

JPF 事業評価部特記

2019 年度 JPF 資金により特定非営利活動法人ピースウィンズ・ジャパン (PWJ) がアフガニスタン国で実施した本「カンダハル県における国内避難民・帰還民への水・衛生緊急支援」事業について、本事業を含む 2 事業に対するモニタリングの実施が事業終了 (2020 年 4 月末日) に差し迫った 2020 年 1~2 月に遅れた。右モニタリングの実施により、事業活動の結果の達成度の確認は、事業によって設置された一部の井戸の水質の担保を除いて終了しており、また、学びの抽出もなされていたことから、再びモニタリングの 2 か月後である 4 月に事業評価を実施することはせず、当該井戸の水質にかかるデータを PWJ が JPF 事務局へ提出し、事務局が確認することで、評価に代えることとした。本報告書は、上述モニタリングについて報告するものである。

PWJ が JPF 事務局へ提出した井戸の水質にかかるデータ (本報告書 Annex の文末に添付) については、事務局が以下のとおりであることを確認、計画していた 13 基の井戸を上回る 15 基の井戸が設置され、いずれの井戸の水質も水準を満たしていた。

同事業において設置した 15 基の井戸について、Danish Committee for Aid to Afghan Refugees (DACAR) に委託して水質検査(Afghanistan National Standards Authority 基準) を実施。

第 1 回目検査 (2020 年 2 月 1 日) : 全 15 基中の 3 基が全検査項目に合格。

第 2 回目検査 (2020 年 3 月 11 日) : 第 1 回目検査で不合格項目があった 12 基について、薬品による処理および時間経過 (水質の安定) の後に不合格項目について再検査を実施し、6 基が合格。

第 3 回目検査 (2020 年 4 月 28 日) : 第 2 回目検査で不合格項目があった 6 基について、時間経過の後に不合格項目について再検査をし、全 6 基が合格。

**MONITORING REPORT FOR EMERGENCY WASH ASSISTANCE FOR IDPS,
RETURNEES AND RESIDENTS IN KANDAHAR PROVINCE**

MONITORING CONDUCTED BY TAGHEER MOSBAT

MARCH 2020



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Acronyms

APA	Afghan Planning Agency
DiREC	Displacement and Returnee Executive Committee
DoE	Directorate of Education
DoRR	Directorate of Refugees and Repatriation
DRRD	Directorate of Rural Rehabilitation and Development
HHs	Household Survey
IDPs	Internally Displaced persons
IP	Implementer Partner
JPF	Japan Platform
MoRR	Ministry of Refugees and Returnees
PDC	Provincial Development Council
PWJ	Peace Winds Japan
TOR	Term of Reference
UNHCR	United Nations High Commissioner of Refugees
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs

How to Read the Report?

This report is divided into Six chapters: the first chapter presents a brief background of the project and its rationale. The chapter also outlines the purpose, the objectives and the scope of the monitoring assignment. Chapter Two presents the approach, the study area, the monitoring design and the methodology used. Chapter Three presents the analysis and discusses the major quantitative and qualitative findings of the monitoring exercise including progress on key indicators. Chapter Four presents the Lesson Learned; and Finally, Chapter Five presents Conclusion and Recommendations for learning and future program adaptation while the last Chapter includes Annexes to the report.

INTRODUCTION

1.1 Background of the Project

Afghanistan has been suffering from conflicts for about 40 years and poverty and underdevelopment problems are becoming more serious. Furthermore, being a disaster-prone country with frequent droughts, floods and earthquakes these further worsens the already difficult situation.

The decreased snow and rainfall in the winter of 2018 caused a serious drought mainly in the western region, the number of people who needed support increased from 2.8 million to 4.2 million. In April 2018, the Afghanistan Government declared the state of emergency due to drought and asked for support from the international community. In response, the UNOCHA amended the “Humanitarian Response Plan (2018 to 2020) (hereinafter referred to as the HRP)” in May 2018 and requested an additional funding of 117 million dollars. In March 2019, a large-scale flood occurred in the south-eastern region, which affected 14 provinces and 122,600 people throughout Afghanistan and destroyed 4,874 homes.

Another challenge was the influx of IDPs and Returnees into the safe economic zones including Kandahar. According to the OCHA’s Humanitarian Needs Overview 2019 issued in November 2019, the number of people who needed support reached 6.3 million out of 35.7 million national population. Under these circumstances, many wells dried up due to the over-use of available but limited water resources partially due to the inflow of IDPs and Returnees. Sanitary facilities also became strained due to this influx. Thus, 45percent of the population did not have access to safe water, the percentage of people living in an environment with poor sanitation facilities rose to 68 percent.

Kandahar was one of the 22 Provinces that required assistance to respond to the drought caused by the situation described above. The Afghan Planning Agency (APA) and Peace Winds Japan responded to the situation by implementing “Emergency WASH Assistance Project for IDPs, Returnees, and Residents in Kandahar Province” from May 1, 2019 to April 30, 2020. The project aimed to improve the living environments of IDPs, returnees, and residents through the development of water facilities (for about 12,540 people) and sanitation and hygiene awareness-raising through the provision of lectures and sanitation kits (to about 18,420 people). This aid was provided to communities in Kandahar Province which accepted IDPs and Returnees from multiple places and reasons such as reintegration, conflict, drought, and flood.

1.2 Key monitoring objectives

The objective of this monitoring exercise was to capture information accurately, verify activities and analyse data on the implementation of project activities. Monitoring aimed at providing the main project stakeholders with the indications of the quality, quantity, and timeliness of the progress towards delivering the intended results. The specific objectives were to.

1. Verify the achievements of the project log frame indicators and their timeliness
2. Verify that the humanitarian principles and standards are respected during the implementation
3. Understand the beneficiary satisfaction from the activities completed so far
4. Provide real-time feedbacks for the project improvement

MONITORING METHODOLOGY

2.1 Introduction

This chapter addresses the key methodological issues of the study focusing on the monitoring approach, monitoring design, monitoring period, study area, study population, and units of analysis. Other areas of focus include sample size and sampling techniques, the types and sources of data, data collection methods, and study limitations.

2.2 Monitoring Approach

TAGHEER used an interactive and participatory approach to engage the Afghan Planning Agency (APA) and Peace Winds Japan for conducting this monitoring exercise to

1. review the effectiveness,
2. accountability,
3. quality of the implementation of the project
4. inclusiveness of the local community and the local government throughout the implementation process.

This monitoring employed both quantitative and qualitative techniques to collect primary data from the project target groups in Kandahar Province.

2.3 Monitoring Design

The monitoring process employed a mixed method design because a single method on the monitoring of the project may not have provided a comprehensive understanding of the problem. Furthermore, the findings of a single method on the monitoring may have mitigated or distorted the experiences of the actors in the sector. The use of multiple methods helped to overcome the weakness and strengths of any one method and to provide a complete data set. A quantitative approach provided numerical data on the magnitude and extent of the problems resolved, while a qualitative approach provided a human context behind the numbers and complemented the assessment for the extent of problem resolution. The results of the qualitative data could not be generalised to a population with a similar degree of certainty that might have resulted from the analysis of quantitative data.

2.4 Study Area

The monitoring exercise was carried out in Kandahar Province, which is in the southern region of Afghanistan and is the second-largest city after Kabul “the Capital”. PWJ’s interventions were received at Daman, Argandab, and Kandahar city, each forming a separate district. TAGHEER conducted KIIs, FGDs, Observations, and Surveys in all three locations.

2.5 Study population, Units of analysis, Sample size, and Sampling procedure

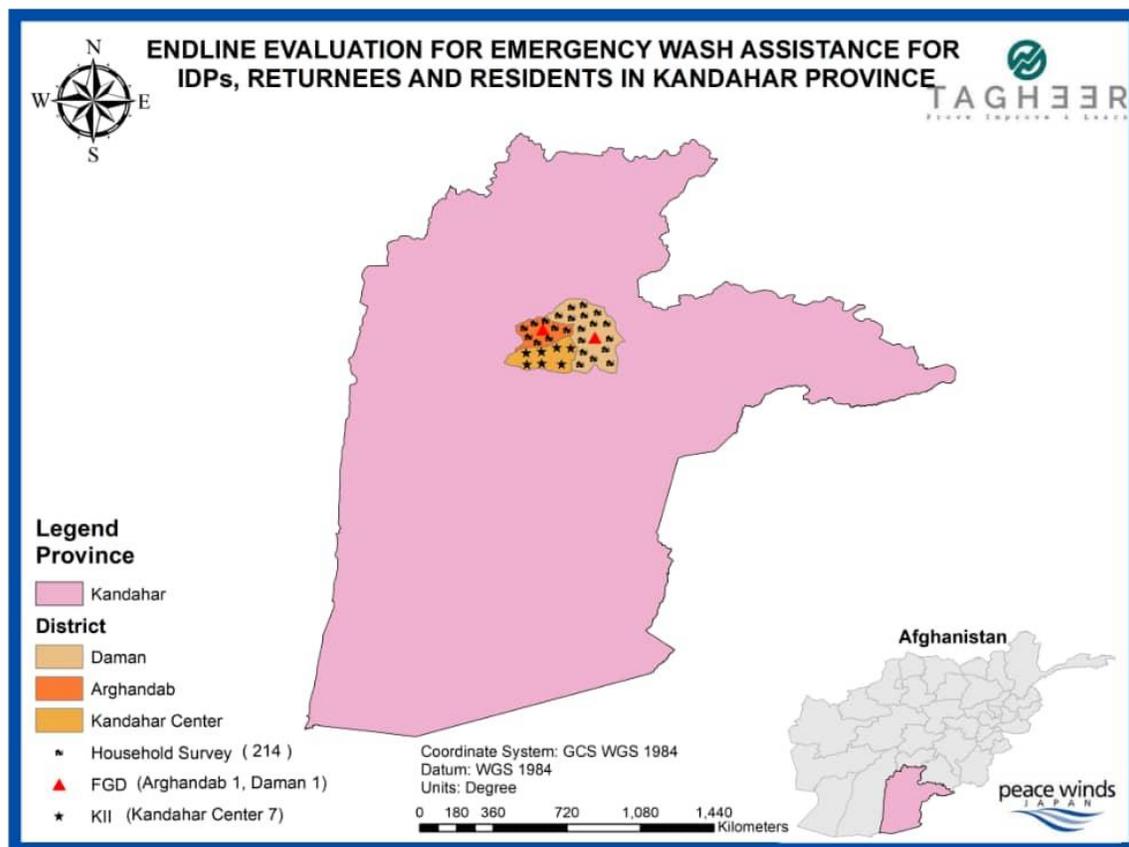
The study population were households in Kandahar Province, returnees from both Pakistan and Iran and IDPs who were affected by large-scale floods caused by heavy rainfall and snow- melt in March 2019. These HHs were supported by PWJ and APA for the Water supply and Sanitation and hygiene awareness raising. The following beneficiaries and stakeholders were engaged at different stages of this monitoring assignment.

1. Household surveys with 172 males and 42 female respondents
2. Direct observation of 15 wells
3. Key Informant Interviews (KIIs) with Government officials (DoE, DRRD, DoRR) in Kandahar,
4. UNHCR,
5. Wash cluster,
6. PWJ Afghanistan, PWJ Japan, and APA
7. Focus Group Discussions (FGDs) with various Community Development Councils

The majority of key informants were identified from the semi-structured and oral history interviews. All the interviews were conducted face-to-face using open-ended questions. This allowed asking a wide range of questions and yielding detailed responses.

For the purpose of this assessment, the selected households were the primary unit of analysis with local communities forming the study's secondary unit of analysis. This was necessary because households do not function in a vacuum – they are shaped and influenced by their context. In turn, they also shape and influence the social context. Focusing on households and their members only would have missed the supportive and pivotal role played by the context and household members in shaping their environment in the study area.

Data were collected through android phones using “Kobo” which is an online tool used for the collection and synchronisation of data.



2.6 Limitation

The monitoring process didn't come across any challenges collecting information, however the data analysis process was largely hampered by the inadequacy of baseline data for a number indicators, which didn't allow TAGHEER to rigorously compare the project achievements for a Before and After situation.

FINDINGS

This chapter presents the main findings of the household survey, Key Informant Interviews, FGDs, and site observation. The chapter comprises demographics of the respondent households, key domains of **water supply, sanitation and hygiene awareness-raising** and the manner the project met **Core Humanitarian Standards (CHS)**. The findings were triangulated with secondary data sources and covered the analysis of the monitoring survey and measured the positive and negative changes/outcomes of relevant indicators at the household level. More specifically, the findings of the study are presented to reflect the indicators in the log-frame.

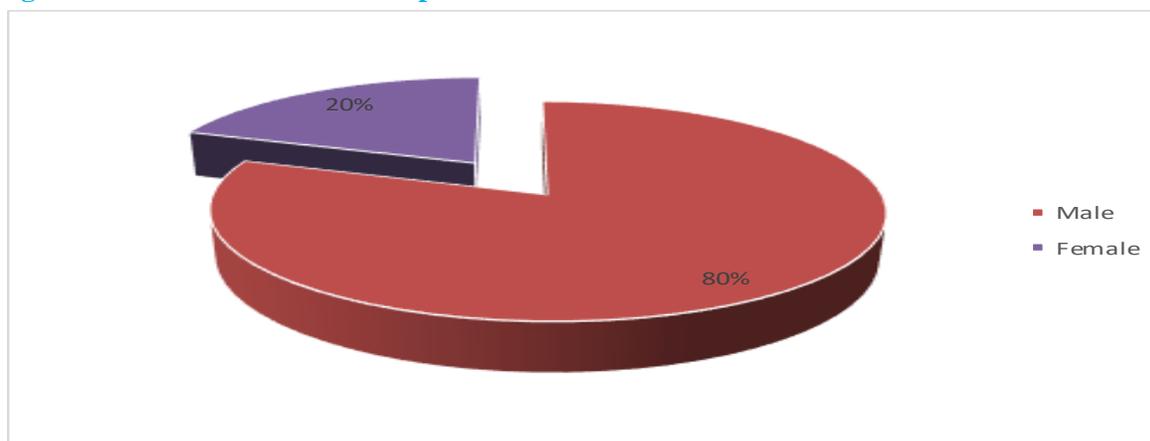
3.1 Demographic Characteristics of the Respondents

This section presents information on the beneficiaries' socio-demographic parameters, which are gender, age, and level of their education. This study was a survey of households of IDPs, returnees, and residents who were supplied with water facilities, sanitation, and hygiene awareness raising through the provision of lectures and sanitation kits in Kandahar Province.

3.1.1 Gender of the Respondents

The evaluation revealed that 80 percent of the respondents were males and 20 percent were female.

Figure 1: Gender of the Respondents



3.1.2 Age

Age of the respondents plays an important role in learning and adopting new environment. The data collected regarding the age of the respondents are presented in Table 1.

Table 1: Respondents by Age

Age Groups	No. of Respondents	Percentage
20-30 year	32	15
31-40 year	56	26
41 and above	126	59
Total	214	100.0

Source: Field Survey 2020

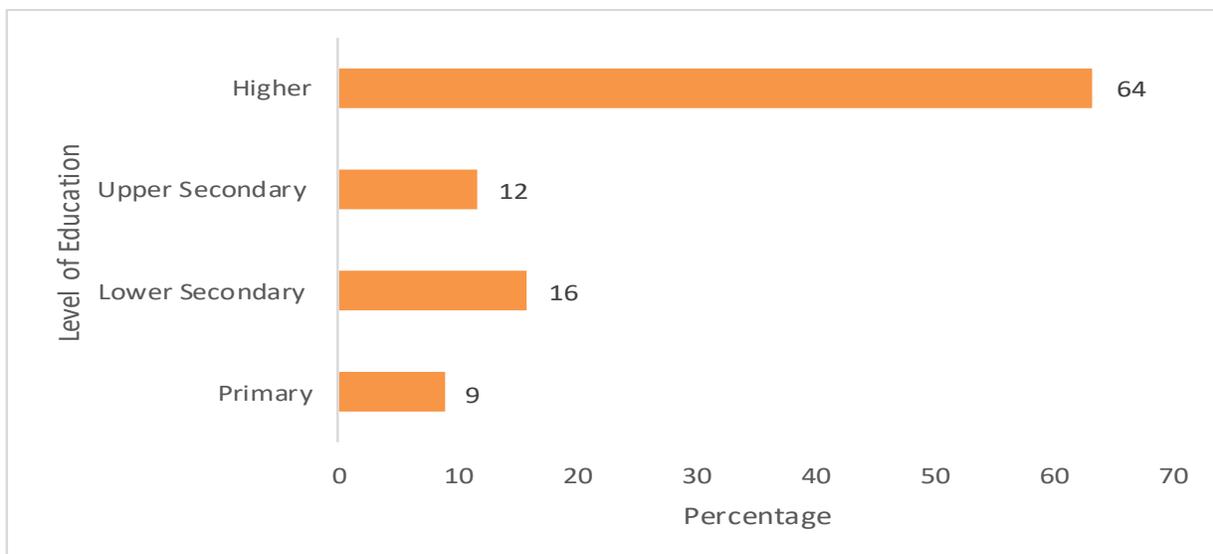
The findings in Table 1 show that respondents from all age categories were surveyed; 15 percent of the respondents were within the age range of 20-30 years, 26 percent were between 31 and 40 years, and 59 percent were above 41 years (see Table 1). The survey methodology identified heads of household as primary respondents for data collection. This approach is what yielded a sample in which 20 percent of respondents were females, meaning that women’s knowledge and attitudes were only partially represented in this survey.

Majority (81.3%) of the returnees interviewed were married, 10.3 percent were widowed, and 8.4 percent were single.

3.1.3 Education Level

The respondents were asked to indicate their qualification. The results indicate that 64 percent of the respondents completed higher level of education, 16 percent completed lower secondary, 12 percent completed upper secondary education, and 9 percent completed primary education.

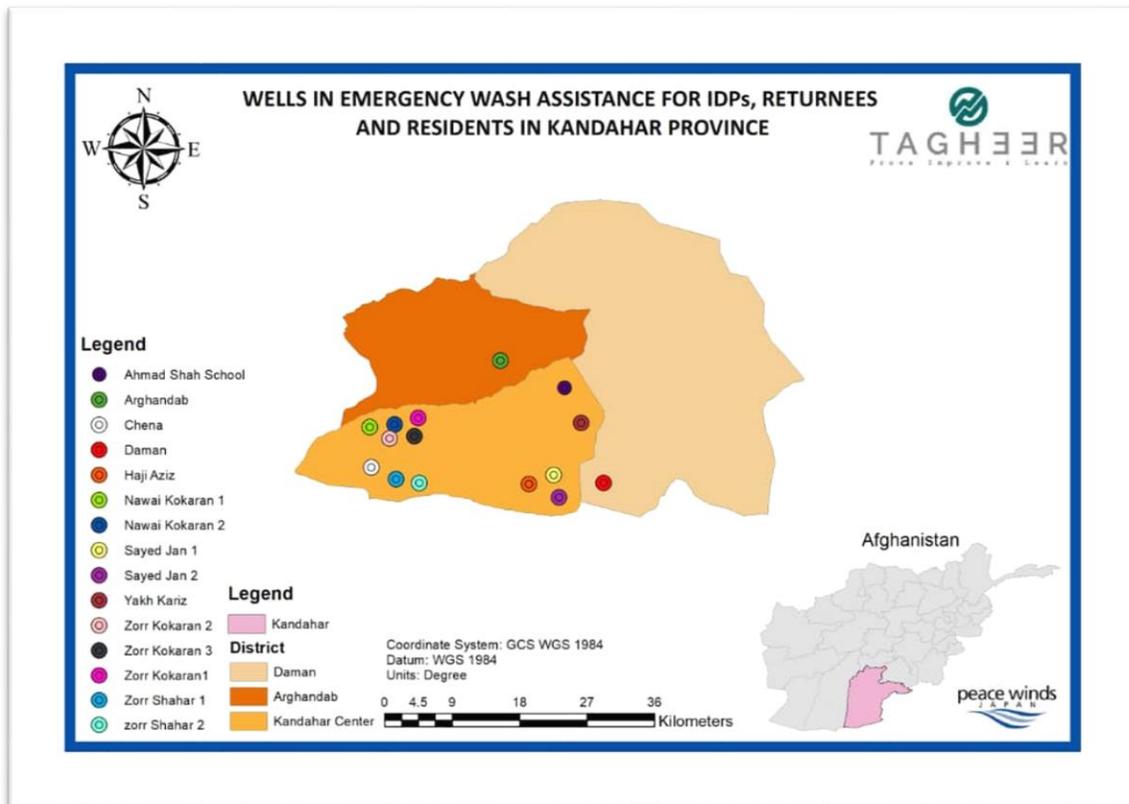
Figure 2: Education Level of the Respondents



3.2 Water supply

Access to water is a fundamental human right and essential to life, health, and dignity. Timely and adequate provision of clean water services to uprooted people is particularly important given the vulnerability of their situation. Households’ perception about practices in safe water would provide some insights on their level of awareness and knowledge on safe water and would be a valuable input on the possible interventions preferred by community members.

During the field visit, it was observed that the project was very effective in this component and exceeded its output targets. About 13 wells (10 hand-pump wells and 3 motor wells), were planned for digging/ construction, but the plan was modified based on local priorities to 12 hand pump wells and 3 electric motor pump wells, which were dully constructed. It was estimated that 35 households per hand pump well and about 3,200 people per electric motor well would benefit from the installations. The project improved access to safe water for about 12,050 people; hence, the number of households that gained better access to clean water reached to 100 percent because of the new wells. It was also observed that the distance to a nearby well decreased to less than 500 meters for all target households.



Water quality

Water quality refers to the chemical, physical, biological, and radiological characteristics of water. It is a measure of the condition of water relative to the requirements of one or more biotic species for any human need or purpose. Timely and adequate provision of clean water to refugees is of special importance.

The well observation and monitoring surveys revealed that all 15 wells were subject to water quality inspections to conform to the minimum standard of the Ministry of Public Health for safe water supply. In order to ensure water safety, the water sources/wells are kept at a sufficient distance from any contamination sources. Upon construction of the well, the beneficiaries were advised not to install any contamination sources, such as toilets, near the well after its completion which was continually monitored.

The results revealed further that, of 15 wells tested, 6 were negative for bacteriological analysis meaning that the water is pure, while 9 of the wells tested positive at the time of the monitoring; that is, the bacteriological analysis is not pure and that treatment to improve the quality is needed. For the 9 wells tested positive at the time of monitoring, APA conducted the second quality test after purification, and 100 percent of the wells passed the bacteriological tests but four wells still had higher levels of chemicals than the standard and they are to be tested again after treatments.

After the completion of the wells, training on cleaning and chlorination methods for the wells and a simple repairing method was provided. Appropriate maintenance and management methods for the wells were communicated not only to the beneficiaries but also to the relevant government officers. The “WASH Committee” was formed in the community. In addition, spare parts and repair tools were also provided so that the wells could be managed by each community on a long-term basis. After the completion of the training, the wells were delivered to each community under the supervision of the relevant local agencies.

3.2 3.4 Sanitation and hygiene awareness-raising

With respect to hygienic practices, there are many cases where people are subjected to waterborne diseases such as diarrhoea due to a lack of basic knowledge about hand washing and appropriate water management; therefore, lectures for sanitation and hygiene awareness were being conducted to promote healthy practices. The aim of awareness raising was to improve the hygiene behaviours not only of water and sanitation service users, but also of inhabitants of a given town or area. Hygiene awareness raising was conducted through various types of information and communication activities.

The survey revealed that, 98.1 percent of the respondent received or attended awareness sessions related to sanitation and hygiene themselves and 1.9 percent of the respondents said that their family members received the training making it a total of 100% for the target groups. The following topics were covered,

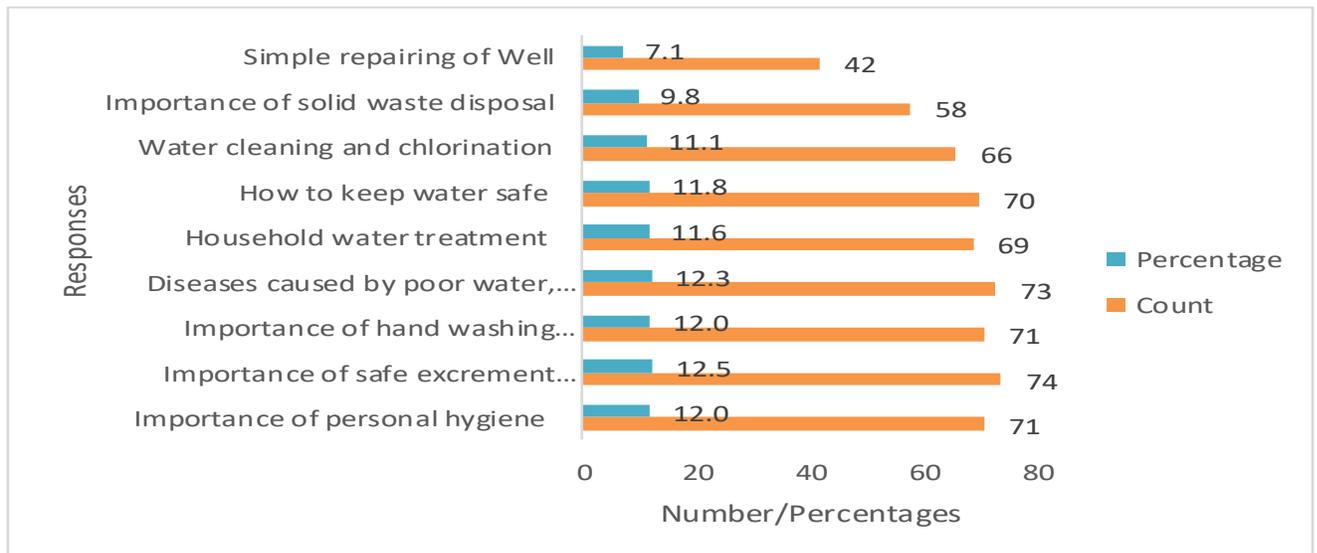
The above chart is developed based on a multiple-choice question, where every respondent selected more than one response (topic) and that is why the total number of responses exceeds 214. The orange bar indicates the number of responses/people trained on a particular topic, while the blue bar shows the % of respondents having learned a particular topic within a total of 100% or 214 respondents. This could be because they remember the priority topics more or could be that all 214 respondents were not trained on 9 topics in one session. Based on the knowledge, we keep from other WASH projects simple repairing of a well is generally not taught to everyone in the target/benefiting community but to a well Management Committee or a certain group responsible for repairing a well.



During the implementation of the project, 9,600 people were envisaged to attend over 384 lectures. The lectures were supposed to be delivered by WASH promoters from the APA, this includes staff with basic knowledge on

1. sanitation, hygiene, and public health practices,
2. waterborne infections, and
3. who had at least three years of experience at local or international NGOs on sanitation and hygiene awareness lectures and public health and community development?

Figure 3: Awareness session topic Coverage



The household survey revealed that 100 percent of the randomly selected beneficiaries reported to have received the sanitation kits, which were very helpful, 98.1 percent collected their commodities themselves and 1.9 percent said their family members collected them. About 83 percent of the respondents rated the quality of the items received as “Good” as opposed to 17 percent who rated the quality of the items as “Fair.” It was found that 1,260 households received the kit containing, soap, laundry soap, jerry cans, a bucket, drinking cups, cotton cloths, toothbrushes, towels, and shampoo.

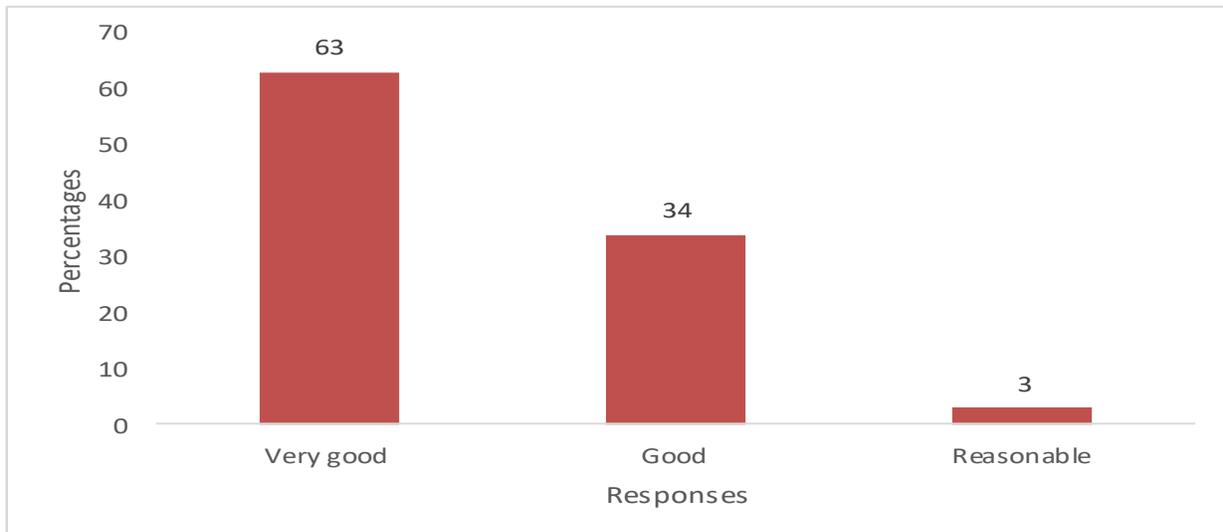
About 98.5 percent of the beneficiaries indicated that there was no problem with any specific item received, while 1.5 percent indicated that there were problems with the material received, the problems cited include:

1. Inadequacy of the number of items
2. Beneficiaries commented that their priority items other than the sanitation kits are food items, blankets, and cash.



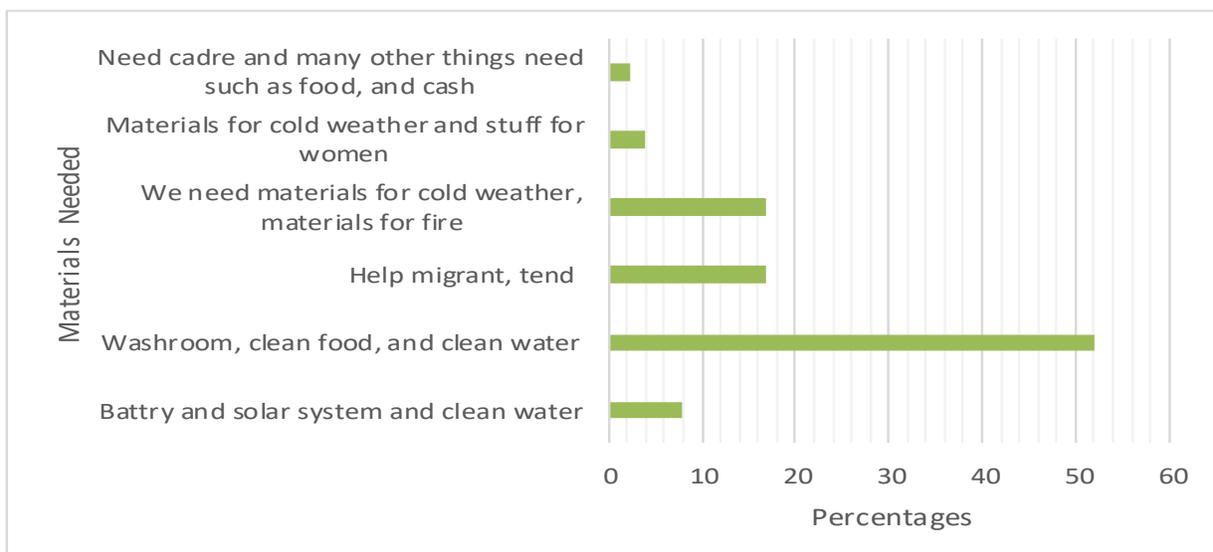
The general feedback on the distribution method and the level of satisfaction of the beneficiaries was reported to be highly effective, 63 percent of the respondents said the distribution was very good, 34 percent said it was good, and 3 percent said it was reasonable.

Figure 4: Rating for distribution method used



The respondents were also asked whether there was any other shelter or NFI items, which were urgently needed at the time of this distribution, but they were not issued because they were not in stock or were not planned by the project. It was revealed that about 52 percent of the respondents needed more items for washroom, clean food, and clean water, 17 percent needed materials for cold weather and for fire, another 17% requested shelter tents, while around 8 percent needed battery and solar system.

Figure 5: NFI items, which were needed at the time of Sanitation kits distribution



The findings from field survey revealed that during the emergency situation, families often fled with little more than just the clothes they were wearing; consequently, they found themselves displaced without any personal belongings. Therefore, in addition to food, they urgently needed certain non-food items to survive,

including those for shelter (tents, plastic sheeting, blankets, sleeping mats), cooking (stoves, pots, fuel), and health and sanitation (buckets, soap, jerry cans, sanitary cloths, mosquito nets).

The evaluation also tried to understand whether the distribution of the sanitation kits and the sanitation and hygiene awareness lectures, improved their living condition. The results revealed that 84 percent reported to have their living condition improved, while 16 percent reported to have their living condition not improved (see Figure 6)

Figure 6: Living conditions have been improved

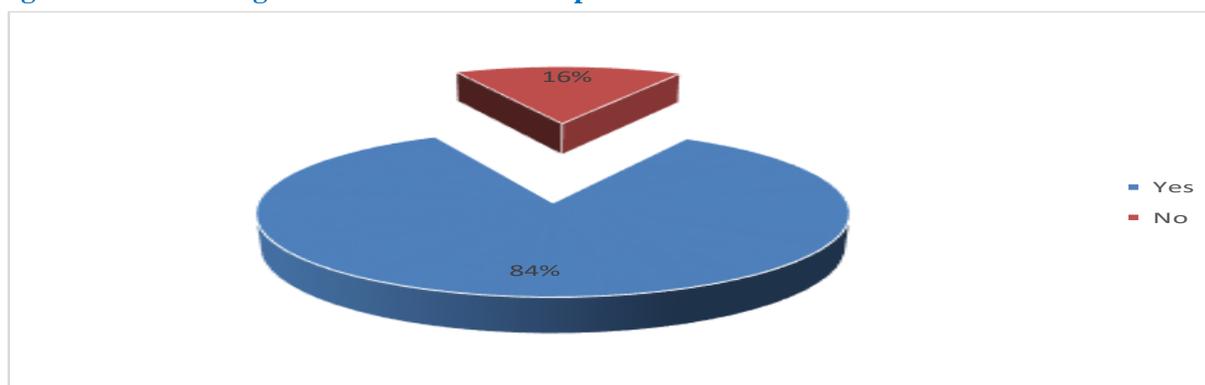


Table 2: Log frame Indicator Achievements against Target

Project Description	No.	Indicator	Target	Achievement	% of Achievement of target	Source of data verification
Water supply	1.	Number of constructed wells:	13	15	115%	Observation
	2.	Water quality	100%	73%	73%	Observation
	3	Percentage of households that answered that access to safe water has improved due to the newly installed wells	70%	70%	100%	HH Survey
Sanitation and hygiene awareness-raising	1.	Number of people who received the sanitation and hygiene awareness lectures	9,600	0 (TAGHEER couldn't review the training attendance sheet during the TPM exercise).	100%	HH Survey revealed that 98.1% of the respondents attended the awareness sessions themselves, while 1.9% said; someone from their family attend the training
	2.	Number of households that received sanitation kits:	1,260	1411	111%	Survey indicated all 100% of the respondents received the kits.
	3.	Percentage of households that are recognized in the results of monitoring through random sampling (10%) whose living conditions have been improved by the sanitation and hygiene	70%	84%	120%	HH Survey

Project Description	No.	Indicator	Target	Achievement	% of Achievement of target	Source of data verification
		awareness lectures and sanitation kits:				

Source: Field Survey 2020

The findings from field surveys revealed that the distribution of sanitation kits to returnee households in Kandahar Province served their purpose of increasing access to hygienic practices, improving living conditions of the returnee population, and reducing the risks of negative coping mechanisms. The project has helped to improve access to safe water that meets the standard of the Ministry of Public Health for the target beneficiaries through the installation of new wells. Also, the knowledge and necessary supplies for maintaining proper hygiene are secured through sanitation and hygiene awareness lectures on topics such as hand washing, how to properly manage water, and the distribution of sanitation kits (soap, sanitary items, etc.) which were provided to returnees and IDP’s.

3.4 Core Humanitarian Standards (CHS)

3.4.1 Response is appropriate and relevant

The purpose of this commitment was to respond to a humanitarian crisis, which resulted from internal conflicts, floods in the South and reintegration of returnees from Pakistan and Iran and to ensure their dignity is sustained as human beings. APA as a partner to Peace Winds Japan conducted a needs assessment of the beneficiaries and one key informant in the discussion had this to say during the interviews:

“We did an assessment and the priority needs were safe water, sanitation and hygiene awareness. We planned to implement this project to fulfil the community needs. We developed the project plan and scope together with the DRRD, CDCs and other stakeholders to include their suggestions and improve the implementation. We also have written official approval documents which have already been exchanged with the local community and government. [KII-IP_Afghanistan-Kandahar]

The above findings were supported by the following extract from another key informant,

“APA consulted with us before the project started. Actually, we received more IDPs and returnees from insecure areas and Pakistan and Iran. Their living conditions were very bad, and their priority needs were water and health awareness; that’s why PWJ and APA decided to implement this project to fulfil their priority needs.” [KII-DoRR-Kandahar]

The findings from focus group discussion revealed that, beneficiaries were consulted during the initiation of the project; one member during FGD had this to say.

“.....definitely, PWJ/APA consulted us before the project started, they came to our village; and explained the project to us. We needed to have a well at the school because we had no green area around the school and no water for drinking, cooking and for toilet and hand washing. They specified the best place for well” [FGD-CDC-Arghandab_Kandahar]

During the monitoring exercise, it was revealed that APA/PWJ listened to local community and government and based on request they increased the number of points/wells from 13 to 15, which indicates the project was relevant and appropriate to the community needs.

3.4.2 Humanitarian response was effective and timely

The need for effective systems that support timely evidence-based decision-making for assistance and protection needs are essential. The project had two main components: the improvement of the water supply and sanitation, and hygiene awareness raising. The project designed a program that addressed the constraints of beneficiaries in Kandahar; the proposed actions were realistic and safe for the communities.

The project was relevant and timely in addressing the needs of many returnees who had returned home for the first time in decades after being refugees and now have to rebuild their lives from scratch. In addition, for the host communities that were suffering from poverty and underdevelopment, the assessment revealed that many wells dried up due to overuse from the inflow of many IDPs coupled with the limited water resources. A member of FGD had this to say,

“We would say that the priority needs of our school was to have clean water facility that's why PWJ/APA built the well. But one well can't fulfil our village needs so we want more wells to be drilled for us.” [FGD-CDC-Arghandab_Kandahar]

This means that the construction of deep wells increased the availability of clean drinking water sources at the desired/required time. The data also show that with the increased availability of the clean drinking water sources the collection of water from unclean sources has decreased. An interview with a key informant revealed the following.

“In these communities we have provided them water supply, coupled with sanitation kits and hygiene awareness so they can have easier access to cleaner and safe water.” [KII-IP_Afghanistan-Kandahar]

3.4.3 Humanitarian response strengthens local capacities and avoids negative effects

Acknowledging and building on local and national capacity while responding to disasters and to forge stronger links with local Organisations are very important for ownership and sustainability of the projects. Ensuring that individuals and communities have greater control over decision-making and become more resilient; leading to a quicker recovery and a greater capacity to withstand future shocks.

During the execution of the project, the implementation system was adjusted as necessary by staying in close contact with the local government, autonomous bodies, local community leaders, returnee representatives, and other responsible parties. This was to ensure that the system always preserves the privacy and safety of beneficiaries and that the project does not cause any danger or unpleasant incidents to beneficiaries.

APA conducted coordination and cluster meetings with the local community, local government, and the United Nations Office for Coordination of Humanitarian Affairs (UNOCHA). The project activities and similar programs were reported and discussed among these players. This community involvement since the beginning helped to build local capacity; thus, communities and people affected by the crisis were positively affected. They were more prepared, resilient, and less at-risk because of these humanitarian actions.

3.4.4 Humanitarian response is based on communication, participation and feedback

Information and communication are critical parts of aid without which affected people could not access services, make the best choices/decisions for themselves and their communities or hold aid agencies to

account. Sharing information, listening carefully to affected communities and involving them in decision-making contributes to programmes that are more effective and improve the quality of services delivered. When people have the opportunity of voicing their opinions it enhances their sense of well-being, it helps them adapt to the challenges they face and enables them to take an active role in their own recovery.

During the execution of the project there was strong communication and coordination with the local government, autonomous bodies, clusters, and other Organisations. Consultation and coordination activities were made with the Provincial Development Council (PDC), the Directorate of Refugees and Repatriation (DoRR) and the Kandahar Province authority for the implementation of this project. Moreover, the well installation sites were decided through coordination with the MRRD and DRRD. One key informant had this to say,

“APA/PWJ have been in coordination with us from the beginning of the project, they shared their inception report, project plan, project map, M&E plan and also noted down our suggestions during meetings. They are calling us for any suggestions or requests during the implementation period. We together decided where to drill wells and how they should be drilled! At the beginning we shared the returnees and IDPs list with them so they can easily assist those people.” [KII-DoRR-Kandahar]

APA had a good collaboration and coordination with local government authorities through coordination cluster meetings where reports are shared for better coordination. These meeting are attended by UNOCHA, IOM, DoRR, and PDC. Thus, sharing accurate, timely, and accessible information strengthened trust; its increased understanding, deepened levels of participation, and improved the impact of the project. This helped to reduce the number of formal complaints received and was a key for APA’s transparency. One informant had this to say,

*“... * If I clearly say that most of the people are aware of their rights and APA is also involved in advocacy approaches on this subject. Besides that, many NGOs are conducting awareness sessions for the communities about their rights. For the first time when we (APA) were starting the project we explained our project to the community and informed them that we would implement the project based on their needs, also they have the right to influence our plans and decision about what we should implement in the project for them. [KII-IP_Afghanistan-Kandahar]*

Thus, it was found through the surveys and KIIs/FGDs ensured that the project maintained regular communication and coordination together with a feedback mechanism with the local communities, government and other humanitarian players in the region.

3.4.5 Complaints were welcomed and addressed

The beneficiaries have the right to complain to an agency and to receive an appropriate and timely response. Formal mechanisms for complaints are an essential component of any agency’s accountability and provide the affected communities some element of control over their lives. A complaint contains a specific grievance and can alert an organization to a serious misconduct or failures in the response, allowing them to take timely action to improve programme quality.

During the interview with key informants, it was revealed that people were aware of their rights through Radio, social media, humanitarian and development Organisations and through the community leaders. They were also aware of a complaint’s mechanisms established for their use; one informant had this to say,

“We received complaints from the community that said that our supply is slow, and they need more sanitation kits and more wells to be drilled. We had to explain for the people to understand that our project can only provide assistance according to the plan and we can’t provide more due to no budget.” [KII-IP_Afghanistan-Kandahar]

During the implementation of the project, returnees and other stakeholders were consulted about various issues, specifically on how they viewed the complaints mechanisms

1. how complaints were dealt with
2. the ways they would like to submit complaints to the implementing agency,
3. what might potentially prevent them from complaining; and
4. how they wished to receive feedback about the complaints.

The procedures were designed to fit the requirements for each context and the feasibility of joint complaints mechanisms with other agencies were explored. A key informant mentioned below.

“Regarding the complaint mechanism, we ensured the community had a specific contact number. If anyone had a complaint they had the option of calling us directly and make their complaint, also we printed posters which included our contact numbers and distributed in the communities so if anyone among the community has a problem they can easily contact us” [KII-IP_ Afghanistan-Kandahar]

All stakeholders were trained to understand the rationale behind the complaints mechanism and the procedures for operating it. It was important to consider how the received complaints were recorded, tracked and followed up as well as how the learning from them was incorporated into future planning.

The beneficiaries considered the complaints mechanisms accessible, effective, confidential, and safe. Complaints were investigated and resolved, and the results were given back to the complainant within the stated timeframe.

3.4.6 Humanitarian response is coordinated and complementary

Adequate programme coverage, timely, and effective humanitarian responses require collective action. Coordination mechanisms are required to establish a clear division of labour and responsibilities and to identify gaps in coverage and quality. It is important to prevent the duplication of efforts and the waste of resources. The sharing of information and knowledge between stakeholders, joint planning and integrated activities can also ensure that Organisations manage risk better and improve the outcomes of a response in coordination with the local government, autonomous bodies, clusters, and other Organisations.

At the start of this project coordination was made with the local government, the “Community Development Council (CDC),” which is an autonomous Organisation, the WASH cluster and other Organisations to confirm the support plans and the quality implemented by other Organisations. A key informant had this to say,

** APA/PWJ are coordinating with us from the beginning, we together chose the well drilling areas. After the wells were drilled APA shared the water test report with us. Also, the project is implementing very well so far. Although, APA faced some delays during the implementation period, however, until now, everything is good and implementing well. [KII-DoE-Kandahar]*

For the implementation of the project MoUs were executed respectively with the central Ministry of Rural Rehabilitation and Development (MRRD) and the province level Directorate of Rural Rehabilitation and Development (DRRD) with a plan and implementation method for this project, the duration and time of starting the project. After the start of the construction, the progress was reported in regular coordination meetings and WASH cluster meetings.

Some improvement thoughts were also shared by UNHCR. One informant had this to say,

“During the WASH Cluster meetings, APA coordinated with us, but they didn't report to us regularly neither did they invite us to the place where they drilled wells or distributed kits to their beneficiaries”. [KII-UNHCR-Kandahar]

3.4.7 Humanitarian actors continuously learn and improve

Learning from success and failure and applying these insights to modify and adapt to current and future work are a cornerstone of accountability and quality management during the implementation of a project. A culture of learning and continued improvement was at the heart of a professional and committed response by APA as an Organisation. This was fundamental in ensuring effectiveness and efficiency. There was constant interaction between APA and other stakeholders which made it possible to make changes and adaptations for implementation immediately.

APA ensured that there is transparency and program effectiveness; information from monitoring was regularly shared with the affected communities and Government officials. Monitoring was carried out by the APA and other stakeholders who were beneficiaries, it enhanced transparency and quality and encouraged ownership of the information.

Interviews with key informants revealed that the project was implemented very well due to experienced and hard works of the staff. One person had this to say,

‘Actually, the project isn’t finished yet. We have monitored all the activities and we will also be monitoring the future project activities as they are completed. So far, everything is good, and we did not find anything, which did not work. [KII-DoE-Kandahar]

In particular, the implementation of the project respected the culture and values of the beneficiaries fully, still collecting feedback from them as the project continued as necessary and responded to their complaints and requests. One key informant had this to say,

“We regularly monitored the project activities; we suggest something that the implementing partner should drill the wells deeper to have better water quality”. [KII-DoRR-Kandahar]

From the evidence in the cited extracts, the project was appropriate and acceptable to the different groups affected within the community. The project aimed at upholding the rights of all community members by meeting their basic needs with the distribution of daily supplies and the improvement of water supply as well as promoting a hygiene culture in the community.

CHAPTER FOUR

LESSONS LEARNED

The monitoring process also revealed some lessons learnt that could be useful for the following purposes:

4.1 Core Humanitarian Standards (CHS)

The beneficiaries’ perceptions of project activities were positive which explains the level of satisfaction of the project’s main beneficiaries regarding the quality and usefulness of the activities in terms of participation and knowledge assimilation. Similar projects can be replicated in other areas and Provinces of Afghanistan.

4.2 Project documentation

One of the most effective ways of setting the project’s boundaries is by identifying baselines and targets for the entire duration of the project implementation. Without complete and accurate baseline data and targets, judgements on the project performance is difficult and would mostly be subjective. Lack of good baselines and targets may have contributed to the diffused focus of the project.

During the process, we learned that the project was focused on WASH “Water supply and Hygiene Education”, and unlike other humanitarian projects didn’t attempt to do all with limited budget and resources. This helped them achieving project results even surpassing achievements for a few indicators.

Documentation and access to information on their project by PWJ and APA during the monitoring process helped TAGHEER field team to complete the field exercise efficiently.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Conclusions

Overall, the Project’ accomplishments were significant. The Project achieved considerable gains in terms of its purpose of improving the living environment of IDPs, returnees, and residents through the provision of a water supply and sanitation and hygiene awareness raising in Kandahar Province. This province accommodates IDPs and returnees resulting from multiple factors such as conflicts, droughts, and floods. This project was implemented through the provision of **Water supply and Sanitation and hygiene awareness raising**. The monitoring exercise revealed that the purpose is still relevant, and the approach used to achieve its objectives is appropriate.

In particular, the project was effective in making sure that access to safe water meeting the standard of the Ministry of Public Health has been improved for about 70% of the beneficiaries surveyed through the installation of 15 new wells; 13 originally planned; as 4 of the installed water points/wells are yet to clear the standard water quality test which will (if successful), increase the survey results to 100%.

In addition, the project made sure that the knowledge and necessary supplies for maintaining proper hygiene were secured through sanitation and hygiene awareness lectures on topics such as hand washing and how to manage water properly as well as the distribution of sanitation kits (soap, sanitary items, etc.). It was found that the number of households that received sanitation kits: planned were 1,411 households where 1260 were planned reaching 111% of the target. About 70 percent of the households were targeted to have their living conditions improved by sanitation and hygiene awareness lectures and receive sanitation kits: but the actual percentage of the households reached was 84%, which is equivalent to 120 percent of the set target. All of the target HHs received hygiene awareness trainings to help them keep healthy.

During the implementation of the monitoring exercise it was verified that PWJ/APA adhered to the seven Core Humanitarian Standards on Quality and Accountability (CHS) agreed during the inception meeting, PWJ/APA used these commitments to improve the quality and effectiveness of the assistance they provided. These commitments facilitated greater accountability to communities and to the people affected by the crisis.

The findings and the review of the performance data from the project on the Emergency WASH Assistance for IDPs, Returnees, and Residents in Kandahar Province indicate a positive trend for the potential improvement of the Response to the Humanitarian Crisis in Afghanistan (Emergency Response Phase).

5.2 Recommendation

In order to address the challenges of improving the performance of Emergency Humanitarian Assistance for Returnees in Kandahar Province this monitoring exercise recommends the following:

1. Introducing milestones and reporting in the log frame will help all parties including the third-party monitors (TAGHEER) to review and understand the progress for comparison against field activities. In other words, the log frame should be explained further through an Annex, which should elaborate and describe the indicators and how they can be assessed at any particular time by linking them to the project milestones in the work plan.
2. The project should apply WHO's standards while drilling wells for space selection, depth, and water history. This will help with the water quality inspections currently pending for 4 wells.
3. PWJ/APA could build on this project and their success and install more wells where they are needed in this arid environment, this would provide more communities with improved access to clean water. They should also complete the water quality tests for the remaining 4 wells.
4. While sanitation kits were needed and distributed by the project, JPF and PWJ could scale up the distribution of daily supplies to allow the returnees to have the basic minimum. JPF may want to consider changing the methodology of how families are given access to NFI's if the items are available in the local market, then cash transfers might be a more effective way of giving beneficiaries a choice of what they can have. (The identification of which NFI's are needed, the process of going through a bidding process to select the supplier, the time taken for the supplier to deliver to a central point for distribution all takes time and a percentage of the available funding. Even though bulk buying can often get a more attractive price than an individual person can get at a local market the overall cost of the process takes a far higher amount of available funding. Therefore, giving the cash to families after a market survey has been done to confirm that goods are locally available is usually more effective, more efficient as far as timeliness is concerned and gives the beneficiaries the added dignity of selecting the items themselves and will add to the beneficiary ownership and independence. The important factor in all cash transfers to beneficiaries though is a safe delivery system which ensures the safety of both the Organisations staff and the beneficiaries. In humanitarian assistance situations speed of assistance is very often an important factor.”

CHAPTER SIX

ANNEXES

Data Collection Tools

Well Observation

fill out below check list

Background Information

NGO partner's name:		
Province		
District		
Village		
Date of observation ((Day / Month)	DD: ____ MM: _____	
Year	Text:	
Observer name	Text:	
1. Is there a well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the well under construction?	<input type="checkbox"/> Yes, under construction <input type="checkbox"/> No, the well is complete	
3. Is this well constructed by PWJ/APA? (look for a signboard or any other signs showing that the well was constructed by PWJ/APA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the well functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. How far (approximately) is the well from the houses?	<input type="checkbox"/> Approx. less than 500 m <input type="checkbox"/> Approx. 500 m <input type="checkbox"/> Approx. more than 500 m	
6. <i>(Do not ask this question if Q4 was "No")</i> How is the quality of water? (taste the water if it seems clean)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> N/A	

HH Survey

Objective of assessment. To verify the project activities accomplishment and report to JPF on project accountability and quality of work. Your answers will remain strictly confidential and they will be used only for research purposes on aggregate.

Household Survey – WASH

Province:		NGO:	Questionnaire code:		
District:			Name of interviewer:		
Village:			Date of Interview:		
			Time of Interview:	Start:	End:

The respondent should be the Household Head or the Spouse of the Household Head

Greetings! My name is _____, and I am working for the Survey Team of TAGHEER, which is an Afghan research firm. We are here on behalf of PWJ / APA to survey households and find out about your knowledge, attitudes, and practices with Sanitation and Hygiene. The information you provide will help an organization design and monitor projects that will improve the existing water and sanitation conditions in your area. Please rest assured that any information you provide us will remain confidential. We would only like you to give us your honest opinion. It will probably take you about 30 minutes to complete the questionnaire.

Are you willing to participate?

- A. Yes -----> proceed
- B. No ---> stop the interview

Demographic Data (Household Information)

Please tell us about yourself and the composition of your household, starting with the head of the household?

Household members (no	Gender (M, F)	Age	Education [USE CODE]	Marital status [USE CODE]	Primary Occupation [USE CODE]	Disability/ Physical Impairment	Still, living in
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names to be written down)							the house?
1.Head of household							Yes
2. Spouse							Yes
3. Other ---							----

Education codes

Pre-Primary = 0	Primary = 1 01=GRADE 1 02=GRADE 2 03=GRADE 3 04=GRADE 4 05=GRADE 5 06=GRADE 6	Lower Secondary = 2 07=GRADE 7 08=GRADE 8 09=GRADE 9	Upper Secondary =3 10=GRADE 10 11=GRADE 11 12=GRADE 12	Higher = 4 01=YEAR 1 02=YEAR 2 03=YEAR 3 04=YEAR 4	DK =8 98 = DON'T KNOW
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Marital Status Code	Primary Occupation Code	Disability Code
01= Married 02= Single 03= Divorced 04= Stay together 05= Separate 06= Widow/widower	01 = Selling labour 02 = Farmer 03 = Self-employed 04 = Unpaid family worker 05= Housewife 06=Student/too young to work 07=Retired/ too old to work 08 = Unemployed 09= Other specify.....	01= disable 02= not disable

SANITATION AND HYGIENE AWARENESS RAISING

HH 1 DID YOU RECEIVE OR ATTEND AWARENESS SESSIONS RELATED TO SANITATION & HYGIENE?	YES	1
	NO (ASK IF ANY OTHER MEMBER OF THE FAMILY ATTENDED THE SESSION AND IF ATTENDED CONTINUE THE INTERVIEW WITH HIM/HER OTHERWISE STOP THE INTERVIEW AND MOVE TO THE NEXT HOUSEHOLD)	2
HH 2. IF YES , WHAT ARE THE TOPICS COVERED I THE SESSION	IMPORTANCE OF PERSONAL HYGIENE	1
	IMPORTANCE OF SAFE EXCREMENT DISPOSAL AND USAGE OF LATRINES.....	2
	IMPORTANCE OF HAND WASHING USING SOAP DURING KEY TIMES	3

	DISEASES CAUSED BY POOR WATER, SANITATION AND HYGIENE (WASH) PRACTICE	4	
	HOUSEHOLD WATER TREATMENT	5	
	HOW TO KEEP WATER SAFE	6	
	WATER CLEANING AND CHLORINATION	7	
	IMPORTANCE OF SOLID WASTE DISPOSAL.....		
	SIMPLE REPAIRING OF WELL		
HH 3. DID ANY OTHER MEMBER OF YOUR FAMILY ATTEND THE AWARENESS SESSIONS RELATED TO SANITATION & HYGIENE?	YES	1	
	NO ----→ SKIP TO Q HH 5	2	
	I DON'T KNOW	98	
HH 4 HOW MANY MEMBERS OF YOUR FAMILY ATTENDED THE AWARENESS SESSION?	#: _____		
HH 5. HOW DO YOU PARTICIPATE IN AWARENESS SESSION?	GROUP SESSION	1	
	OTHERS	2	
HH 6. When do you wash your hands? (Circle 1 for Yes and 2 for No)	AFTER USING THE TOILET	1	2
	BEFORE EATING	1	2
	AFTER EATING	1	2
	BEFORE COOKING	1	2
	AFTER WASHING/CLEANING TABLES	1	2
	AFTER CLEANING BABY DIAPERS/BABY STOOLS	1	2
	AFTER CLEANING THE HOME		
	OTHER, SPECIFY: -----		
HH 7. Do you wash your hands with soap or detergent?	YES	1	
	NO	2	
HH8.DID YOU RECEIVE SANITATION KITS DURING THE DISTRIBUTION?	YES.....	1	
	NO -----→ 13	2	

<p>HH9..DID YOU COLLECT SANITATION KITS YOURSELF?</p>	<p>YES..... NO.....</p>	<p>1 2</p>
<p>HH 10. WHAT WAS INCLUDED IN THE SANITATION KIT YOU RECEIVED?</p>	<p>SOAP LAUNDRY SOAP JERRYCAN BUCKET CUP FOR DRINKING WATER, COTTON CLOTH, TOOTHBRUSH, TOOTHPASTE, TOWEL, SHAMPOO OTHERS</p>	<p>1 2 3 4 5 6 7 8 9 10 11</p>
<p>HH11. HOW WOULD YOU RATE THE QUALITY OF THE ITEMS IN THE SANITATION KITS YOU RECEIVED? PLEASE BE SPECIFIC IF THERE WAS A PROBLEM WITH A SPECIFIC ITEM</p>	<p>GOOD FAIR BAD.....</p>	<p>1 2 3</p>
<p>HH12. WHAT IMPROVEMENT COULD BE MADE TO THE ITEMS YOU RECEIVED?</p>	<p>_____ _____ _____</p>	
<p>HH 13. DID YOUR LIVING CONDITIONS IMPROVE AS A RESULT OF THE SANITATION AND HYGIENE AWARENESS LECTURES AND SANITATION KITS?</p>	<p>YES No</p>	<p>1 2</p>
<p>HH14. WHY OR WHY NOT?</p>		

<p>HH15.IS THERE ANY OTHER SHELTER OR NFI ITEM THAT YOU URGENTLY NEEDED AT THE TIME OF THIS DISTRIBUTION THAT YOU DID NOT RECEIVE?</p>		
<p>HH 16 WHAT CHANGES HAVE YOU EXPERIENCED SINCE THESE SANITATION KITS WERE DISTRIBUTED TO YOU? (I.E. PROTECTION FROM MALARIA, PREPARING FOOD FOR FAMILY, SHELTER CONSTRUCTED)</p>		
<p>HH 17. WERE YOU PROVIDED WITH A LEAFLET FOR THE USAGE INSTRUCTIONS OF SANITATION KITS?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 3</p>
<p>HH 18.HOW WOULD YOU RATE THE DISTRIBUTION METHOD USED?</p>	<p>VERY GOOD..... GOOD..... REASONABLE POOR VERY POOR.....</p>	<p>1 2 3 4 5</p>
<p>HH 19. DID APA / PWJ LISTEN TO YOUR OPINION, RECOMMENDATIONS, COMPLAINTS?</p>	<p>YES NO I DON'T KNOW REFUSED TO RESPOND</p>	<p>1 2 98 99</p>

Key Informant Interview Guide – Implementing Partner

Name of the interviewer:

Name of the note taker:

Province:	
Date KII conducted:	Time KII started:
Time KII ended:	Method used for recording the answers: a) Audio Recording b) Note taking

Please ask the following questions and note the answers on one blank sheet provided

Please number the blank sheets before you start

Please write down the question numbers at the beginning of answers to each question

I would like to read the consent form which explains the aim of this study, how we use this data and confidentiality of the information you provide us with.

Oral consent obtained

- a) Yes b) No

Introductory Questions

- 1) Please tell us about your roles in the project? How long have you been in this position?

Response is appropriate and relevant

- 1) How did you decide to implement a project on EMERGENCY WASH ASSISTANCE in Kandahar?
 - a. What made you think this was the priority need?
 - b. Did you conduct any assessment of risks vulnerabilities and needs?
 - c. Did you consult local communities before you start the project?
 - d. Did you consult the government of Afghanistan for their priorities and plans? Do you have their written approval for the project initiation?

Humanitarian response is effective and timely

- 1) To what extent has your organization been able to respond on timely manner?
- 2) How do you assess the effectiveness of your project?
 - a. Digging well – “Location and Structure”
 - b. Quality of water
 - c. Depth of wells
 - d. Awareness raising about sanitation and hygiene
 - e. Distribution of sanitation kits
 - f. Adequacy of sanitation kits

- 3) Do you think you covered the IDPs, Returnees, and local community with a right / precise coverage as per UNHCR guidelines under this project? Can you explain the coverage in %?
- 4) What have been some critical barriers or challenges?
 - a. How did you tackle those challenges?

Humanitarian response strengthens local capacities and avoids negative effects

- 1) To what extent communities and people affected by crisis are less at risk of diseases as a result of safe water and hygiene education / sanitation kits?
- 2) What have you done in order to increase the capacity of local authorities and communities in terms of water, sanitation and Hygiene?
- 3) Who among the local community is responsible to repair and maintain the water points / wells? How?

Humanitarian response is based on communication, participation and feedback

- 1) To what extent your communities and people affected by crisis are aware of their rights and entitlements?
 - a. How did you inform them about their rights on water and sanitation?
 - b. Was there any feedback and response mechanism in place so that they can safely share their feedback safely?
 - c. How do you use the data coming through feedback mechanism?

Complaints are welcomed and addressed

- 1) Have you informed / briefed the beneficiaries and stakeholders about the design of complaint mechanism on this project? If yes, how?
- 2) What kind of complaints have you received?
- 3) How did you respond to those complaints?
- 4) What have you done if the complaints do not fall under your project's scope of work?

Humanitarian response is coordinated and complementary

- 1) How and with whom have you coordinated your activities?
 - a. What information were sharing with them?
 - b. Have you utilized information you received from other organizations working in humanitarian context?
 - c. To what extent was the coordination complementary?

Humanitarian actors continuously learn and improve

- 1) Please tell us about how you review/evaluate your responses?
- 2) Please tell us about your lessons learnt from this project? What worked and what didn't?
- 3) Have you documented your learning? Have you shared them with relevant stakeholders?

Key Informant Interview Guide – Stakeholders

Name of the interviewer:

Name of the note taker:

Province:	
Date KII conducted:	Time KII started:
Time KII ended:	Method used for recording the answers: b) Audio Recording b) Note taking

Please ask the following questions and note the answers on one blank sheet provided

Please number the blank sheets before you start

Please write down the question numbers at the beginning of answers to each question

I would like to read the consent form which explains the aim of this study, how we use this data and confidentiality of the information you provide us with.

Oral consent obtained

- b) Yes b) No

Introductory Questions

PWJ / APA is implementing a project on EMERGENCY WASH ASSISTANCE project implemented by PWJ / APA where they dug / install wells in the Kandahar, provide sanitation kits and raised awareness about hygiene education.

- 2) Could you tell us about your roles and how long have you been in this position?

Response is appropriate and relevant

- 2) How did PWJ / APA decide to implement a project on EMERGENCY WASH ASSISTANCE in Kandahar? What was the situation like?
- a. Did they consult you before they started the project?
 - b. Did they consult you about which community to serve and the location of the water points / wells to avoid duplication and missing?

Humanitarian response is effective and timely

- 5) To what extent were the wells dug as per your needs / opinion and if on time?
- 6) How do you assess the effectiveness of the project?
 - a. Digging well – “Location and Structure”
 - b. Quality of water
 - c. Depth of wells
 - d. Awareness raising about sanitation and hygiene

- e. Distribution of sanitation kits
 - f. Adequacy of sanitation kits
- 7) Do you think they covered the IDPs, Returnees, and local community with a right / precise coverage as per UNHCR guidelines under this project?

Humanitarian response strengthens local capacities and avoids negative effects

- 4) To what extent communities and people affected by crisis are less at risk of diseases as a result of safe water and hygiene education / sanitation kits?
- 5) What has PWJ / APA done in order to increase the capacity of local authorities and communities in terms of water, sanitation and Hygiene?
- 6) Who among the local community is responsible to repair and maintain the water points / wells? How?

Complaints are welcomed and addressed

- 5) As a stakeholder, did you receive any complaints from the affected people and communities about the responses that PWJ / APA provided? What kind of complaints have you received?
- 6) What did you do?

Humanitarian response is coordinated and complementary

- 2) Has PWJ / APA coordinated their activities with you?
 - a. What information was shared with you?
 - b. To what extent was the coordination complementary?

Humanitarian actors continuously learn and improve

- 4) (Only Government) Did you monitor the responses provided by PWJ / APA?
- 5) (Only Government) What were your findings? What worked and what didn't?

Recommendations

- 1) What are your recommendations for PWJ / APA?

Focus Group Discussion Guide – CDC / Wash Committee

Name of the interviewer:

Name of the note taker:

Province:	
Date FGD conducted:	Time FGD started:
Time FGD ended:	Method used for recording the answers: c) Audio Recording b) Note taking

Please ask the following questions and note the answers on one blank sheet provided

Please number the blank sheets before you start

Please write down the question numbers at the beginning of answers to each question

I would like to read the consent form which explains the aim of this study, how we use this data and confidentiality of the information you provide us with.

Oral consent obtained

- c) Yes b) No

Introductory Questions

- 3) Please tell us about the EMERGENCY WASH ASSISTANCE project being implemented by PWJ / APA where they dug / install wells in the Kandahar, provide sanitation kits and raised awareness about hygiene education.

Response is appropriate and relevant

- 3) Were you consulted about the wells?
 - a. Your need to wells
 - b. Where to dig the wells
 - c. How and who to maintain them

- 4) How do you see the % of water points and wells installation by this project for IDPs, Returnees, and Host community?

Humanitarian response is effective and timely

- 8) To what extent were the wells dug as per your needs / opinion and if on time?
- 9) How do you assess the effectiveness of the project?
 - a. Digging well – “Location and Structure”
 - b. Quality of water
 - c. Depth of wells

- d. Awareness raising about sanitation and hygiene
 - e. Distribution of sanitation kits
 - f. Adequacy of sanitation kits
- 10) What changes have you experienced since the installation of wells (safe water) and receiving sanitation kits in your life? Can you explain a little?
- 11) What have been some critical barriers or challenges?

Humanitarian response strengthens local capacities and avoids negative effects

- 7) Were you trained on how to maintain the wells and continue hygiene education?
- a. Who trained you?
 - b. How many days did the training last?
 - c. What were the topics of the training?
 - d. How effective was the training?
- 8) What toolkit were you provided to repair and maintain the wells on a long-term basis?

Humanitarian response is based on communication, participation and feedback

- 2) To what extent your communities and people affected by crisis are aware of their rights and entitlements?
- a. How were you informed about your rights on water and sanitation?
 - b. Was there any feedback and response mechanism in place so that you can safely share your feedback about the response provided to you?
 - c. If you shared a feedback, what was the response?

Complaints are welcomed and addressed

- 7) Were you consulted about the design of complaint mechanism for the project? If yes, how?
- 8) What kind of complaints have you shared?
- 9) How was the response to your complaints? How timely was the response?

Humanitarian actors continuously learn and improve

- 6) What in the project activities worked well and what didn't?
- 7) Did the NGO change / revise any of their plans based on your suggestions? What changes?

Recommendation

- 1) What are your recommendations for PWJ / APA?

