpur districts running from 1st August, 2010 to 31st January, 2011. With its mid-programme report to the DEC (November 2010), WV introduced Qamber Shehdadkot as a third project district. The programme design provided for an end of programme final external evaluation. This report fulfils this requirement.

The programme aimed at increasing the survival prospects and addressing immediate needs of flood-affected populations in Sindh by responding to their urgent and basic needs. The originally planned overall target beneficiaries were 15,000 flood affected households in the target area.

The evaluation applied a rapid appraisal approach which involved a household survey (total respondents: 380, M: 291 and F: 89), community focus group discussions, key informant interviews, and observations (transect walk, site visits etc.). Reference was made to secondary data available to the programme alongside other technical materials. Eleven out of the approximately 80 locations covered by the programme were visited.

The study team comprised a lead consultant with significant experience in project design, monitoring and evaluation assisted by a dedicated team of nine field researchers (three female and six male) with knowledge of research techniques, as well as the programme area and communities.

The end of programme evaluation aimed at determining the effectiveness, appropriateness/relevance, impact, efficiency, sustainability and accountability of the programme to utilize learning for further World Vision programming in Pakistan and elsewhere.

Following is a summary of the main evaluation findings.

Relevance: WV selected districts (Sukkur, Qamber Shahdadkot, and Khairpur) which were amongst the worst affected by the floods in Sindh Province. In these

districts, it targeted rural communities whose shelter, livelihood and other resources had been extensively damaged by the floods; they had been left with limited food stocks and belongings which they had been able to save before flood water entered their homes. There was no other humanitarian organization responding to the needs of these flood affected communities at the time of selection of target villages. In this situation, the evaluation team found this project highly relevant to the needs of the affected population. This project relevance was confirmed by more than 90% of the respondents of the HH survey and over 80% of the respondents of stakeholders' interviews (government officials). However, due to limited resources, WV was not able to respond to the needs of all the affected population and adopted a strict targeting mechanism for NFI and shelter distributions.

Effectiveness: The programme aimed at increasing the survival prospects and addressing the immediate needs of 15,000 flood-affected HHs in Sindh by responding to their shelter, health, WASH and NFI gaps. The programme achieved all its targets as per plan revised in November 2010. Secondary sources as well as the data collected during this evaluation reveal that most of the programme targets were over achieved and around 20,000 beneficiaries instead of the 15,000 originally planned were reached (for more details please refer to the section on Effectiveness). Communities and other stakeholders indicated that the assistance received had improved their situation and cited multiple specific benefits for target households. The responses on benefits and programme effectiveness varied between locations. In Sukkur district, for instance, beneficiaries stressed that the sanitation facilities installed by WV had brought a positive change in the overall living conditions of the communities, notably in the health and hygiene areas. Women in particular reported: "*men and children use latrines instead of open defecation and wash their hands after defecation*". The impact of WASH interventions is also evident from the results of the HH survey: 97% of the participating HHs reported washing their hands with water and soap after defecation. A McRAM assessment of September 2010 had instead concluded that only 26% of people were washing hands with soap and water after defecation in Sindh province. In Khairpur district, beneficiaries, especially women, particularly appreciated WV health interventions and wished that these health services could continue, with addition of pre and post natal care facilities. Communities were concerned about the sustainability of the health points set up by WV. They expressed hope that WV would pursue its efforts to sustain health facilities in partnership with the communities. Additionally, providing NFIs to beneficiaries reduced the burden on non-beneficiary households that were hosting them and using their scarce resources to meet their immediate needs.

Efficiency: The project was implemented professionally, completed on time and within budget. The implementation of the project's emergency activities was guided by implementation schedules, the project logical framework, and M&E mechanisms and tools that were found efficient and presented an evident case of good practice. The evaluation team found all the necessary documents and data on program activities in digital form.

However, in the WASH sector WV did not fully utilize indigenous resources like materials and local labour. Increased use of such resources for the construction of WASH assets could instead favour cost efficiency, transfer of skills to local communities, people's participation and ownership and sustainability of interventions. The efficiency of the project is discussed in Section 5 of the report.

Impact: The programme positively impacted the affected population, especially women and children, by addressing the immediate needs of the flood affected population. It did this by providing shelter to 3,000 affected HHs, WASH facilities to over 7,000 HHs, NFIs to 3,000 HHs and health care to 18,203 individuals (48% women). As a result of the safe drinking water, shelter & NFIs kits and health care provided by the project, no epidemic of water borne or hygiene related diseases was reported in the project area. Communities instead mentioned a sharp decline in child diseases in the area due to the preventive and curative health care provided by the project and as a result of improved health and hygiene practices. The overall environmental situation of the target villages has also improved as a result of waste management and sanitation facilities which contributed to a reduction in cases of malaria and other flood related diseases. Women felt empowered due to their participation in different project activities and their involvement in awareness raising sessions and decision making.

Compliance with agreed humanitarian principles: WV generally adhered to international minimum standards for humanitarian response such as HAP and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief.

The programme enhanced the coping mechanisms of the flood affected population by reinstating basic sanitation, water and hygiene facilities according to humanitarian minimum standards (sphere standards). The target communities were mobilized in order to enhance their capacity to sustain the interventions. The participation of the affected population in project interventions was especially encouraging.

Accountability: Involvement and active participation of the affected communities in project activities led to better planning and response. WV actively involved communities from the very early stage of the response, which contributed to the success of this project. Communities participated and collaborated with WV till the end of the project and are willing to pursue this fruitful partnership with WV.

Target communities could reach out to WV staff and communicate feedback and grievances, but the complaints handling system used was not written. Project beneficiaries received abundant and significant information about this DEC-funded program. Budgetary information (e.g. costs of latrines, hand pumps) was, however, a missing element. Programme staff involved in this response was sufficiently trained on accountability standards, but support staff was not included in the trainings.

Coordination with Government: During the evaluation, some district administration officials and Health Department representatives in the target districts expressed concerns about insufficient information sharing, coordination and joint work on programme interventions, e.g. for the opening of health points and the selection of villages for health interventions. Coordination with government line departments is essential in order to ensure transparency and credibility of the implementing organisation and to foster the sustainability of programme interventions.

Lessons learnt: The evaluation identified the following major lessons learnt from the program:

i. Involving field staff and communities in project assessment and design contributes to ensuring that an emergency response is appropriate to people's needs. It is also critical to benefit from the assessment and contextual knowledge of other humanitarian agencies working in the area and assessments carried out by other actors;
ii. Adequate staffing in critical positions and proper HR procedures are very important to ensure an effective and efficient emergency response and to maintain staff morale;
iii. Better preparedness measures, including involving communities in disaster preparedness planning, and more focus on sustainability of programs is a must in countries like Pakistan that have an emergency response almost every year;
iv. As a child focused organisation WV should retain and develop its child focus from the onset of an emergency;
v. Strong communication capacity and clear advocacy messaging need to be given more importance to be able to do better and faster fundraising and to maximise coordination with the humanitarian community; and
vi. Building relationship with donors, local partners and actively participating in cluster meetings at all (national, provincial, district) levels is crucial to access more funds, avoid duplication, and to reach more beneficiaries.

Conclusions: The findings of the evaluation demonstrate a positive and appropriate flood response by WV. The response was characterized by a high degree of community participation throughout design and implementation, efficient systems and communication, and a strong and dedicated emergency response team, all of which resulted in a pertinent, very timely response. Based on findings from the HH survey and FGDs, 89% of the respondents, both beneficiaries and non-beneficiaries, were satisfied with WV's targeting strategy and reported a notable degree of positive impact for this phase of the response. The strong relationship developed with targeted communities during project implementation will provide a strong platform for WV and humanitarian actors to build upon during the coming phases of the Pakistan flood response and later for development interventions. This DEC-funded project also contributed to a high level of trust that communities have placed in WV in particular and the humanitarian sector in general.

The main areas for improvement are reflected in the below-mentioned recommendations.

Recommendations: In order to strengthen World Vision early recovery to Pakistan's floods and WV programming as a whole, the evaluation recommends:

i. **Sustainability of health interventions:** World Vision should give due consideration to the need to sustain the primary health services introduced or revamped by World Vision with this flood response. WV should explore all avenues to sustain such health services with the involvement and participation of target communities and governmental authorities, as part of its early recovery or other interventions.

ii. **Cost efficiency:** based on findings from this evaluation, WV is recommended to further explore the utilization of local materials and labour when constructing WASH and other assets, which would contribute to increased cost efficiency, transfer of skills to local communities, people's participation and ownership and sustainability of interventions.

iii. **Coordination with Government**: based on findings from this evaluation, World Vision should increasingly inform governmental actors about the details and evolution of WV humanitarian interventions and reinforce coordination and the authorities' involvement in project implementation. This particularly applies to health interventions and could contribute to increased governmental engagement for the sustainability of programme interventions.

iv. **Accountability:** based on findings from this evaluation, WV should systematically put in place and utilize a written complaint handling system to record and respond to beneficiaries' grievances. This more formal, written complaint mechanism (instead of the unwritten one used) would facilitate and structure complaints handling and allow beneficiaries' voices to be systematically escalated, if needed, to higher hierarchical levels in WV. To reinforce beneficiary accountability, the evaluation also recommends including budgetary elements in the information conveyed to target communities. WV should also systematically include support staff in organized accountability trainings.

v. **Educational component:** an unaddressed aspect which emerged from focus group discussions with children is the need of interventions to allow children to go back to school (e.g. repair of educational infrastructure). It is therefore strongly recommended to reinforce the education component in WV's flood response strategy, notably in its early recovery phase.

vi. **Disaster Risk Resilience**: WV Pakistan is recommended to invest in awareness-raising and education of the local communities and local staff on Disaster Risk Resilience and response planning and implementation. This would be a significant contribution to increasing the organization's ability to respond to future emergencies. WV target communities engaged by the evaluation team expressed concern about future emergencies and feared that WV and community efforts might vanish if flood hit the area again.

4. INTRODUCTION

A. BACKGROUND

With funding from the Disaster Emergency Committee (DEC), World Vision Pakistan implemented a flood response programme, namely the Pakistan Flood Response Programme in Sukkur, Khairpur, and Qambar Shahdad Kot districts of Sindh province, as part of WV's overall humanitarian response to the needs of the populations affected by the 2010 floods in Pakistan (see Figure 2 below, project districts circled in red).

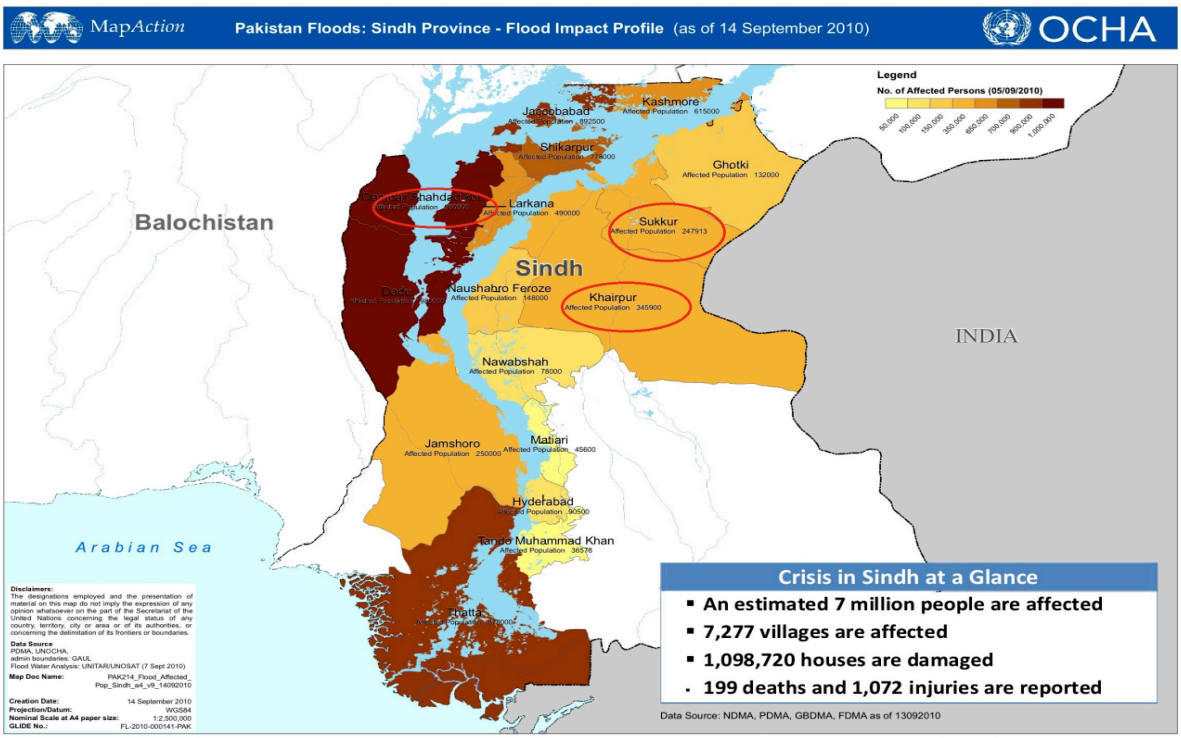

Figure 2: Map of the Sindh Province, with project area encircled in red colour

It is estimated that 7.3 million people have been affected by the floods in Sindh province. More than one million (1,098,720) houses in Sindh were damaged by the floods. Provincial authorities estimate that around 1.4 million people lived in informal settlements and organized camps, including in schools for more than 60 days after the floods. As of September 2010 (when the DEC-funded WV response started), overall return movements in Sindh included an estimated 386,547 flood affected people out of the reported 1.4 million who had moved to camps and informal settlements, leaving more than one million people still displaced (source: UNOCHA, 14 Sep 2010).

According to UN sources, as of January 2011, 15% of the affected people had still not returned to their places of origin as flood water was still standing in some parts of Sindh. In the course of this project implementation, 100% of the flood affected population targeted by WV returned to their place of origin.

B. PROGRAMME DESCRIPTION

Based on assessments carried out by WV (initial rapid assessment) and other assessment reports (ex. McRAM September 2010) from the humanitarian community in Sindh, WV in Pakistan developed the DEC-funded Pakistan Flood Response Programme as an emergency response intervention to '*Increase the survival prospects and address immediate needs of flood-affected populations in Sindh by responding to urgent and basic needs*.'

The programme assisted flood affected communities (20,000 HHs) in Sindh through the following outputs:

a) Flood affected families have access to sufficient and reasonable quantity and quality of water, appropriate bathing/sanitation facilities and ability to undertake improved hygienic behaviour;
b) Flood affected families have access to improved health services and reduced vulnerabilities to illness / waterborne diseases;
c) Flood affected families have access to adequate temporary shelter and essential household items to meet their basic needs;
d) Appropriate measures are implemented by staff and partners to ensure all programme activities are accountable to beneficiaries.

C. STRUCTURE OF THE EVALUATION REPORT

The report contains an executive summary which succinctly explains the evaluation methodology used, assesses the project quality (relevance, effectiveness, efficiency, accountability, compliance with humanitarian standards and impact) and formulates recommendations and conclusions based on the evaluation findings. The main body of the evaluation report comprises this introductory section, a presentation of findings (sections 3.0 to 6.0 covering project relevance, effectiveness, efficiency, effects/impact, accountability and sustainability respectively) and learning drawn from these findings (sections 7.0: lessons learnt and section 8.0: conclusions and recommendations). Table 1 below helps link the evaluation objectives as per the evaluation TORs with the expanded evaluation report format described above.

Table 1: Structure of the report

Objective 1: Extent to which outcomes and goals have been achieved	Chapter 6
Objective 2: Intended and unintended, positive and negative impact of project activities	Chapter 6 & 8
Objective 3: Whether funds were used as stated in project design	Chapter 3 & 6
Objective 4: Extent to which the project fulfilled agreed humanitarian principles and standards	Chapter 6 & 7

Objective 5: Degree of accountability to beneficiaries	Chapter 6
Objective 6: We learn from experience	Chapter 7 & 8

5. EVALUATION METHODOLOGY

The evaluation applied a rapid appraisal approach which involved conducting a household survey, focus group discussions with beneficiary communities (male, female and children), key informant interviews, and direct observations. Reference was made to secondary data available to the project. A combination of qualitative and quantitative methods was used, with integration of the voices of the flood affected population through a HH survey and FGDs. WV M&E and field teams were consulted for the fine tuning of data collection tools. Meetings were also held with WV staff to integrate their experiences. Data collected using different tools was evaluated to draw conclusions and results. The details of the evaluation methodology are listed below.

Review of literature and secondary data: secondary data including reports, humanitarian standards, surveys, and baseline were reviewed and consulted to fill information and data gaps. The details of these back up documents are annexed to the report as references.

Information gathering tools and questionnaires: information gathering tools (e.g. checklist of questions for FGDs) and HH questionnaires were developed and shared with WV for feedback. The tools were refined and finalized before testing in the field and can be found in the annexes to this report.

Training of data collectors: data collectors were trained by the Managing Director of Sustainable Solutions along with the lead consultant on quantitative and qualitative data collection tools.

Sampling and selection of households: the sample size and the households chosen for the HH survey were selected in consultation with WV Sukkur-based field team and WVP Monitoring and Evaluation Coordinator.

Household survey: this covered 380 HHs out of the 20,000 HHs who benefitted from the DEC-funded programme. HHs were randomly selected from beneficiary lists pertaining to 11 villages where WV implemented its DEC-funded response. The data gathered was entered into a database using the Statistical Package for Social Sciences (SPSS) software. After analysis, this data was handed over to WV as their property.

Focus Group Discussions: FGDs were held with community groups, separately with men (123 participants), women (97) and children (12).

In-depth interviews (IDIs): IDIs were conducted with key informants, stakeholders, project staff and other individuals. Five key informant interviews were held with District Administration representatives of Sukkur and Khairpur districts. Officials interviewed include the Executive District Officer (EDO) Finance PDMA Sukkur, Deputy District Officer (DDO) Health Sukkur, DDO Revenue Khairpur, EDO Health Khairpur and Town Management Officer (TMO) Sukkur.

Triangulation: comparison of data between sources including HHs interviews, FGDs, interviews with key informants, and secondary data helped to improve the quality (validity and reliability) of information obtained by the evaluation team, while the use of checklists on key issues helped to improve the process of information gathering.

The evaluation team: the evaluation team consisted of a lead consultant with significant experience in project/programme design, monitoring and evaluation, a data analyst and nine field researchers (three female) with sound knowledge of community interviews, HH surveys and the local context of Sindh. The WV Sindh office provided logistical support that made the field work possible.

6. FINDINGS

A. PROGRAMME RELEVANCE

The target programme districts [Sukkur (247,193 affected population), Qambar Shahdad Kot (345,900), and Khairpur (980,500)] are amongst the most affected by the floods in Sindh. WV selected rural communities whose shelter, livelihood sources, basic items and other resources had been either washed away or badly damaged by the floods, leaving them homeless and economically insecure. The target districts were, even before the floods, among those with low welfare indexes (Sukkur: 47 & Khairpur: 63 on HDI ranking[1]) in Pakistan, characterized by high rates of poverty, low literacy levels (<45% in both urban and rural), poor access to health care, and low primary school enrolment (<67%[2]).

The main economic activities in the target districts are agriculture and livestock: both of which were badly affected by the flooding (please see table below[3]). During the initial days after the floods, the affected populations left their places of origin to live in informal settlements or camps. This situation existed during project start-up and remains a valid justification for the DEC-funded Pakistan Flood Response programme.

District	Villages Affected	Area Affected (Acres)	Crop Area Affected (Acres)	Cattle Head
Sukkur	130	255,058	102,300	124,448
Q. Shahdad Kot	550	965,340	497,380	44,039
Khairpur	287	589,251	46,055	32,290

RELEVANCE IN RELATION TO THE HUMANITARIAN SITUATION

The programme started in August 2010, soon after the floods, as part of WV's emergency response to the needs of the flood affected population in Pakistan. When the programme launched, most of the flood affected people were out of their houses, near their villages, living under critical conditions and a critical humanitarian situation was prevailing in 80% of the province. People had to leave their homes, and had lost access to food, drinking water and other basic necessities. Most of them were at risk of starvation and water-borne diseases and

[1] Pakistan National Human Development Report 2003
[2] Academy of Educational Planning and Management (AEPAM) 2008-2009 School Census
[3] Provincial Disaster Management Authority (PDMA) Sindh

serious protection threats. WV provided emergency shelter, water, sanitation and hygiene (WASH) interventions, primary health care, NFIs and nutrition services to the affected population during their displacement until water receded and communities returned to their places of origin.

WV also helped returnees reintegrate their place of origin by installing bathing places, latrines, and water pumps, by offering primary health care and community based management of acute malnutrition and by providing essential NFIs. The project was able to lessen the sufferings of the flood affected populations and assisted them during the flood emergency phase, also integrating some elements of early recovery for returnees.

CROSS-CUTTING ISSUES (GENDER, CHILDREN & DISABILITY)

Documents review showed that the findings of WV's needs assessment had allowed the agency to disaggregate beneficiaries and their needs by gender, age (ex. children) and ability. Women and children were identified as most vulnerable groups among those affected by the floods. The review of the provided list of beneficiaries of shelter and NFI distributions showed that around 40% of the beneficiaries were females, which indicates that the design and implementation of the shelter and NFI distribution activities indeed emphasized gender aspects. The presence of differently – able members in households was one of the used criteria to prioritise households for NFI distributions.

RECOMMENDATIONS

WV Pakistan is encouraged to continue its efforts to meet essential needs of the flood affected **in the same communities** to further improve their overall conditions and contribute to their early recovery. This would allow WV Pakistan to sustain the health and WASH services that the agency provided.

B. EFFECTIVENESS/ IMPACT

ACHIEVEMENTS AGAINST PROGRAMME OUTPUTS

Result 1) Flood affected families have access to sufficient and reasonable quantity and quality of water, appropriate bathing/sanitation facilities and ability to undertake improved hygiene behaviour

The programme aimed at providing sufficient water of reasonable quantity and quality for drinking, bathing and cooking. It built bathing/sanitation facilities to improve hygiene conditions of flood affected communities. As a soft component, the programme staff conducted awareness sessions on hygiene practices.

The key indicators for assessing this result are indicated below:

15,000 HHs have access to 15 litres of safe water per person per day for drinking, cooking and personal hygiene

The target was revised to 5,400 HHs in November 2010

WV exceeded this revised target, reaching 11,500 HHs in 60 villages and 9 camps; this was achieved thanks to the active WASH committees formed by WV to ensure transparency and participation of project beneficiaries. 125 established WASH committees helped decide where to install hand pumps and water tanks and distribute water coolers and water purification tablets (aqua tabs). During FGDs, community members confirmed the mobilization role played by WASH committees in engaging community members in different phases of WASH activities. All the communities visited for this evaluation reported having benefited from water-related project activities. 84% of the respondents of HH survey stated having been provided with at least 15 litres/per person/per day of water for drinking, washing and bathing under the project.

Figure 3: A woman using a water pump

During FGDs, communities mentioned that WV had tested water quality after installation of selected hand pumps. This was an unusual practice in their area before WV's interventions. Both men and women appreciated the efforts of WV with these words: *'WV put all its efforts in providing clean water to people and water was provided using alternate ways where some hand pumps were abandoned after negative results of water quality testing'.* WV renounced installation of handpumps in a few sites after receiving negative results from water tests. According to villagers, water was in these cases made available using alternate sources such as tankers or water purification methods (aqua tabs were provided).

Primary water source before WV intervention

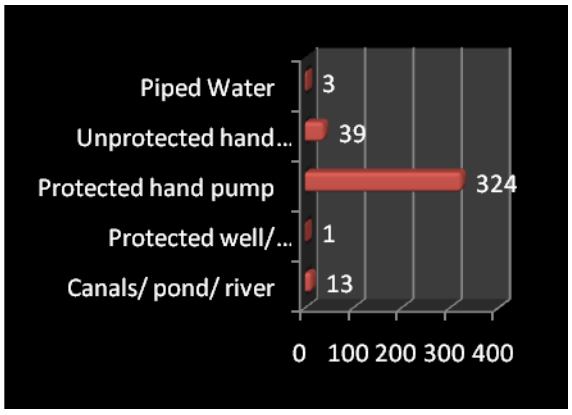

Chart 1: Water Source before WV

Primary water source after WV intervention

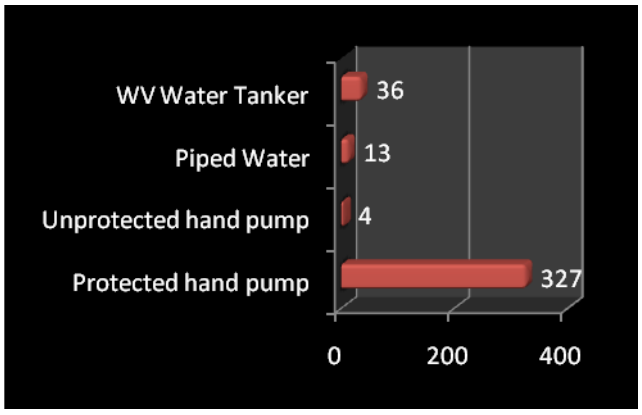

Chart 2: Water source after WV

The above charts indicate that less than 1% of community members were using

unprotected water sources of drinking water as compared to 14% before WV's DEC-funded intervention. The household survey results revealed that communities had shifted from usage of unprotected water sources to protected water sources as a result of an increased level of awareness of best water practices and increased access to protected water sources installed by the project. It is pertinent to note that virtually all protected water sources had been destroyed as a result of the floods. WV built/ restored water sources which had been damaged during the disaster. Though most of the community members interviewed reported that they had been using hand pumps as sources of water even before the floods, they stressed that, before project implementation, they were not aware of the importance of using a protected water supply source. The communities also recognized and appreciated WV's efforts in the area of awareness raising on the importance of clean drinking water and protected water sources for a healthy life. During FGDs, communities mentioned a decrease in their children's illnesses (especially diarrheal); they called it a result of clean water and improved health and hygiene conditions in the villages.

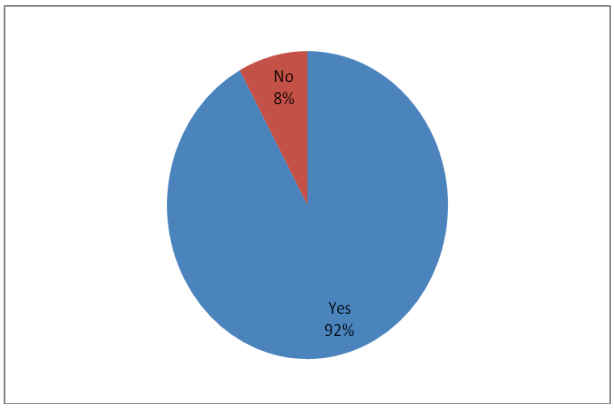

Chart 3: Enough water provided by WV

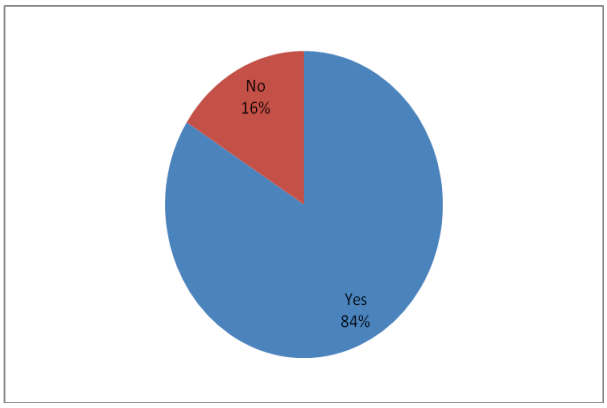

Chart 4: 15 litres of water/person/day provided by WV

Regarding per capita availability of water, 89% of men respondents and 100% (98 out of 380 total respondents were female) of women respondents mentioned that the quantity of water provided by WV was sufficient for their daily needs during the emergency phase. It is pertinent to note that 84% of respondents (319 out of 380 HHs) stated that they had been provided with at least 15 litres of water per person per day during the emergency phase, fulfilling and exceeding Sphere standards and WV's set target[4]. The evaluation measured water in buckets to assess whether the pumps installed provided at least 15 litres of water given the numbers of users and their conclusion was that this quantity was provided.

10,000 HHs with access to sanitation facilities within 50m

The target was revised to 7,000 HHs in November 2010

[4] Communities use buckets for water storage and measure water in buckets. Once the hand pumps are installed, communities can independently utilize water according to their needs.

After consultation with the target communities to develop clear understanding of their needs and the pattern of existing practices, WV installed a variety of sanitation facilities (dry pit latrines, communal latrines, bathing and hand-washing facilities, P-potties) and reached 7,703 HHs in around 60 locations against the target of 7,000 HHs. Communities were mostly using HH latrines for defecation even before the floods. 90% of the respondents of the HH survey stated that they benefited from different WASH interventions such as latrines, bathing spaces and hygiene sessions conducted by WV. More than 42% (80% women & girls) reported using latrines constructed by WV and over 90% had been reached through hygiene related awareness sessions and hygiene kits. The evaluation team observed no open defecation during transect walks. During these walks, the evaluation team also observed that all sanitation facilities constructed by WV were within 30 to 40 metres from dwellings, in line with Sphere standards.

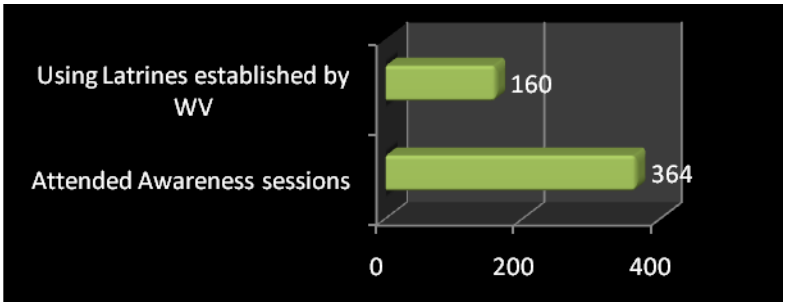

Chart 5: Sanitation facilities and hygiene awareness sessions by WV

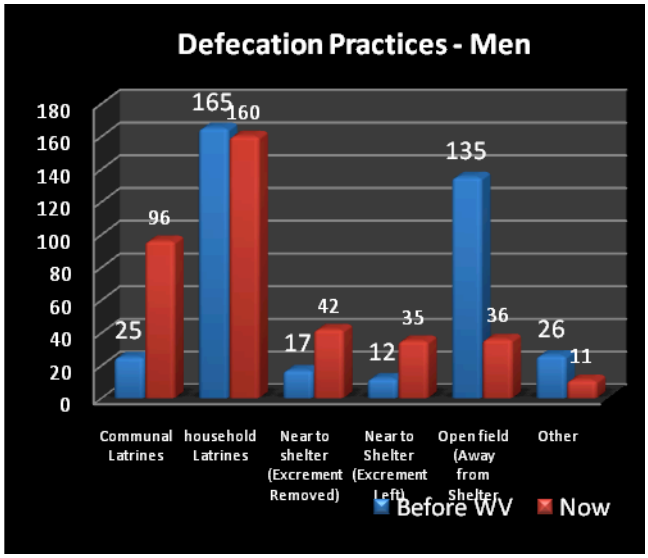

Chart 6: Defecation practices men

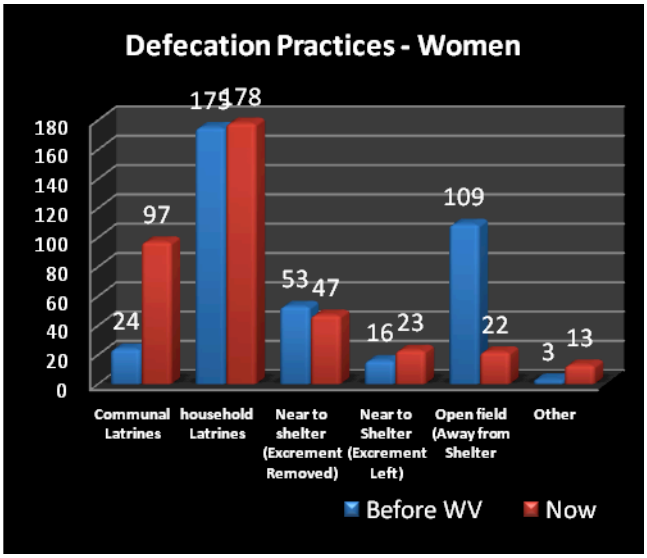

Chart 7: Defecation practices women

Analysis of data from the HH survey and FGDs shows positive changes in sanitation practices of both men and women. During FGDs, communities expressed their appreciation for the quality of latrines and bathing spaces built by WV and for awareness-raising on how to use these facilities. Women in particular underlined that this awareness-raising and the building of sanitation facilities had resulted in better health and hygiene conditions and a lower rates of diseases among children in the aftermath of the floods. The evaluation team observed that the targeted local villagers were indeed using the latrines and bathing facilities constructed by WV.

The practice of defecation in open fields decreased by 73% for men and by 80% for women, as captured by charts 6 and 7. The evaluation team observed no open defecation close to dwelling places.

10,000 HHs have access to information about hygiene behaviour

The target was revised to 7,000 HHs in November 2010

WV reached 6,770 families through hygiene education messaging and awareness sessions. A target of 7,000 HHs had been set, due to overestimation of population demographic figures; the actual number of inhabitants in target villages was lower than initially estimated. WV reached more than 95% (50% female) of the target population according to the HH survey data collected in 6 villages which is a significant achievement. The charts below visualize the impact of hygiene promotion education on beneficiaries' hand washing practices. These charts depict the situation in target villages following WV intervervention, whereas according to the McRAM assessment of September 2010 only 26% of people were washing hands with soap and water after defecation in Sindh province. (the McRAM assessment was carried out using a sample size of 10% affected villages, 10 to 15 HHs per site/ village).

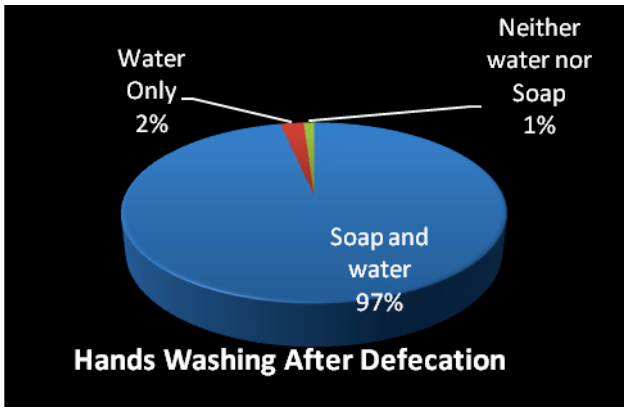

Chart 8: Hand washing after defecation

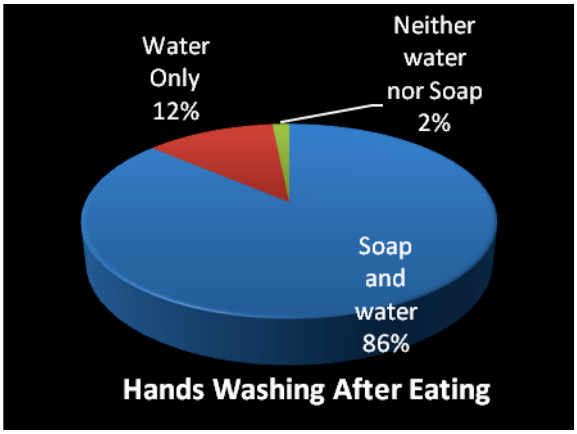

Chart 9: Hand washing after eating

During FGDs, women mentioned hygiene-related behavioural change not only in children but in men too, especially with regard to washing hands before eating and usage of latrines instead of open defecation. They termed it a result of the information materials used by WV and the hygiene sessions that WV had conducted in their village. Communities also mentioned a decrease in diarrheal cases and other diseases in children due to improved health and hygiene practices.

During their transect walk in 6 villages and while visiting project locations to conduct the HH survey, the evaluation team observed the DEC-funded hygiene information materials displayed in prominent sites like schools, houses, mosques and close to the main paths in the villages. All the hygiene promotion materials were produced in the local language (Sindhi) and more than 50% (40% female) of

the population who took part in the HH survey reported that they were sufficiently literate to understand the written message. During FGDs, women and men expressed appreciation for the pictorial presentation of the messages and the linking of hygiene messages to religious beliefs.

10,000 HHs provided with appropriate drainage and solid waste management in their surroundings

The target was revised to 4,000 HHs in November 2010

Figure 4: Dustbin

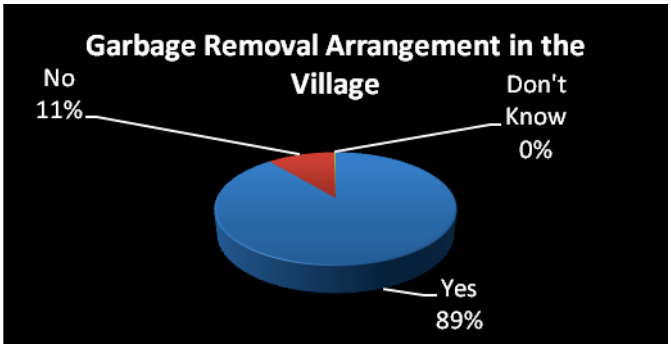

Chart 10: Garbage removal arrangements

WV reached 4,126 HHs against the revised target of 4,000 HHs. It distributed wheelbarrows and solid waste management drums, conducted dewatering activities and installed hand pump pads with a drainage mechanism after consultation with communities. The chart above captures the awareness of the target communities of the presence of garbage removal facilities/ interventions by WV. 89% of the HH survey respondents were aware of the garbage removal arrangements introduced by WV. During FGDs, communities expressed that there was instead no garbage removal mechanism in place before the floods. Due to the garbage removal interventions, the overall environmental situation in the target villages improved; communities appreciated the efforts of WV for waste management and showed willingness to sustain these efforts as this had improved the overall environment of the villages. Communities mentioned the importance of cleanliness for a healthy life.

Result 2) Flood affected families have access to improved health services and reduced vulnerabilities to illness/ waterborne diseases

According to assessments by the Provincial Government's Health Department, the villages selected for this DEC intervention were prone to various diseases (e.g. cholera, malaria, dengue fever and scabies) after the floods. Under this DEC-funded programme, 14 health units were established in IDP camps and affected villages

and WV served more than the 15,000 beneficiary HHs initially targeted. 27,290 individuals (from an estimated 18,203 HHs) were direct patients of the health units, but the catchment population of the 14 health units is 131,969 individuals who gained increased access to health facilities.

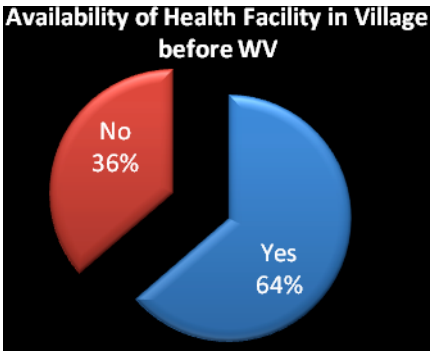

Chart 11: Health facilities before WV

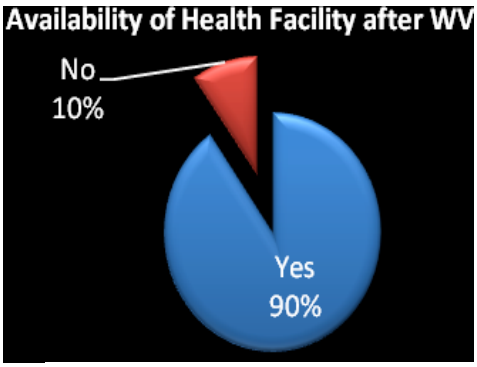

Chart 12: Health facilities after WV

FGDs with women villagers revealed that women had benefited the most from the health points set up by WV and requested WV to establish prenatal and postnatal health care facilities. Women stressed that, before the floods, they had to travel 15 to 40 kms (5-10 hours) to access health care and that cost them at least 1500 PKR (18 USD) – in several cases, beneficiaries did not have a health facility in their villages at all in the pre-flood period. As a result of this project, women became familiar with preventive health care elements due to their frequent interaction with health unit staff.

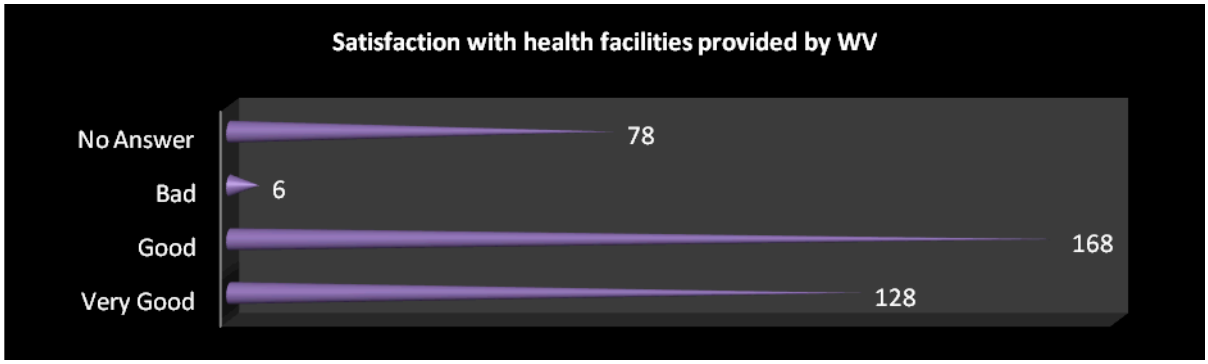

Chart 13: Satisfaction level with health facilities

Charts 11 and 12 (visualizing results from the HH survey) clearly reflect the improvement in access to health facilities for beneficiaries targeted under this DEC programme. 36% of the respondents stated that they had no access to health facilities before the floods, while this number decreased to 10% when asked about access to health facilities during the programme evaluation. FGDs and key informant interviews clearly highlighted that women and children's access to health facilities had improved after the project.

Responding to a question related to beneficiaries' satisfaction level with the health points provided by WV, more than 80% (among them 98% female respondents) of the respondents expressed their satisfaction with the health facilities and provided health care. This is reflected in chart 13. During FGDs, the respondents particularly appreciated the availability of medicines and referral system for serious cases to nearby health facilities. In chart 13 above, the 78 respondents who did not provide an answer on their degree of satisfaction with WV health points are from one village where WV did not provide health services.

During three FGDs, respondents explicitly reported a significant decrease in children's illnesses (diarrheal and flue) due to the preventive and primary health care offered by WV under this project.

Women raised and discussed the issue of continuation of the activities of the health points set up by WV in their villages. In two villages, women suggested continuation of these health facilities on a cost sharing basis. Communities felt they may not be able to sustain health facilities if WV or other external agencies did not support them.

Result 3) Flood affected families have access to adequate temporary shelter and essential household items to meet their basic needs

3000 HHs have access to emergency shelter kits/3000 HHs have access to essential household items

Tents, hygiene kits, sleeping mats and kitchen sets were distributed to 3,000 households in 12 different locations of Khairpur and Sukkur districts, achieving 100% of the target of the programme.

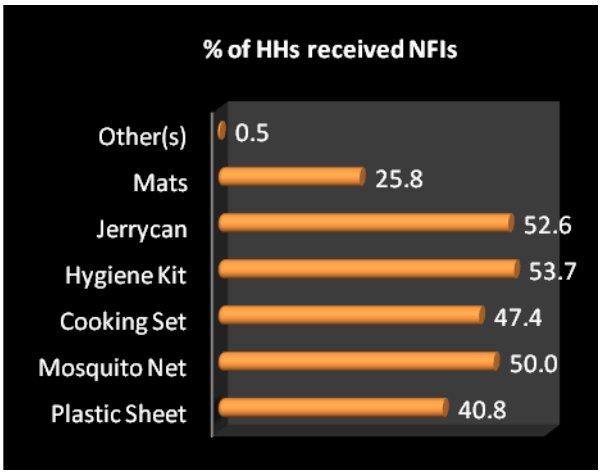

Chart 14: % of households who received NFIs

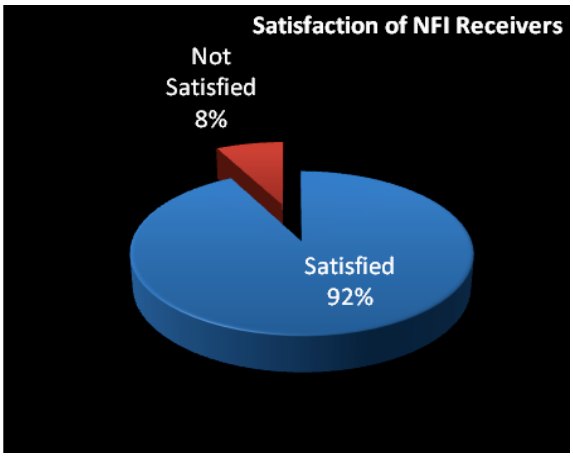

Chart 15: % of households satisfied with NFIs

The FGDs conducted with communities on NFI and shelter distributions highlighted that WV had thoroughly consulted affected communities before the distributions and identified their priorities. The relief items were mostly distributed in camps and schools hosting IDPs in dire need of these supplies. HAP standards for participation

in programmes were adhered to for beneficiary selection, participation and distribution of NFIs. 63% of the HH survey respondents stated that at least one male member had participated in the beneficiary assessment exercise, while female participation in beneficiary assessment was reported at 42%.

The first chart shows the percentage of the population who had received different NFIs (around 50% of the HHs had received them) in the 11 villages where HH survey data was collected during the evaluation. The second chart captures the level of beneficiaries' satisfaction with the quality and quantity of the NFIs they had received under this programme. During FGDs, community members expressed satisfaction with the relevance, usefulness and quality of NFIs and shelter kits provided by WV under this project. 2% of the households stated that they were not satisfied. When probed during FGDs, it emerged that they are the ones who received less items due to their small family size. WV provided NFI kits based on family size, and the community appreciated the selection criteria adopted and the fulfilment of the initial agreement with communities regarding NFI items to be provided.

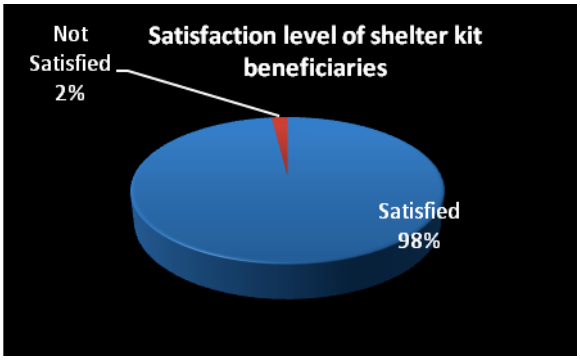

Chart 16: % of shelter kits beneficiaries satisfied with them

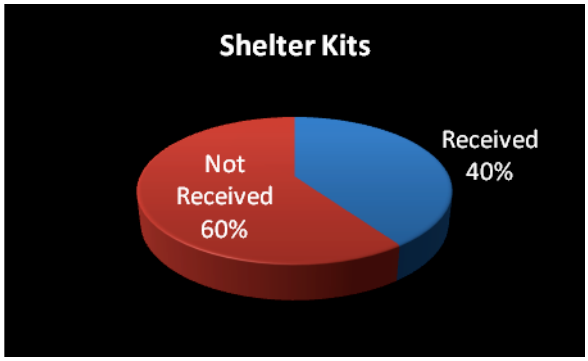

Chart 17: Shelter kits receivers

During FGDs and key informant interviews, programme beneficiaries clearly voiced their satisfaction with the participatory beneficiary selection and distribution processes for shelter/NFI kits. Communities themselves helped identify the most vulnerable and needy. Variables to be taken into account to assess vulnerability were included in selection criteria and ranked. Field staff was aware of the Sphere minimum standards for the delivery of NFIs and also took into account the Red Cross Code of Conduct during all the phases of beneficiary identification, distributions and participation of target communities.

Result 4) Appropriate measures are implemented by staff and partners to ensure all program activities are accountable to beneficiaries

WV staff are trained in accountability and humanitarian standards

WV organized various training sessions on accountability in emergencies (including protection standards) and impact measurement for 39 different WV staff working at different levels on this programme. The WV field team members, with whom the evaluation team met, mentioned having attended at least one training session on Sphere standards and/or protection standards.

The evaluation team assessed that only programme staff had participated in the trainings; those drivers who drove the evaluation team in the field were not aware of any of the trainings and their knowledge of the humanitarian situation in the project area and the humanitarian sector was limited. Support staff had not undergone accountability trainings either. It is important to organize training for drivers and other support staff as well.

Information about WV's response programme and distributions is translated into local language and disseminated to beneficiaries in a range of appropriate formats

In all the six villages visited during the evaluation, communities mentioned that they had received information pertaining to project assessments, distributions, awareness sessions and project planning.

Figure 5: Hygiene related messaging in local language

Introductory and exit meetings were held in target villages and beneficiaries were informed about the WV mission, strategy, criteria for the choice of target locations and beneficiaries.

Around 50% of the complaints gathered from beneficiaries, resolved or requiring further action, were reported back to complainants (the revised target was set at 50% instead of the initial 100% due to high population mobility). The complaints handling mechanism used by WV was, however, not written. There is a need of a more formal, written complaint mechanism to facilitate and structure complaints handling and to allow beneficiaries' voices to be systematically escalated, if needed, to the WV senior management.

The table below is based on information collected through the HH survey involving 380 families and shows responses regarding participation of male and female household members in different phases of programme implementation.

Table 2: Access to information

Project phases/ activities	Male	Female
Baseline survey	203	166
Project planning	208	164
Beneficiary assessment	239	163
Project monitoring	198	169
Progress meeting	192	167
Information sessions	255	259

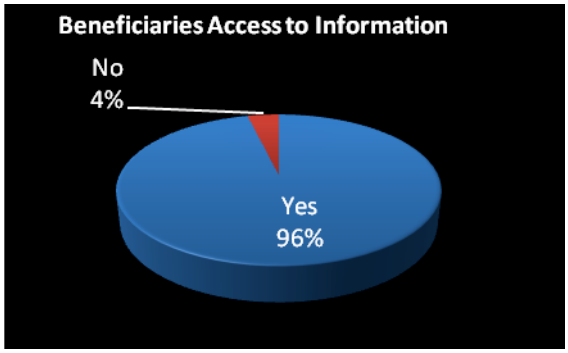

Chart 8: Beneficiaries' access to information on the programme

Figure 6: A hygiene message displayed on a wall

The table, picture and chart above show the active participation of beneficiaries in programme interventions, as well as WV's efforts to make all programme information accessible to beneficiaries. 96% of the HH survey respondents confirmed that they had had access to information related to program. Although beneficiaries received abundant and significant information on the programme, the evaluation team noted that WV did not share budgetary information with the programme beneficiaries. WV is instead encouraged to share budgetary elements with its beneficiary groups.

Government representatives shared some concerns regarding consultation and coordination mechanisms between World Vision and governmental interlocutors. They were not fully aware of the details of WV's project, especially the Health Department which was concerned about lack of coordination regarding opening of health facilities and selection of villages for health interventions. It would have yielded better results if the Health Department had been engaged during selection of villages for health interventions. The Health Department could have then played a positive role in sustaining health interventions and linking communities to government health facilities.

INTENDED/ UNINTENDED IMPACT

Overall, the evaluation found that the project had a strong and positive impact on the beneficiary communities. Feedback received from communities by means of the HH survey, key informant interviews and FGDs supported this assertion. The affected population, especially women and children, were living better lives in the post-flood setting due to the fact that WV's project had successfully responded to their immediate needs by providing shelter to 3,000 affected HHs , WASH facilities to over 7,000 HHs, NFIs to 3,000 HHs and health care to 18,203 individuals (48% women).

Women felt empowered due to their participation in different project activities and their involvement in awareness raising sessions and decision making. The HH survey revealed that at least one adult female member from each HH had participated in one of the information sessions and/or project activities. The 125 WASH committees set up to assist in the construction of WASH facilities are still functional and willing to participate in any future intervention related to relief and recovery. They are a very good resource for WV to implement early recovery interventions in the same communities.

The overall environmental situation of the villages has also improved as a result of the introduced waste management arrangements and the installed sanitation facilities which resulted in fewer cases of malaria and other diseases whose prevalence had increased because of the floods. HH survey results highlighted that 97% of WV target population was washing hands with soap and water after defecation as a result of awareness raising conducted under this project, whereas a McRAM survey conducted during the first week of flooding had indicated that only 26% of respondents reported washing their hands with soap and water after defecation in Sindh province.

The evaluation results also confirm an improvement in health and hygiene practices due to awareness raising sessions and hygiene promotion offered by the programme. The beneficiaries of health interventions were far more than expected (131,969 individuals) due to the fact that the flood affected population from the surrounding areas also accessed health units and mobile health facilities.

No specific unintended impact of the DEC-funded program was identified by the evaluation team.

RECOMMENDATIONS

- WV is encouraged to strengthen coordination with and involvement of Governmental interlocutors in programme implementation, notably in the health sector. This would contribute to dialogue around the sustainability of services introduced or restored by WV, e.g. the created health points.
- WV Pakistan is recommended to invest in awareness-raising and education of the local communities and local staff on Disaster Risk Resilience and response planning and implementation. This would be a significant contribution to increasing the organization's ability to respond to future emergencies. WV

target communities engaged by the evaluation team expressed concern about future emergencies and were of the opinion that all the efforts of WV and community may vanish if flood hit the area again. Communities mentioned, for example, a need to build a raised area near the villages for them to move to this area with their belongings in times of floods until water level goes down.

C. EFFICIENCY

IMPLEMENTATION PERFORMANCE

Given the short duration of the programme operating in a challenging environment, the programme implementation was found timely, within budget and in accordance with implementation schedules. Overall, the project exhibited good management practices and activities management and organization were sound. It was difficult to select areas of intervention due to weak coordination mechanisms in Sindh province during the early days of flooding, but WV managed to select communities who were in the most need of help and response.

Interaction with WV field staff enabled communities to learn and respond in an efficient way. Programme staff and field staff interaction was also effective. Daily meetings, weekly reviews and an efficient reporting mechanism facilitated information flow and learning processes.

Effective use of data for planning and implementation of a humanitarian response plays a pivotal role in any disaster management project. WV managed to collect and utilize data for response planning. M&E tools and reporting formats developed for the project can be replicated in other humanitarian response programmes.

The evaluation found that field visits were the most used tools for M&E practices. Field monitoring forms and reports were in place and regularly used by the project team. The project had clearly defined plans for outputs and outcomes achievement. Input and output data was available, sufficient and well organized. Overall, the adopted monitoring system was adequate and contributed to achieving the intended results. Field teams' consistent efforts to ensure effectiveness and efficiency contributed towards the success of this programme.

WV was not able to utilize indigenous knowledge and skills during the project implementation. Affected communities are using cost effective tools and techniques for water pumps and they mostly use locally available materials for the construction of latrines and other WASH facilities. Hand pumps installed by WV are expensive and different from the ones local communities usually install. Locally available materials were not utilized for the latrines and other WASH facilities built under this project.

TARGETING OF BENEFICIARIES AND STAKEHOLDERS

Review of the programme documents and visits to field locations revealed that the selected areas were amongst the worst hit by the floods. WV engaged communities

at all levels of the program starting from beneficiary selection. Due to the involvement of communities, beneficiary selection was robust, transparent and participatory.

RECOMMENDATIONS

- The evaluation team recommends to actively utilize local resources (materials and labour) during the implementation of construction projects, including construction of WASH assets. This not only ensures efficiency, but also contributes towards sustainability of the inputs and services provided.
- WV Pakistan is encouraged to implement a follow-up monitoring process to ensure utilization of the services and items provided to the programme beneficiaries. This will corroborate World Vision's learning process and enhance WV capacities.

D. ACCOUNTABILITY

ASSESSMENT OF NEEDS AND PRIORITIES

The assessments on which the DEC-funded flood response interventions were built were in-depth and of high quality, due to good knowledge of and access to local communities by WV and other humanitarian partners. The assessments also saw strong participation of community members who identified their priority needs, and this shaped WV's intervention strategy.

BENEFICIARY INVOLVEMENT AT ALL STAGES

Community participation was high throughout all stages of the response. In addition to participation in the assessment phase, community members also provided relevant input in beneficiary selection, choice of locations for latrines and hand pumps, and dissemination of hygiene messages through WASH committees.

COMMUNITY SATISFACTION WITH WV RESPONSE

Community members reported satisfaction (95%) with WV's DEC-funded response. In some cases, district administration officials in Sukkur and Khairpur showed reservations with regard to coordination and information flow between themselves and World Vision; however they also acknowledged that WV's response was relevant and appreciated the successful efforts made by the agency to reach the affected population in a timely manner. Sphere standards and HAP principles were adhered to during all stages of the programme.

TWO-WAY COMMUNICATION

In the response, two-way communication between World Vision and stakeholders was been generally positive, except for the feedback provided by certain district administration representatives who did not consider information sharing and coordination between WV and themselves as sufficient.

Overall, beneficiaries and non-beneficiaries felt that the information provided to them by WV was sufficient. In particular, the targeting criteria were clearly understood by community members and considered fair, and community members

were aware of the support they would receive from World Vision. The evaluation team assessed, however, that the significant and abundant information provided to target communities did not include budgetary elements (e.g. on costs of pumps, latrines).

COMPLAINTS SYSTEM

Target communities could reach out to WV staff and communicate feedback and grievances, but the complaints handling system used was not written. A formal, written complaint mechanism would facilitate and structure complaints handling and allow beneficiaries' voices to be systematically escalated, if needed, to higher hierarchical levels in World Vision.

ACCOUNTABILITY TRAINING

The evaluation team assessed that only programme staff had participated in the trainings; those drivers who drove the evaluation team in the field were not aware of any of the trainings and their knowledge of the humanitarian situation in the project area and the humanitarian sector was limited. Support staff had not undergone accountability trainings either.

RECOMMENDATIONS

- The evaluation recommends strengthening coordination mechanisms with governmental authorities, including training of local staff on the implementation of such coordination mechanisms.
- The evaluation recommends establishing and implementing, early in the response, a formal, written complaints handling mechanism. This should be effective, accessible, safe and flexible for intended beneficiaries and affected communities to be guided by a simple standard operating procedure.
- World Vision should further widen the programme information transmitted to communities, by including budgetary elements of programme interventions.
- With regard to accountability trainings to staff, the evaluation recommends systematically including support staff in this capacity-building.

E. COMPLIANCE WITH AGREED HUMANITARIAN STANDARDS

RED CROSS CODE OF CONDUCT

PRINCIPLES	NFI Distribution	WASH	HEALTH	Shelter	
The Humanitarian imperative comes first.	●	●	●	●	
Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.	●	●	●	●	
Aid will not be used to further a particular political or religious standpoint.	●	●	●	●	
We shall endeavour not to act as instruments of government foreign policy.	●	●	●	●	
We shall respect culture and custom.	●	●	●	●	
We shall attempt to build disaster response on local capacities.	●	●	●	●	
Ways shall be found to involve program beneficiaries in the management of relief aid.	●	●	●	●	
Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.	●	●	●	●	
We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.	○	●	●	●	
In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.	●	●	●	●	

● - Adherence ○ Need improvement

WV adhered to the Red Cross Code of Conduct during the programme implementation. The evaluation team found no mechanism in place for expressing beneficiaries' complaints with regard to NFI distributions. Thus, this point is

indicated as needing improvement (see table above). Further elements are added below:

- NFIs, WASH and health assistance were provided unconditionally, as demonstrated by the statements of beneficiaries interviewed and WV assessments. More than 96% of beneficiaries were satisfied with the assistance provided.
- Review of the beneficiary lists revealed that attention was given to selecting beneficiaries irrespective of race, religion, gender or political affiliation.
- Program beneficiaries were involved in the programme at more than one level, as demonstrated by their participation in the established WASH committees, and in the needs assessment conducted prior to program implementation.
- Beneficiaries showed knowledge of beneficiary selection criteria (more than 90% of the surveyed beneficiaries were informed about these criteria).
- The evaluation found WV's programme to be sensitive to human dignity. No evidence of exploitation of beneficiaries through advertising or public information was found. No information was disseminated or made public regarding their identity.

SPHERE MINIMUM STANDARDS

PRINCIPLES	NFI Distribution	WASH	HEALTH	Shelter
Participation: The disaster-affected population actively participates in the assessment, design, implementation, monitoring and evaluation of the assistance program.	●	●	●	●
Initial Assessment: Assessments provide an understanding of the disaster situation and a clear analysis of threats to life, dignity, health and livelihoods to determine, in consultation with relevant authorities, whether an external response is required and, if so, the nature of the response.	●	●	●	●
Response: A humanitarian response is required in situations where the relevant authorities are unable and/or unwilling to respond to the protection and assistance needs of the population on the territory over which they have control, and when assessment and analysis indicate that these needs are unmet.	●	●	●	●
Targeting: Humanitarian assistance or services are provided equitably and impartially, based on the vulnerability needs of individuals or groups affected by disaster.	●	●	●	●
Monitoring: The effectiveness of the program in responding to problems is identified and changes in the broader context are continually monitored, with a view to improving the program, or to phasing it out as required.	○	●	●	●
Evaluation: There is a systematic and impartial examination of	●	●	●	●

humanitarian action, intended to draw lessons to improve practice and policy and to enhance accountability.				
Aid Worker Competencies and Responsibilities: Aid workers possess appropriate qualifications, attitudes and experience to plan and effectively implement appropriate programs.	●	●	●	○
Supervision, Management and Support of Personnel: Aid workers receive supervision and support to ensure effective implementation of the humanitarian assistance program.	●	●	●	●

● - Adherence ○ Need improvement

Below is an explanation of table above:

- The evaluation review of the project documents revealed that a proper needs assessment was conducted prior to the start of the project and secondary sources were consulted.
- All beneficiaries of the NFI distribution component indicated that the NFI items were provided at a time when those were needed. Water was made available at a time when the government was unable to provide water for drinking and other purposes.
- The formation of local WASH committees in the flood affected areas has helped WV identify flood affected communities and populations. In addition, the conducted needs assessment was found to be vital in the targeting process.
- From WV documents and the surveyed beneficiaries, WV found evidence of continued monitoring and adjustments made by WV. It was found that, in few cases, beneficiary lists were not matching with information provided by those who claimed to have received NFIs. Improvement is recommended with regard to this aspect.
- There was robust evidence of WV staff competency in the execution of WASH, health and NFI distribution activities. However, evaluators recommend training of personnel on shelter. It is also possible that the staff who provided shelter kits at the beginning of the response were not present when the evaluation team met WV field teams.

PEOPLE IN AID

PRINCIPLES	NFI Distribution	WASH	HEALTH	Shelter
Human Resources Strategy: Human resources are an integral part of our strategic and operational plans	●	●	●	●
Staff Policies and Practices: Our human resources policies aim to be effective, fair and transparent	●	●	●	●
Managing People: Good support, management and leadership of our staff is key to our effectiveness	●	●	●	●
Consultation and Communication: Dialogue with staff on matters likely to affect their employment enhances the quality and effectiveness of our policies and practices	●	●	●	●
Learning, Training and Development: Learning, training and staff development are promoted throughout the organization	●	●	●	●
Health, Safety and Security: The security, good health and safety of our staff are a prime responsibility of our organization	●	●	●	●

● - Adherence ○ Need improvement

Adherence to People in Aid standards is further explained below:

- WV Pakistan provided great support to their staff in both Sindh regional office and field teams. WV Islamabad experts were in close coordination with the relevant field staff and frequently visited field areas for monitoring, supervision and support.
- The period during which this project was implemented was relatively short and the project was understaffed which did not allow for fully-fledged training and development of the staff themselves. However, WV managed to provide the necessary field-based training and organized orientation for new comers.
- The evaluation found that proper insurance was provided to staff for both health and injury. However, the cars hired for field staff were very old and drivers were not trained on safety and security.

7. KEY FINDINGS

Factors and processes which exerted a positive or negative impact on the achievement of programme objectives include:

A. POSITIVE

- The high level of community participation, the speed of the response, the appropriateness of the interventions, and the use of data to improve the response implementation contributed towards the success of the programme. WV managed to collect data directly from the beneficiaries and also utilized other sources such as the 'pakresponse' website and information generated by other humanitarian actors. This resulted in ensured relevance, effectiveness and accountability during project implementation, especially NFI distributions, health and hygiene awareness raising and sanitation interventions.
- WV effectively utilized learning from its experience during the earthquake 2005 and other small scale emergencies in Pakistan. This learning enabled WV to quickly start relief activities in the affected areas where it was not physically present before the floods.
- The field teams, as well as senior managers, managed the response effectively by using a mixture of staff, combining personnel with previous emergency experience in Pakistan and new local staff with an understanding of the programme area, culture and traditions. This resulted in a good knowledge and resource base.
- WV not only collected data from the field on needs and priorities of the flood affected population, but also utilized the wealth of assessment reports produced by different humanitarian actors and government agencies. This resulted in a well designed and relevant response programme. This also helped WV access funds for other response projects.
- Information sharing between beneficiaries and WV field staff contributed towards high programme transparency.
- Special attention was paid to vulnerable groups, including minorities, both by staff and involved community members. WV educated communities to the need of special care for vulnerable groups like the poorest of the poor, widows and disabled. Communities assisted WV to identify such vulnerable groups and encouraged them to participate in the programme.
- Village committees/volunteers took part in the registration of beneficiaries and in distributions, resulting in peaceful, efficient distributions.
- Affected communities participated in different awareness sessions on health and hygiene. WV effectively disseminated messages through sessions and use of leaflets/ pamphlets. This resulted in beneficiaries adopting improved practices (water storage, hygiene, sanitation etc.)
- Community members, especially women, were empowered through participation and active involvement in programme activities. Strong community linkages were built, which will prove a useful platform for the reconstruction and recovery phase.

- WV has a good reputation in the eyes of government and other stakeholders.

B. NEGATIVE

- Government officials were not fully aware of the programme and its deliverables. In both districts, the Executive District Officer (E.D.O) health expressed his concerns about the 'isolation' of WV health interventions and the lack of information sharing with governmental authorities.
- Communities are concerned about the continuation of health facilities/services set up by World Vision as part of this response. At the time of the evaluation, WV had not yet discussed possibilities for sustaining the launched health facilities.
- Women are reluctant to use communal latrines and expressed concerns about their cleanliness. There is a need to educate and mobilize users of these facilities on their actual use and maintenance. Women suggested developing a mechanism for cleanliness and sustainability of these assets.
- Communities showed their concern about the involvement of a non local contractor for the construction of latrines, pumps and sanitation facilities. They also expressed their conviction that their participation in the construction of WASH facilities could have led to lower cost solutions and transfer of skills to local communities.
- Communities were not aware of the programme budget or of the estimated cost of different interventions, especially the construction of latrines and sanitation facilities.
- The hand pumps installed under this programme are new to the target communities. It will be difficult for them to ensure maintenance because local technicians are not familiar with these pumps and parts are not easily available in the local market. Communities fear that more financial resources than those available to them will be required for maintenance of the pumps installed.

8. OVERALL RECOMMENDATIONS

The evaluation team has shaped the following recommendations based on the evaluation findings and triangulation of information provided by various stakeholders and from direct observation:

Programme recommendations:

1. **Continuation of health services**: Target communities are concerned about the discontinuation of health facilities set up by WV after project closure. Women's groups in particular showed deep concern and expressed their willingness to sustain these health facilities on a cost-sharing basis. They also emphasized the need of prenatal and postnatal care services. Therefore WV should energetically explore all options to ensure the sustainability of health services provided during this response, in cooperation with local communities and governmental authorities.

2. **Schools for children:** The evaluation team conducted one group discussion with children. Children showed concern regarding their education. In many instances, school buildings had been destroyed and were still non-functional at the time of this evaluation. Children came up with only one recommendation: launching activities for them to restart school. It is therefore strongly recommended to reinforce the education component in WV's flood response strategy, notably in its early recovery phase.

3. **Increased involvement of local communities and local skilled labour:** Communities recommend their active, increased involvement as skilled and unskilled labour for the construction of WASH and other assets to which they can effectively contribute. The evaluation team recommends not hiring services of non-local contractors for construction related activities. Instead, communities must be consulted on whether they can extend their services for such interventions and this aspect should be objectively assessed. In case this is beyond community capacities, local contractors should be hired and communities should be engaged as much as their capacities allow.

4. **Maintenance of WASH assets**: The WASH assets installed by WV present potential challenges in terms of maintenance (cleanliness, spare parts). These issues should be discussed and addressed with stakeholders, including in the early recovery phase.

5. **Complaints and feedback mechanisms:** Communities appreciated the two-way communication between themselves and World Vision to ensure participation and transparency. Instead of the unwritten one used during this response, WV Pakistan should develop and utilize a written complaint mechanism which is accessible, easy to use and respondent to the needs of

the local communities. This more structured mechanism would allow beneficiaries' voices to be systematically escalated, if needed, to higher hierarchical levels in World Vision (e.g. WV district and provincial offices).

6. **Information to beneficiaries**: the generous information provided to target communities on the programme could be still enriched by including budgetary information on the cost of programme components.

7. **Partnerships with key stakeholders:** Deliberate partnership arrangements with key stakeholders should be a hallmark of response programming, especially with government counterparts and other active humanitarian actors. This is recommended to ensure strong coordination and collaboration mechanisms in place. There is a need to develop linkages with Government counterparts and other humanitarian agencies at all levels (national, provincial, district and local) to ensure better coordination during the early stage of emergencies.

Organizational recommendations:

1. **Find and keep the right people:** To retain staff, WV needs to ensure competitive salaries, especially in the current market of high demand from multiple actors responding to the floods. Higher salaries would also help in new staff recruitment. In addition, managers should ensure ongoing mentoring and career counselling, regularly monitor and address staff care needs.

2. **Capacity building of support staff:** Training of support staff is a neglected area. Drivers and other support staff play an important role during a humanitarian response. It is very important to make them aware of the current humanitarian situation and to ensure their inclusion in capacity building programmes (ex. trainings on accountability) for them to play their role effectively and efficiently.

9. REFERENCES

1. WV DEC original project proposal (August 2010) and revised DEC proposal (November 2010)
2. McRAM Flood Assessment Report (September 2010)
3. CRS Flood Response RTE Sindh Report (November 2010)
4. MoU between WV Pakistan and WVUK
5. Village selection criteria checklist for DEC programme implementation
6. DEC Final Report sent to DEC
7. Distribution reports
8. Beneficiary lists
9. WV website

10.Pakresponse.info (UNOCHA website)

10. ANNEXES

A. EVALUATION TERMS OF REFERENCE

Evaluation Summary

Programme/Project:	DEC and WVUK Pakistan Flood Response
Programme Phase:	August 1, 2010 – January 31, 2011
Evaluation Type:	End of project evaluation
Evaluation Objectives:	• Extent to which outcomes and goals have been achieved • Intended and unintended, positive and negative consequences of project activities • Whether funds were used as stated in project designs • If the project fulfilled agreed humanitarian principles and standards • If the project was implemented with accountability to beneficiaries • If appropriate learning reviews/lessons learned exercises were carried out to inform project implementation
Evaluation purposes:	• Assess the progress made towards achieving each project outcome (or technical sector) based on the current logframe, design and monitoring data • Determine the effectiveness, appropriateness/relevance, impact /potential impact, sustainability and accountability of the program • Provide specific, actionable, and practical recommendations for future sector/thematic programming • Determine level of satisfaction of beneficiaries on the process of identification and extension of services to deserving/vulnerable aid recipients
Primary	Observation at project sites

Methodology:	Transect walk (s) 380 Household interviews[5] Key informant interviews (DCOs, PDMA, EDOs Health, TMAs) 10 Focus Group Discussions (4 male, 4 female & 2 children) Secondary Document Review
Geographical coverage for evaluation	The floods response programme was implemented in Sukkur, Shikarpur and Qamber Shehdadkot of Sindh Province, Pakistan *The specific villages for evaluation will be selected from final beneficiary lists*
Evaluation Start and end dates:	End January - February 2011
Anticipated Evaluation Report release date:	March 2011

Description of Project Being Evaluated

Context

Heavy rains have triggered both flash floods and riverine floods in several parts of Pakistan since 21 July 2010, resulting in a loss of life, essential items and livelihood sources, major health concerns, and widespread displacement. Over 20 million people have been directly or indirectly affected by the floods (National Disaster Management Authority/NDMA), with the majority affected in Punjab and Sindh provinces. The death toll has climbed to over 2000 people (NDMA), 1.9 houses were reported damaged or destroyed (NDMA) and, at the end of September 2010, 12,400,000 people were in need of immediate humanitarian assistance / relief (source: ECHO).

Sindh was the last province to be affected by the floods. The flooding in Sindh started in the first week of August with the breach of the Tori Bund. As a result of this breach, a number of districts in Sindh at considerable distance from Indus River were also massively affected by the floods, including Kashmore, Jacobabad, Qamber Shehdadkot and Northern Shikarpur. These districts normally do not experience floods. In addition, the riverine areas along the Indus River were also secondarily affected. These areas are generally affected by the floods every year to some extent but were spared massive floods due to the Tori Bund breach. A total of 7 million people were affected by the floods in Sindh, most of them in the districts affected by the Tori Bund breach. Around 650,000 houses were destroyed and 1.8

[5] Number of household (HH) interviews to be calculated based on the actual number of beneficiaries. It will be calculated based on the final lists of project beneficiaries.

million people were living in camps at the peak of the flood. There are still 460,000 people living in camps while those returning to their villages are almost all living in tents set up on the ruins of their houses. Interior Sindh is much more backward than Punjab and KPK and its government has much lower capacity. Thus, in many ways, Sindh is the most vulnerable and least resilient province as a consequence of the floods. Many aid agencies predominantly congregated in KPK to deliver much needed aid, especially at the outset of the emergency. This left huge unmet humanitarian needs in Sindh.[6]

As part of its wider, multi-sector flood response aimed at assisting over 40.000 households in Pakistan, World Vision implemented an emergency response program in Sukkur, Shikarpur and Qamber Shehdadkot districts of Pakistan. **The program (August 1, 2010 – January 31, 2011) comprises distributions of essential NFIs (mats, hygiene kits, kitchen sets…), WASH interventions (including in returnee villages), a primary and preventive health care component delivered through 10 health units and a specific accountability component.** 15000 households are intended beneficiaries of the program. The program budget is £1,270,767, entirely funded by the UK-based Disaster Emergency Committee (DEC).

Project Goal and Outcomes

Project Goal:

To increase the survival prospects and address immediate needs of flood-affected populations in Sindh by responding to urgent and basic needs.

Project Outcomes:

a) Flood affected families have access to sufficient and reasonable quantity and quality of water, appropriate bathing/sanitation facilities and ability to undertake improved hygiene behaviour
b) Flood affected families have access to improved health services and reduced vulnerabilities to illness/ waterborne diseases
c) Flood affected families have access to adequate temporary shelter and essential household items to meet their basic needs
d) Appropriate measures are implemented by staff and partners to ensure all programme activities are accountable to beneficiaries

Evaluation Stakeholders

Evaluation stakeholders include the following:

- Project beneficiaries (direct and indirect)
- World Vision WVP / Sindh program
- World Vision UK

Evaluation Type

This study is an end of project evaluation for DEC-funded Flood Response Project (DEC Phase 1) which constituted a part of wider World Vision Pakistan Category III/ Level 3 flood response. The evaluation results will foster reflection on the level of

[6] This second paragraph is drawn from DEC Rapid Evaluation Report, DEC/ThinkTank, January 2010

success in addressing the beneficiaries' needs and provide recommendations for ongoing and future programming (planning and implementation) of World Vision Pakistan.
The project was designed for emergency assistance and most indicators defined to measure project output/outcome achievement are activity-related. The evaluation will compliment this perspective with other criteria and will assess the appropriateness/relevance, effectiveness, impact/potential impact, sustainability and accountability of the program.

Evaluation Objectives (detailed)

The purpose of the evaluation is to determine the relevance, effectiveness, efficiency, impact, sustainability and accountability of the DEC funded Pakistan Flood Response project in Sindh. To this end the specific objectives of the evaluation are:

1. **Extent to which outcomes and goals have been achieved**
    - To what extent were the objectives/activities of the program relevant to the needs of those flood affected ?
    - Were the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
    - Were the activities and outputs of the programme consistent with the intended impacts and effects?
    - Has World Vision taken account of rapid changes in identified needs and revised the program to meet these ?
2. **Intended and unintended, positive and negative impact of project activities**
    - To what extent were the objectives achieved?
    - What were the major factors influencing the achievement or non-achievement of the objectives?
    - What has happened as a result of the programme?
    - **What was the intended and unintended, positive and adverse impact of program activities ?**
    - What real difference has the programme made to the beneficiaries?
    - How durable is the impact reached ?
    - How many people have been affected?
3. **Whether funds were used as stated in project designs**
    - Were activities cost-efficient?
    - Were objectives achieved on time?
    - Was the programme implemented in the most efficient way compared to alternatives?
4. **If the project fulfilled agreed humanitarian principles and standards**
    - Red Cross Code of Conduct
    - Sphere Minimum Standards
    - People In Aid

5. If the project was implemented with accountability to beneficiaries

- Information provision to beneficiaries
- Information gathering and consultations with beneficiaries (i.e. complaints & response mechanisms)
- Beneficiary participation in the project
- Were all interventions culturally appropriate ?

6. We learn from experience

- To what extent has World Vision been building on lessons learnt from other emergency responses ?
- If appropriate learning reviews/lessons learned exercises were carried out to inform project implementation

Evaluation Methodology

The evaluation should follow a systematic, data-based inquiry approach, to produce accurate and reliable evidence for programme and management effectiveness. **It is important that the evaluation is carried out in a participatory way, to ensure that all stakeholders (including beneficiaries) contribute to the findings and conclusions/ recommendations as appropriate.**[7]

Initial Planning

These terms of reference were developed by World Vision Pakistan and World Vision UK. They are designed to meet the World Vision International (WVI) Learning through Evaluation with Accountability and Planning (LEAP) standards and expectations, as well as DEC and WVUK evaluation policies.

The following processes were followed to develop the terms of reference:

- Literature review of project documents i.e. DEC Phase 1 Interim report submitted covering the first 3 months of DEC Phase 1 project, the project Indicator Tracking Table (ITT), assessment reports etc.
- Consultation with the relevant WV Pakistan staff for necessary information on communities and field planning.
- Considering the future direction of WV Pakistan programming. WV Pakistan will continue to operate in the program areas after the evaluation process, including with DEC funding for early recovery. The evaluation will contribute to improving WV Pakistan future programming (planning and implementation), mainly in emergency.

Data Collection and analysis

Finalized beneficiary list and selection of sample size

Beneficiary lists and village profiles of the target areas will be used to select villages and households for interview. Households will be randomly selected from the beneficiary lists provided by relevant World Vision staff. The appropriate sample

[7] By 'participatory' approach, we refer to participation by all partners (children and their families, local communities and their organizations, local and national government etc.).

size for the study will be largely determined by: (i) villages where various types of interventions were implemented (ii) number of HHs who benefited from the project.

Data collection, analysis methods and timeframes are to be finalized by the consultant in close coordination with WV Pakistan and WVUK. However, WV expects that these will include:

Secondary Sources

The following documents will be consulted as part of document review process:

- Project Proposal: The DEC Phase 1 project proposal will be the reference document for outcome indicators, processes and sustainability related factors, project area profile and assumptions in the design.
- Revised indicators: on 30.11.2010, World Vision sent a revised Logical Framework to DEC, with revised outcome indicators as part of its DEC interim reporting. This is in compliance with DEC procedures. **Outcomes/outputs achievement will be measured against these revised indicators**.
- Interim report: on 30.11.2010, World Vision submitted an interim report to DEC, covering the first 3 months of the program (August 1 – October 31, 2010). This will also be among the secondary sources to be reviewed.
- Baseline survey report: there is not a baseline survey specific to the DEC program to be evaluated. However, various needs assessments (WV and other agencies) underpinned World Vision flood response strategy and proposals and will be consulted.
- DEC Real Time Evaluation Report (RTE); the final report from DEC Real Time Evaluation conducted in November 2010 will also be reviewed, including the sections/comments pertaining to World Vision DEC-funded emergency response in Sindh.
- Beneficiary lists: these will also be consulted.
- Financial and expenditure reports: these will be consulted to verify whether funds were spent as stated in project design documents, as well as cost efficiency of activities.

Primary sources

Primary source of information will be individual households, key informants in the villages (male, female and children). They will be interviewed separately and in groups (FGDs). In addition, World Vision project staff and management (at World Vision Pakistan and World Vision UK level) will provide information regarding the process of implementation.

Findings/recommendations and follow-up

Findings/Report

Findings will be presented, on agreed Table of Contents of the report, following WV LEAP evaluation report format. The LEAP format:

I. Table of Contents
II. Acknowledgements
III. Glossary

1. Executive Summary
2. Introduction/Background
3. Methodology
4. Findings
5. Lessons learned
6. Conclusion
7. Recommendations

The findings in the report will take account of the following

- Area of interventions
- Responses by gender and children

Additionally,

- Where baseline information is available, all outcome level indicators will be presented comparing baseline and final evaluation results.
- The results, along with the narration, will be presented in the form of tables and graphs to facilitate reading and understanding.

The executive summary of the report will be posted on World Vision and ALNAP websites, including the management response to it, and the full report will be made available on request.

WV Pakistan will organize a review session with the senior management team, project managers and other relevant staff for analysis of the recommendations and debriefing.

After the evaluation report is received, it will be reviewed by both WV Pakistan and WVUK. WVUK will require a management response from WV Pakistan to the findings and recommendations made in the evaluation, as well as a Plan of Action. This will indicate how the recommendations will be acted upon and implemented as appropriate.

Limitations

The evaluation will not focus on the long-term impact of the programme due to its emergency nature (and its short duration - 6 months). However, the evaluation will specifically listen to community members to understand the effect of the WV programme in addressing their post-disaster needs.

Authority and Responsibility

Primarily, the evaluation team will include the evaluation consultant (external), WV Pakistan Program Managers/Coordinators, WVUK Programme Officers. Specific responsibilities for the evaluation team are outlined below:

- Program Management Sindh – support the consultant in arranging work and organize meetings with communities and stakeholders.
- WV Pakistan Senior Management – participate in review meetings, provide appropriate security arrangements for the consultant, approve expenses related to the evaluation and approve final evaluation report including recommendations.

- WVUK Programme Officers - advise in designing evaluation TOR, assist with recruitment of consultant, and support the process of evaluation design with the consultant.
- External Consultant
  - Visit to the area to understand the context (and accessibility/inaccessibility of villages before working on the survey design)
  - Determine the quantitative sampling frame
  - Draft survey tools i.e.
    - Develop HH questionnaires
    - Develop tools for focus groups discussions
    - Develop guidelines for meetings with line departments/stakeholders/KIIs
  - Share brief profiles of the enumerators selected for the survey and arrange an introductory meeting with the whole survey team
  - Conduct a reflection session with the stakeholders
  - Oversee field test day, modification of household questionnaire
  - Data collection in the field
  - Supervise data collection at field level and ensure data quality
  - Data entry, cleaning, analysis and interpretation
  - Present preliminary findings to WV staff
  - Present first draft of the main findings in a draft report for comments and feedback. Make necessary adjustments for final report
  - Write up reports as per table of contents agreed with WVP team
  - Incorporate comments and produce final document. The final document will be submitted in hard and soft copies
  - Present key findings and recommendations to Senior Management Team Submit hard copies as well as soft copies of all raw data on CD
  - Accommodation and all logistics/transport throughout the survey period
  - Maintain pictorial record
  - Develop assessment budget

Detail of Responsibilities of WV:

- Provide necessary literature (proposals, assessment reports, interim report, beneficiary lists, financial and expenditure reports)
- Inputs in methodology and report
- Arrange community meetings and identification of beneficiaries
- Payment as stipulated per agreement

Obligations of external consultant:

The external consultant recruited for this evaluation will have to abide by World Vision security rules, sign and comply with World Vision Child Protection Policy as well as Code of Conduct

Evaluation Advisors

- Elisa Malnis Country Program Manager for Pakistan at World Vision UK. She will be in Pakistan in January 2011 and will assist in the launch of the process, including interviews with potential consultants

- Madara Hettiarachchi — Senior Emergency Officer at WVUK/Global Rapid Response Team member
- Hilary Williams — Senior Quality Advisor at WVUK
- Anita Cole — Program Development and Quality Director at World Vision Pakistan
- Imran Ali Chishtie — Design, Monitoring and Evaluation Coordinator at World Vision Pakistan

Time frame

The exact evaluation timeframe will be determined once the consultant is selected. It is envisaged that approximately two weeks field work will be required to complete the evaluation objectives. Tentative schedule (a more detailed one will be elaborated once the consultant is selected):

3rd – 4th week of Jan. 11	Advertisement and selection of consultant
4th week of Jan. 11	Signing of agreement Draft tools, development of questions based on Logframe indicators Form evaluation team Test questions in the field Develop sample size Initiate assessment / field work
2nd week of Feb. 11	Data collection Completion of field visits
3th – 4th 2weeks of Feb. 11	Data analysis Formulation of recommendations
1st /2nd week of March 2011	Preliminary findings Draft report Management response (WV Pakistan and WVUK) to draft report Sharing of preliminary findings with stakeholders (including beneficiaries) for feedback to be transmitted to evaluators
End of March 2011	Final report Dissemination/lessons learnt workshops Sharing of final findings with stakeholders (including beneficiaries)

Logistics

The initial preparation and design of the evaluation will be carried out once consultants are identified. The logistics plan is to be determined and included by the

potential consultants. Consultants will be responsible for their logistics. WV Pakistan will provide logistical support to its staff only during field visits and meetings.

Products

The products of the evaluation process include the following:

- Full evaluation report
- Evaluation executive summary in less than 3 pages

Budget

The budget will be covered by the DEC Phase 2 plan budget. This will include all the expenditures of the consultant and the evaluation team members, including travel, lodging and accommodation, and supplies.

The evaluation budget is estimated at 15.000 USD.

Documents

Major documents that will be reviewed as part of the evaluation include the following:

- Assessment reports
- Project proposal
- Revised Logical framework / outcome indicators submitted to DEC on 30.11.2010
- Interim program report submitted to DEC on 30.11.2010
- Final / updated progress report (along with ITTs and ATTs)
- 90 days plan and final report
- Monitoring reports
- Beneficiary lists
- DEC Real Time Evaluation (RTE) report
- Financial and expenditure reports
- The consultation of other documentation can be further agreed upon with the recruited external consultant

Lessons Learned

- At the end of the evaluation process, WVUK and WV Pakistan will hold an *ad hoc* Webex lesson learning session on the evaluation process to see how this can be improved in the future.
- World Vision Pakistan will organize 2 dissemination/lessons learnt workshop (s) (one in Islamabad and 1 in Sindh) to disseminate the final findings / recommendations of the report to relevant staff and foster reflection around those.
- Also, the evaluation findings will be communicated to project beneficiaries in a way that clearly respects their dignity and security. Community representatives (female and male activists) representative of target villages will be invited to the Sindh final lessons learnt / dissemination workshop and some meetings at community level will be also held to ensure full dissemination of evaluation findings at grassroots level.

B. EVALUATION TOOLS:

FOCUS GROUP DISCUSSION CHECKLIST

FGD – Checklist

Health:

1. What is the overall health situation in your village after the flood? Before and after WV intervention
2. Has WV field team visited and discussed the health situation in your village and possible interventions?
3. Are sick persons able to receive the necessary treatment?
4. Are adequate facilities available for pregnant mothers and newborn babies? (questions to be asked specifically during FGDs with women)
5. To what extent is the community satisfied with the health facilities provided by WV?
6. What are the longer-term health sector rehabilitation needs deriving from the floods?
7. Is the community willing to partner with WV in the health sector to address the above mentioned needs?

WASH:

1. From where was the community getting water after the flood, before WV started relief activities in the village?
2. Was water enough for drinking, washing and sanitation?
3. If water was not enough, has WV provided enough water for WASH needs afterwards?
4. Has the community been provided with knowledge and materials for purification of drinking water?
5. Where was the community mostly defecating after the flood?
6. Has WV been able to improve the overall sanitation in the village?
7. Is the community satisfied with the sanitation practices adopted under this project and willing to sustain them?
8. Do women and girls have access to secure sanitation arrangements?
9. Have hygiene promotion programs/ sessions been organized for male, female and children in the village? Does the community feel any improvement in hygiene practices as a result?
10. To which extent were communities involved in design and implementation of WASH interventions?
11. What support does the community need to sustain WASH interventions?
12. Does the community feel any need of support from WV to further improve their WASH situation/ practices? Please discuss possible interventions/ support needed

13. What are the medium and longer-term WATSAN rehabilitation needs deriving from the floods in your village?
14. Does the community need collaboration/ support from WV to address the above-mentioned needs?

NFIs:

1. Has the WV project team visited your village and assessed the situation before NFI distributions?
2. Were the most needed items provided according to priorities identified by the community?
3. Were NFI distributions transparent and did they reach the neediest people? Were women headed HHs, orphans and other vulnerable people reached by distributions?
4. Is the community satisfied with the quality of non food items provided?

Shelter:

1. Has the WV project team visited your village and assessed the situation before shelter kits distributions?
2. Were the most needed items provided in shelter kits according to priorities identified by the community?
3. Were shelter kits distribution transparent and did the items reach the neediest people? Were women headed HHs, orphans and other vulnerable people reached by distributions?
4. Is the community satisfied with the quality of shelter kits provided?
5. Has the shelter situation improved due to shelter kits?

Accountability/ Participation:

1. Did WV project team frequently visit your village and discuss project interventions, seek guidance from the community and ensure participation of the community during different phases of the project?
2. Did the project team reach all segments of the community? Did they ensure participation of men, women, elderly, children and people with special needs?
3. Could the community access information related to the project? Discuss to what extent communities know about project, especially what was initially planned, achievements and budget.
4. Suggestion(s) to further enhance participation.
5. Discuss whether the project has achieved its targets and the level of satisfaction of the community with the project.
6. What type of longer term recovery support do local people consider necessary?
7. Are communities willing to work with WV during early recovery and rehabilitation?
8. If yes, what are the areas of intervention where communities want collaboration with WV?

KEY INFORMANT INTERVIEW QUESTIONNAIRE

Name	Designation	District & Taluqa

1- What is your opinion about the humanitarian community's role in relief and recovery after the floods in your area?

Very Good O	Good O	Fair O	Not Good O

2- How did you find WV's role in relief and recovery?

Very Good O	Good O	Fair O	Not Good O

3- Please rate WV's role as compared to other humanitarian organizations working in your area Rank 1-5, one being the lowest score and 5 highest

1 O	2 O	4 O	4 O	5 O

4- Do you think communities still need WV's collaboration for early recovery and rehabilitation?

Yes O	No O

5- If yes, which sectors do you think WV should work in with communities? (select all applicable)

Health ☐	WATSAN ☐	Shelter ☐	Livelihoods ☐	Education ☐	Community restoration ☐

6- If no, why? (select all applicable)

Govt. has capacity and finances ☐	Communities do not need help ☐	Other agencies can better support ☐	WV has no/ less capacity for recovery/ rehab ☐	Any other reason ☐	Specify:

7- Do you think that WV able was able to implement DEC 1 project effectively and reached out to communities as per their needs and priorities?

Totally agree O	Agree O	Somehow agree O	Disagree O

8- In your opinion, was WV able to ensure participation of all stakeholders during project planning and implementation?

Totally agree O	Agree O	Somehow agree O	Disagree O

Name of Interviewer:
Date: Signature:

HOUSEHOLD QUESTIONNAIRE

World Vision Pakistan
Evaluation

Household Survey Questionnaire

GI GENERAL INFORMATION		
GI1. Team Number		
GI2. Date of survey (dd /mm)		
GI3. Interviewer Name		
GI4. Interviewer's sex	1. Male	O
	2. Female	O
GI5. District		
GI6. Tehsil /Taluka		
GI7. Union Council		
GI8. Village / Deh		
GI9. Have you got displace due to recent flood	Yes	O
	No	O
GI10. If Yes, Place where residing during displacement		
GI11. Sex of head of HH.	1. Male	O
	2. Female	O
GI12. Age of Head of HH.		

HP HOUSEHOLD POPULATION

HP 1 How many people are in your HH?	Male	Female
1. 0-6 Months		
2. 6 Months to 1 year		
3. 1-2 years		
4. 2-5 years		
5. 5- <18years		
6. 18-60 years		
7. 60+		

WS Water Sanitation and Hygiene

WS1 From where did you get drinking water before crisis?

Rank	Drinking water source 1=Canals/ponds/rivers 2=Protected well/spring 3=Unprotected well/spring 4=Protected hand pump 5=Unprotected hand pump 6=Piped water supply 7=Bowser/Tanker 8=Other improved sources 9=Other unimproved sources 98=Don't know 0=NA/Blank	Sufficiency 1=Sufficient 2=Not sufficient 0=NA/Blank	Physical status 1= Good 2= Disrepair 3=Not working 8=Don't Know 0=NA/Blank
1st			
2nd			
3rd			

WS2 From where do you get drinking water now?

Rank	Drinking water source 1=Canals/ponds/rivers 2=Protected well/spring 3=Unprotected well/spring 4=Protected hand pump 5=Unprotected hand pump 6=Piped water supply 7=Tanker (WV) 8=Hand Pump (WV) 9=Other unimproved sources 98=Don't know 0=NA/Blank	Sufficiency 1=Sufficient 2=Not sufficient 0=NA/Blank	Physical status 1= Good 2= Disrepair 3=Not working 8=Don't Know 0=NA/Blank
1st			
2nd			
3rd			

WS3 Has WV under this project providing water?	
1. Yes	O
2. No (Skip to WS5)	O

WS4 IF Yes, Is water being provided is enough for household (Drinking, washing & bathing) ? (Select all that apply)	
A Yes	O
B No	O
C Water available/ day/ person (by WV)	( )Liters

WS5 Has WV under this project provided Aqua Tabs for water purification?	
1. Yes	O
2. No	O

WS6 How is water stored at the house? (Select all that apply)	
A Water Cooler	☐
B Open storage vessel	☐
C Matika	☐
D Dirty storage	☐
E No storage	☐

SA SANITATION

SA1. Has there been any sanitation activity/ intervention happened in the village after the flood?	Yes	O
	No	O

SA2. If Yes please state the type of activity/ intervention e.g. CLTS, SLTS etc. organized by WV	

SA3. Has HH benefited from Hygiene promotion interventions? (Select all relevant)	
1. Attended awareness sessions	☐
2. Using Latrine installed by WV	☐
3. Other (mention)	

SA1. Availability of appropriate female sanitary protection materials? (Select one only)	
1. Easily available	O
2. Not easily available	O
3. Not available at all	O

SA2. Where do your family members defecate?	Place of defecation before flood 1=Latrines(communal) 2=latrines(Household) 3=Near to shelter(Exorement removed) 4= Near to Shelter(Exorement left) 5=(open field(away from shelter) 6=Other	
Family Member	Before the Floods	Now
Male		
Female		
Boys		
Girls		

SA3. Are you using water and soap to wash hands after defecation? (Select one only)	
1. Yes, water and soap	O
2. Only water	O
3. Neither water nor soap	O
4. Any other practice	

SA4. Are you using water and soap to wash hands before eating? (Select one only)	
1. Yes, water and soap	O
2. Only water	O
3. Neither water nor soap	O

SA5. Amount of soap provided to your HH on weekly basis
( )Grams/ person

SA8. Is there any arrangement for garbage removal in your village (Select one only)	
1. Yes	O
2. No	O
3. Don't know	O

HE HEALTH

HE1 Is there any health faolity available before WV started intervention in your village?	
1. Yes	O
2. No	O
3. Don't Know	O

HE2 Are you aware of the health faolity being established by WV in your Village?	
1. Yes	O
2. No	O
3. Don't Know	O

Have you or any of your HH member visited health faolity during last two months? If yes than?	
A Got treatment	☐
B Medicine provided	☐
C Medicine was not available	☐
D Referred to any other hospital	☐

HE4 Describe your Satisfaction level with health faolity being provided by WV ?	
1. Very good	O
2. Good	O
3. Bad	O
4. Very Bad	O

HE5 Access to health care at delivery	
1. Free of charge	O
2. Small payment for check up	O
3. Payment for medicines	O
4. Don't know	O

HE6 What are your health concerns within the household right now?	
1.	
2.	
3.	

HE7 Have the following vaccination campaign taken place in your community? (Select all that apply)			
	1-6 months	6-12 Months	More than 12 months
A. Polio	☐	☐	☐
B. Measles	☐	☐	☐
C. Routine Child Immunization(under 5 y)	☐	☐	☐

NF NON FOOD ITEMS

NF1. Have your HH received following NFIs? (Select all that Apply)	
A. Fuel (firewood / Charcoal)	☐
B. Mosquito net	☐
C. Cooking set	☐
D. Cooking stove	☐
E. Jerri can	☐
F. Mattress	☐
G. Mates	☐

NF2. Is household satisfied with NFIs being distributed (Select all that Apply)	
1. Satisfied	O
2. Not Satisfied	O

SH Shelter

SH1. Have your HH received Shelter Kit? (Select only one)	
1. Received Full Kit	O
2. Not Received	O
3. Received But Few Items	O

SH2. Is household satisfied with Shelter Kit (If received) (Select only one)	
3. Satisfied	O
4. Not Satisfied	O

SH3. Type of Shelter you were living after the flood		
SH4. Is current shelter better than the previous one	Yes O	No O

PA PARTICPATION/ ACCOUNTABILITY

PA1. Have you or any member of your HH participated in meetings related to WV flood response project?	Yes	No
	O	O
Are you and your HH members satisfied with the response provided by WV?	Yes	No
	O	O
PA3. Information related to project easily available to your HH	Yes	No
	O	O
PA4. Do you want WV to continue assistance to your village?	Yes	No
	O	O
	O	O

PA5. You and or any of your HH member participated in?	
A Baseline Survey	☐
B Project palming	☐
C Beneficiary Assessment	☐
D Project Monitoring	☐
E Progress meetings	☐
F Information sessions	☐
G other	☐
PA5X Specify other	

PA6. Female members of your HH participated in?	
H Baseline Survey	☐
I Project palming	☐
J Beneficiary Assessment	☐
K Project Monitoring	☐
L Progress meetings	☐
M Information sessions	☐
N other	☐
PA6X Other specify	