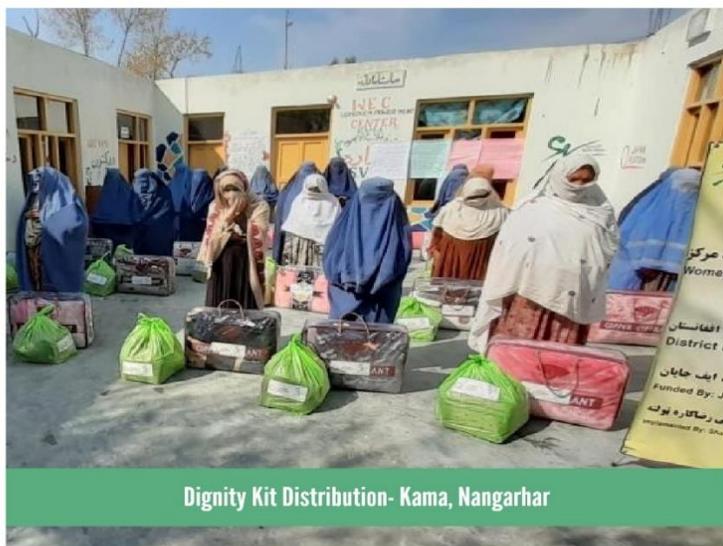


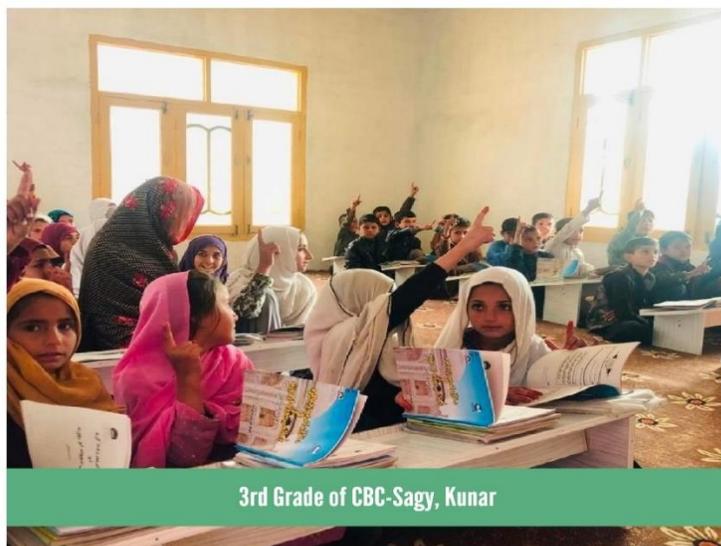
EVALUATION REPORT

Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar and Kunar Provinces of Afghanistan

AUGUST 2020



Dignity Kit Distribution- Kama, Nangarhar



3rd Grade of CBC-Sagy, Kunar



Key Informant Interview-Head of DoWA, Asad Abad, Kunar



Household Survey- Tamerat, Behsood, Nangarhar

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Acronyms

CDC	Community Development Council
IDI	In-depth Interview
CBD	Community Based Classrooms
CHS	Core Humanitarian Standards
DoE	Directorate of Education
DoRR	Directorate of Refugees and Repatriation
DoWA	Directorate of Women Affairs
DRRD	Directorate of Rural Rehabilitation and Development
FGD	Focus Group Discussions
HH	Household
IDPs	Internally Displaced people
JPF	Japan Platform
KAP	Knowledge Attitude and Practice
KII	Key Informant Interview
MoRR	Ministry of Refugees and Repatriation
OCHA	Office for the Coordination of Humanitarian Affairs
PDC	Provincial Development Council
PEW	Protection, Education, and Wash
SVA	Shanti Volunteer Association
TLC	Temporary Learning Classes
TOR	Term of Reference

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 purpose, the objectives and the scope of the evaluation assignment. Chapter Two presents the approach, the study area, evaluation design, and the methodology used. Chapter Three presents the analysis and discusses the major quantitative and qualitative findings of the evaluation exercise including the achievement on key indicators. Chapter Four discusses Conclusion, Lessons learned, and Recommendations for learning and future program adaptation, and lastly Chapter Five comprises Annexes to the report.

Note: The report captures some information particularly on component – 2 “Community based classrooms” from the earlier monitoring exercise, which was conducted between Nov, 2019 to Mar, 2020. The field data for this project during the previous monitoring exercise was collected until Jan, 2020.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Project

Nangarhar and Kunar Provinces, which are the target areas of this project are first homes to returnees from Pakistan. In these areas public services such as social protection, education for children and basic livelihood needs are fragmented forcing people to live in poor surroundings with significant water shortages.

In order to respond to issues regarding i) Protection, ii) Education, and iii) Water, Sanitation, And Hygiene awareness; the Shanti Volunteer Association (SVA) implemented the Emergency Protection, Education, and WASH Assistance project for the returnees and IDPs in both places. The project activities started on June 17, 2019 for a year long were funded by the Japan Platform (JPF). The project aimed at improving protection, education, water, sanitation, and hygiene situations among women and children who were the most vulnerable in the settlement areas of the returnees and IDPs in Nangarhar and Kunar Provinces. The project had three components namely, (1) women's empowerment, (2) support for education in Community Based Classrooms, and (3) installation of water supply wells with hygiene awareness and education.

1.2 Key evaluation objectives

The evaluation exercise is primarily aimed at providing JPF and SVA with understanding of the quality, quantity, and timeliness of the project's progress towards delivering the intended results. The evaluation exercise took place from the start July till August, 2020 as agreed with JPF and SVA had to explore the first and last components of this project. In a nutshell, the evaluation was intended to:

- Verify and document the level of achievements of the log frame indicators against their target.
- Understand the beneficiary satisfaction from the project implementation

CHAPTER TWO

EVALUATION METHODOLOGY

2.1 Introduction

This chapter addresses the key methodological issues of the study focusing on the evaluation approach, evaluation design, evaluation 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 Evaluation Design, methodology and proposed targets

TAGHEER, the evaluation firm used a mixed methods approach (Surveys, Key Informant Interview (KIIs), In-depth Interviews (IDIs), and documents review) to collect both qualitative and quantitative data. We evaluated the project activities (component 1 and 3) both in Nangarhar and Kunar provinces and spoken with Men and Women from the project targeted refugees and IDPs. The second component of the project "Support for education through Community Based Classrooms" was assessed during an earlier monitoring exercise conducted between Nov, 2019 till Jan, 2020 using surveys and interviews.

TAGHEER confirmed the log frame indicators for component 1 against the attendance sheets and other supporting documents provided by the implementing partner, Shanti Volunteer Association "SVA". With some members of the Women's empowerment centres WEC, TAGHEER conducted IDIs as a cross-check against the attendance sheets and reports shared by SVA. Component 3 "Hygiene education and knowledge / practice improvement" was verified using a few IDIs and surveying 42 House Holds "HHs", who were selected using a multi-stage cluster sampling. However, the information from the survey and IDIs should not be used for generalization as it is not backed up by sufficient sample size.

The qualitative study in particular adapted purposive sampling technique having interviewed 2 SVA staff, WEC members and project beneficiaries as a triangulation measure. The qualitative work was carried out to identify the main issues and gather or obtain information, which was not provided by the quantitative surveys; and the appropriate combination of quantitative and qualitative techniques (“mixed method”) allowed for a comprehensive understanding of the project’s accomplishments and challenges if any. To ensure data quality, the enumerators training was conducted for field data collectors for one day using technology / online platform between Kabul and Jalalabad. Survey & interview participants were selected carefully, local data collectors were hired to minimize the security risk and they were further trained to understand / practice data collection tools and to adhere to the evaluation ethics; all to ensure the data quality & authenticity necessary for this evaluation. The field data collection took place between July 23 till July 28, 2020.

2.3 Study Area

The evaluation exercise was carried out in Nangarhar and Kunar Provinces as the project was implemented in these provinces. The evaluation team visited the project locations in Behsood and Kama Districts in Nangarhar Province for component 1 and 3, while both Nangarhar & Kunar were explored for conducting IDIs with selected WEC members and project beneficiaries of component -1 only. The 3 planned IDIs in Kunar province were conducted using mobile phone. Component 2, which was to Support for education through Community Based Classrooms was monitored both in Kunar and Nangarhar provinces using teachers survey and classrooms observation.

Photo 1: Coverage Map

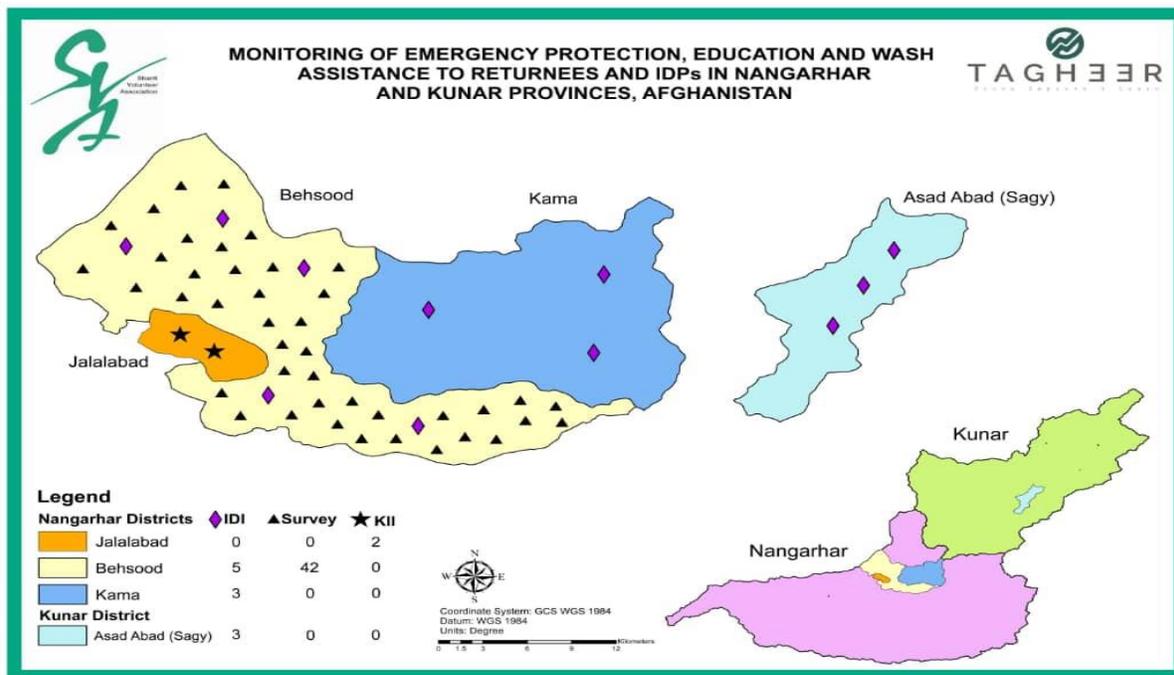


Table 1: Sample Size

S/N	Target Group	Planned sample	Actual Sample Realized	% of Achievement
1.	Household	25 – 40	42	133%
2.	IDs	9	11	122%
3.	KII	2	2	100%

Source: Field Data 2020

Data were collected on android based mobiles, using “KoboToolbox” which is an online tool used for the collection and synchronisation of data. The above map indicates the evaluation coverage and statistics.

2.4 Limitation

The evaluation team came across the below challenges while conducting this evaluation exercise.

- The project's target area, Kunar Province, is one of the most conservative areas in Afghanistan. Some organizations implement their projects targeting women with high level of discretion in the area. In this regard, ensuring security for female beneficiaries were a top priority in this project. Hence interviewing the female beneficiaries under the women empowerment component of the project by external evaluators might have caused mis-information that might have raised considerable security concerns for female beneficiaries in their local but conservative communities as well as families. Besides, under the current COVID 19 situation, it was difficult for SVA to coordinate closely with local authorities and the community people to ensure their security. Considering this threat, it was decided not to subject 225 women who participated in the child / women protection training and GBV at women’s centers against any monitoring and evaluation exercises.
- Field data collectors training was done remotely using Skype to avoid COVID-19 threat. Using unstable Internet for a day long training hampered the training quality for connectivity issues.

CHAPTER THREE

FINDINGS

This chapter presents the main findings of the Desk review, the HH survey, the KIIs, and the IDIs. The chapter comprises demographics of the respondents’ households, the findings of the key domains of Women’s empowerment and awareness raising on water, sanitation, and hygiene. The findings were triangulated with secondary data sources where applicable covering the analysis of the evaluation survey and measuring positive and negative changes/outcomes of the relevant indicators.

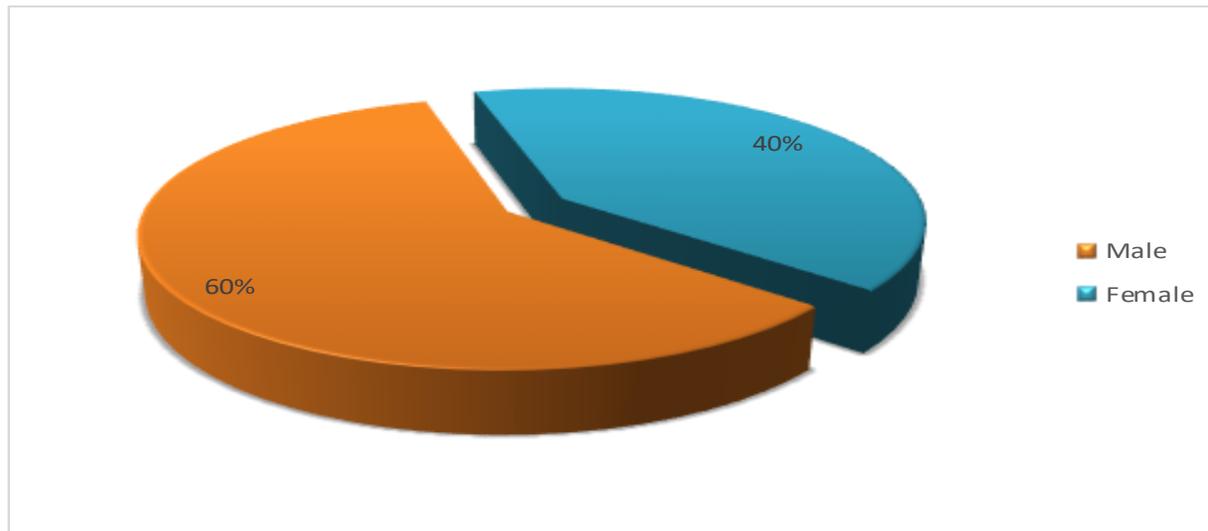
3.1 Demographic Characteristics of the Respondents

Personnel characteristics of the respondents have a significant role to play in expressing and giving the responses about the problem. In this regard, a set of personal characteristics namely, gender, age, marital status, education levels and Primary Occupation of the respondents have been examined and presented in this chapter. The survey was done to 42 household members and achieved 100 percent response rate. This number represents only the participants surveyed and interviewed during the current evaluation exercise for component 1 “women empowerment” and component 3 “water supply and HE” as component 2 “Support for education through Community Based Classrooms” was monitored surveying 24 teachers and observing / visiting 17 community based classrooms during the earlier TPM exercise conducted by TAGHEER during Nov, 2019 till Jan, 2020.

3.1.1 Gender of Respondents

Gender is an important variable in a given social situation, which is variably affected by any social or economic phenomenon. Hence, the variable gender was investigated for this study. Data related to gender of the respondents is presented in Figure 1. It is quite clear that out of the total respondents’ returnees investigated for this study, the majority (60%) were males whereas about 40% were females. In the Afghanistan social structure, households are normally headed by the males. In this case, the head of the household was the unit for data collection. From the given sample, very few households were headed by females. Accordingly, due to various unavoidable and unique conditions and not because of any attitudinal change per se majority of the respondents were males in this study. However, the representation of women’s knowledge and attitudes was significantly explored in this survey.

Figure 1: Gender of the Respondents



Source: Field Survey Data 2020

3.1.2 Age of the Respondents

Age of the respondents is one of the most important characteristics in understanding their views about the particular problems; largely age, indicates the level of maturity of individuals in that sense age becomes more important in the examination of the response. The data regarding the age of the respondents are presented in Table 2.

From Table 2, about 11.9 percent of the respondents were within the age range of 15-24 years, 31 percent were between 25 and 34 years, and 28.6 percent were within the age range of 36 to 44. About 11.9 percent of the respondents were within the age range of 45 to 54, and 16.7 percent were 55 years and above. This implies that community members from all age categories were surveyed.

Table 2: Age of the respondents

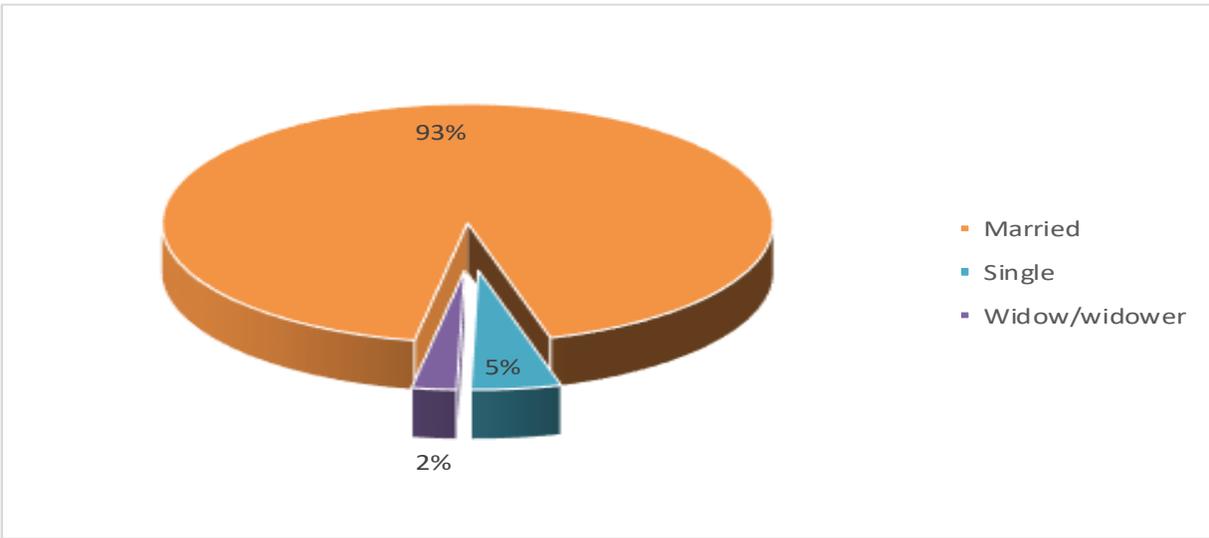
Age in Years	Frequency	Percentage
15-24	5	11.9
25-34	13	31.0
36-44	12	28.6
45-54	5	11.9
55 and above	7	16.7
	42	100.0

Source: Field Survey Data 2020

3.1.3 Marital Status

Marriage is one of the most important social institutions. The perceptions and attitudes of the person can also differ by the marital status of the persons because the marriage might make the persons a little more responsible and matured in understanding and giving the responses to the questions asked. The survey required the respondents to express their marital status. The findings indicate that 93 percent of the respondents were married, 5 percent were single, and 2 percent were widowed as shown in Figure 2. This implies that 88.1 percent of the respondents were over 18 years and are likely to be married as the survey data of the age of the respondent in Table 2 indicate.

Figure 2: Marital Status

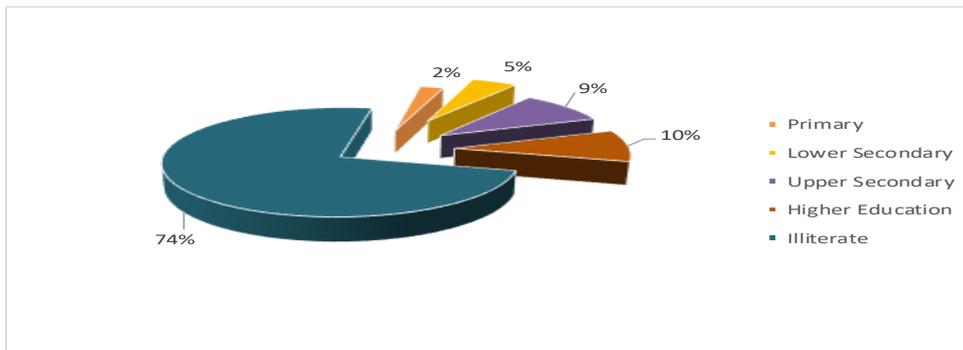


Source: Field Survey Data 2020

3.1.4 Education Level

Education is one of the most important characteristics that might affect the person's attitudes and the way of looking and understanding any particular social phenomena. In a way, the response of an individual is likely to be determined by his educational status and therefore it becomes imperative to know the educational background of the respondents. Hence, the variable 'Educational level' was investigated by the researcher and the data pertaining to education are presented in Figure 3.

Figure 3: Education Level



Source: Field Survey Data 2020

Figure 3 shows that about 10 percent attained higher education, 9 percent attained upper secondary, 5 percent attained lower secondary education, 2 percent attained primary education, and the rest (74 percent) were illiterates. The survey was interested in understanding why 74 percent had no formal education. It was revealed that most of the respondents who were interviewed were in the old generation and these had limited access to education during their young age. This is due because the project was implemented for returnees and IDPs, whose primary occupation was menial labouring in odd jobs. Many of these were too old/retired, unemployed, self-employed, and housewives. From Figure 3, it can be concluded that largely the respondents were illiterates and only 26% were progressive in education but they were still far away from the higher education, which is so important today to create a knowledge-based society.

3.1.5 Primary Occupation

Someone's occupation has a bearing on his or her personality and on the ways he/she perceives things around him/her including how he/she approaches a problem. The quality of life is also determined by an individual's occupation and the incomes he derives from it. The occupation of an individual also socialized him or her in a particular style of living, which in turn reflects his or her pattern of behaviours and his/her level of understanding of a particular phenomenon. In other words, the person's response to a problem is determined by the type of occupation he is engaged in and hence various kinds of occupations were investigated by the researcher and the data pertaining to occupation are presented in Table 3.

Table 3: Primary Occupation

Occupation	Frequency	Percent
Selling labour	7	16.7
Self-employed	7	16.7
Housewife	18	42.9
Student/too young to work	3	7.1
Retired/ too old to work	2	4.8
Unemployed	5	11.9
Total	42	100

Source: Field Survey Data 2020

The findings in Table 3 indicate that nearly a half (42.9 percent) of the respondents are housewives. About 16.7 percent of the respondents reported to have been selling labour, 16.7 percent are Self-employed, 7.1 percent are students/too young to work, 4.8 percent are retired/ too old to work, and 11.9 percent are unemployed.

3.2 Findings for Project Component -1 "Women's empowerment"

The project aimed at providing women in the target areas a place of enhancing their awareness on protection issues, acquire basic knowledge, and improve their Shuras' ability to respond to the protection issues in the target area. This was carried out through providing skills on finding solutions and acquiring basic knowledge on protection issues such as gender-based violence, sanitation and hygiene and the protection of children. This was meant to promote discussions with other women on how they should cope with issues regarding protection and other difficulties in life. The component objectives were achieved through the following intervention

3.2.1 Female Shura

Female representatives who were involved to support women were formed as Shura in order to act as an advocate for protection issues on a short-term and long-term basis in the area. The review of secondary data from SVA revealed that, three women Shuras were established in Daman and Kama districts of Nangarhar and Asadabad District of Kunar. This was meant to implement the support and protection of women in the area. The responsibilities and role during and after SVA's project implementation were given to female Shuras, who were mainly responsible for 1) holding training sessions; 2) selecting beneficiaries; 3) coordinating with male Shuras; 4) communicating with the area to hold activities; 5) providing assistance for referrals; 6) advocacy; and 7) providing support for operating centres.

One of the direct beneficiaries in Nangarhar, had this to say during an in-depth interview.

"Female Shura holds trainings for the community to get them understand about protections issues, and its implementation methods. Also, the Female Shura coordinate with the Male Shura for any issues or problems to find solutions for it. Female Shura encourage women to take participation in the trainings or other empowerment programs" [WEC Promoter-Daman-Nangarhar]

Photo 2: Women Shura members in Kama District



Source: SVA Secondary Data

3.2.2 Female Shuras understanding of the protection issues

100% of women (17 in total) interviewed during the survey strongly agreed that, women who participated in female Shuras understand 80 percent or more of the protection issues and implementation methods of activities in the area. During the interview, all of the women who were asked about the topics covered during the training mentioned child and women protection. When asked on the implementation methods used, women who participated in the interview mentioned formation of Shura to implement support and protection of women in the area, establishment of women's centres, training for Shuras, local residents, and staff at women's centres.

3.2.3 Women understand GBV and protection issues

Women shura were asked to differentiate between gender and sex, and explain the term gender equality, all of them responded correctly. This implies they acquired the needed knowledge on Gender Based Violence (GBV) and the protection issues. The review of secondary data from SVA revealed that 225 women attended child protection, Gender based violence, and Women protection training in Daman, Kama, and Kunar. One of the direct beneficiaries in Nangarhar, had this to say during an in-depth interview.

“Before the project implementation; husbands would beat their wives and weren't letting their daughters to get education. Women and girls' rights were violated, and they were always dealt as a second priority, but now husbands are very cautious dealing with wives because women understand their rights, and always advocate for themselves.” [WEC Promoter-Sagy-Kunar]

3.2.4 Dignity restoration kits

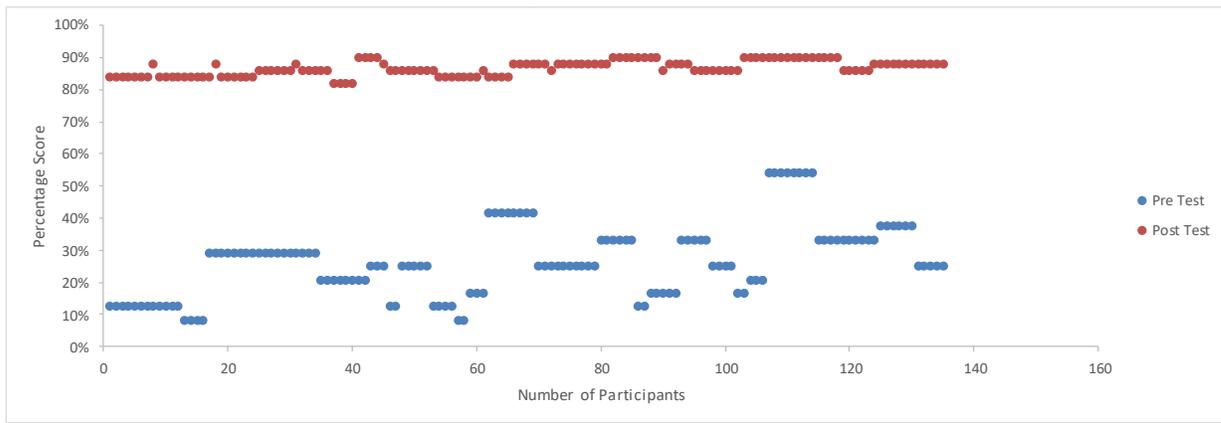
The evaluation wanted to know if the restoration kits were distributed as per the plan. The findings from the desk review revealed that, all target participants (225 women) in the child / women protection training and GBV received dignity restoration kits. They were highly satisfied with the quality of the distributed dignity kits, and all the items in the Dignity kit were very useful to the respondents, these items were a scarf, a mat for prayer, sandals, a hairbrush, a hair tie/clip, shampoo, cream, tweezers, a bath towel, a blanket, laundry soap and a flashlight, However, the contents of the kit changed in consideration of the customs of each district. One of the Key Informants had this to say;

‘The kits were distributed to Daman, Kama and Kunar, dignity restoration kits were distributed and usage instructions were given through the training’ (KII, SVA).

3.2.5 Sanitation and hygiene awareness/education

Reading the SVA reports, they conducted the pre and post training surveys for 135 participants in order to measure their level of understanding the sanitation and hygiene awareness/education training in order to improve their basic knowledge about sanitation and hygiene and adopt it in their daily life. It was revealed that a post-test KAP (Knowledge, Attitude, and Practice) survey, all participants surveyed scored higher than they did in the pre-test survey as seen in Figure 4. Secondly, the IDIs conducted by TAGHEER revealed that, all of the participants interviewed had strong understanding of the sanitation and hygiene, which they have adopted it in their daily life.

Figure 4: Pre and Post Test in Sanitation and Hygiene Awareness education



3.2.6 Participants in the literacy class

Education is an effective tool of social change as it empowers people with essential skills for learning, communication, productivity, problem solving, and harmonious living. Education, as a core and catalyst of lifelong learning, has contributed effectively to poverty reduction and sustainable development. Adult literacy in particular lays the foundation for improving the lives of the poor by enhancing the quality of health, raising standards of livelihoods, fostering the ability of actively participating in society and contributing to overall happiness and general well-being.

A review of secondary data from SVA revealed that a total of 150 participants attended the literacy classes in Kama, Daman, and Kunar to improve their skills of basic reading, writing and numeracy in relation to topics in their daily life situations, such as health, nutrition and so on based on the curriculum of the Ministry of Education. Around 720 female participants attended the Literacy day, which was a literacy class held for community people to improve their skills on GBV, Child Protection, Hygiene and Sanitation, and Hygiene Kits usage as well as to promote the creation of a place where women can gather for livelihood and social activities. The day also contributed to provide awareness on the benefits of literacy and to encourage them to speak in public, gathering, ceremony etc. openly and without any fear.

Table 4: Participants in Literacy Class

WEC center	No of Participants
Kama landaboch	50
Kunar Sagy	50
Daman	50
Total	150

Photo 3: Literacy class



3.2.7 Participants in the sewing class.

The creation of good jobs and decent work in conflict-affected places is widely seen as generating not just better off households, but also safer societies and states that are more legitimate. The introduction of sewing class by SVA created a space where women learned valuable skills for self-help jobs and which also resulted into deeper friendships and linkages among local females for social interaction with each other. One of the direct beneficiaries in Nangarhar, had this to say during an in-depth interview,

“It was a very useful project; we learned about child protection, literacy, and tailoring skills. SVA gave me the tailoring machine, iron, and all the essential tailoring equipment. And now I open shop at home and sew clothes for others and gain good monthly income.” [WEC Promoter-Kama-Nangarhar)

A review of secondary data from SVA revealed that, from January to May 2020, a sewing class was held for women who registered in two or more courses. Discussions were held on how to improve one’s skills and expand the sewing activities (for leisure and for improving one’s livelihood). In addition, the class promoted the creation of a place where women can gather through sewing activities.

Table 5: Sewing Class Participants

		January	February	March	April	May
Location	Kunar	25	25	25	25	25
	Daman	25	25	25	25	25
	Kama	25	25	25	25	25
	Total	75	75	75	75	75

The findings in Table 5 indicate that, from January to May, there were a cumulative total of 375 female participants (Kunar, Daman, and Kama). The data indicate that 80 percent or more of the participants who joined the sewing class completed the class.

Photo 4: Sewing class



3.2.8 Community Based Dialogue (CBD)

The objective of Community Based Dialogue (CBD) is to understand the issues facing women in the target areas. Thus, a separate venue from the women’s centres was prepared to discuss specific issues with male participants over the course of a day. The CBD was intended to be a place of promoting men’s understanding of the issues facing women through activities introduced by female Shuras. For the CBD, a meeting was held for male members in the target community by male Shuras.

The analysis of Secondary data from SVA revealed that 176 (58.7%) participants participated in the CBD; this is against the planned 300 men who were supposed to participate in CBD as seen in Figure 5. The discrepancy might be because, the project planned to conduct CBD sessions 3 times until the completion of the project. However, most of men in the community were engaged in their daily works outside the community within Jalalabad or other cities of Afghanistan and even in Pakistan, and COVID-19 pandemic was a limiting factor as well, that made the team fail to conduct CBD sessions in time and as planned.

Figure 5: Men participate in CBD

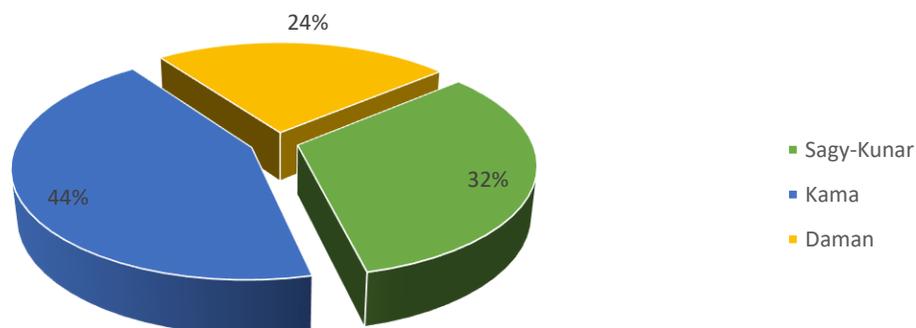


Photo 5: Community Based Dialogue



3.2.9 Promoters (Leaders)

The training was conducted for promoters to lead the provision of the training and operation of the women's centres, and who could manage locations where women could gather after the project completion. Under the affected situation by COVID19, Promoter's training was conducted with shortened time and less contents, compared with an initial plan. The themes included decision-making, communication, motivation and planning, protection issues, literacy, and acquisition of skills to teach sewing. In addition, the management of WEC and coordination with Man's shura after the end of the project in 3 sites for 60 promoters in Daman, Kama, and Kunar. The training was aimed to motivate them into arranging and monitoring all the activities in the community.

Photo 6: Promoter training



3.2.10 Women participated in activities at the centres.

A review of activity report from SVA revealed that, a total of 1,230 women participated in the activities at the centres. The purpose of the space was to provide temporary child-care, as well as to deepen the mothers' understanding of importance of these spaces to inform them that children growth & learning happens better in an environment where they can play with their mothers and directly interact with other children. The space also provided an opportunity of communication between adults and children.

3.2.11 Continuation of activities

The respondents were asked during the In-depth interviews about key achievements of the project implementation. Majority of the beneficiaries shared this opinion for continuation of activities. One of the respondents had this to say;

“We thank you SVA very much for the project implementation. The project has supplied clean drinking water to more than 200 families, provided tailoring training to 25 women and distributed sewing machines, and provided CBC classes for our children. These are the key achievements of the project.”

Interview with the direct beneficiaries revealed that the achievements obtained from the project implementation could be sustained once the project ends; this is because women who got tailoring- trainings provide training to other girls voluntarily. In addition, they had a Water committee for maintaining of water points / wells. CBC classes would be run voluntarily by the help of village elders after COVID-19. This indicates that the project would be sustainable after it ends. Training for the maintenance and management of facilities was provided to the Shura who manages the wells; also, the well management training was conducted; this included practical training such as guidance from engineers. All these statements account for 50% or more of the continuing activities, which would be carried out after the completion of the project.

3.3 Findings for Project Component -2 “Community Based Classrooms”

The purpose of Community Based Classrooms was to improve access to education for the children of the returnees and IDPs who were not enrolled in school in the target areas as per the Community Based Classroom (CBC) policy of the Ministry of Education. Moreover, the support was provided so that children are enrolled in regular schools in collaboration with the Ministry of Education.

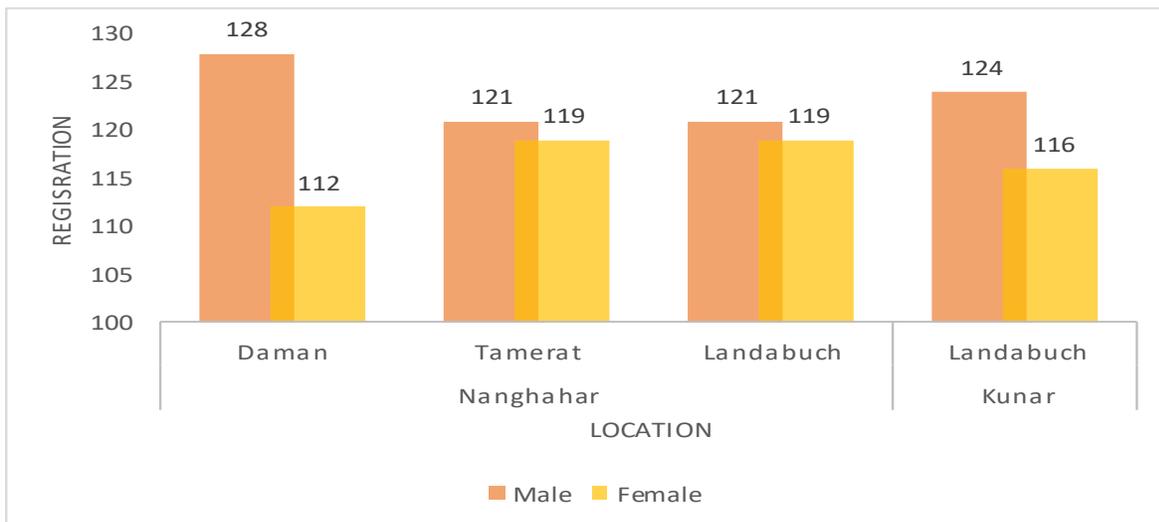
The review of monitoring survey by TAGHEER observed 17 out of 24 established classes (11 in Nangarhar, and 6 in Kunar_Sagy) at the time of observation. A minimum of 15 and a maximum of 24 students were present in each of the visited classes at the time of observation. A class observation checklist was used to assess the minimum requirements necessary for community-based education. Except one classroom in Kunar_Sagy, which was lacking a hand washing facility, the rest of the classrooms in both Kunar and Nangarhar provinces qualified the minimum criteria. The observation checklist was agreed with SVA before the fielding phase. It was observed further that Sagy CBCs had only one shift per day (40 students in each class) Kama, Tamerat, and Daman CBCs had double shifts (40 students were divided into two shifts. Half or 15 to 25 come in the morning shift and half or 15 to 25 come in the afternoon shift).

Photo 7: Registration of out of schoolchildren at Tamerat village



According to the SVA data, which were collected during the project period all 24 classes were opened as was planned. The survey data revealed further that a total of 960 children were registered in the community by representatives. It was found further that children were registered in four community areas namely Nanghahar Daman (128 Males, 112 Females), Nanghahar, Tamerat (121 Males, 119 Females), Nanghahar, Landabuch (121 males, 119 Female), Kunar Landabuch/Sagy(124 Males, 116 Females) as shown in Figure 6. The community representatives in four areas enhanced their recognition of CBC through meeting which was carried out by SVA

Figure 6: Children Registration in Four areas



Source: SVA Data 2019

According to the SVA Activity report, SVA carried out meeting with community members and schools in 4 areas (See Photo 7). These members were briefed on education in emergency procedures and the objectives of CBCs.

The review of monitoring survey by TAGHEER revealed that the purpose of the meeting was to carry out consultations at an early stage. The focus was on measures to take after the completion of the activities and the transfer of the children of returnees and IDPs to regular government schools. The focus was also on understanding the issues faced by children and to discuss how educational opportunities should be provided to students. One member of FGD had this to say,

“Shura gives awareness to men to let their women join learning courses or vocational training and encourages parents to let their children join CBCs.” [FGD_1-CBD-Kunar]

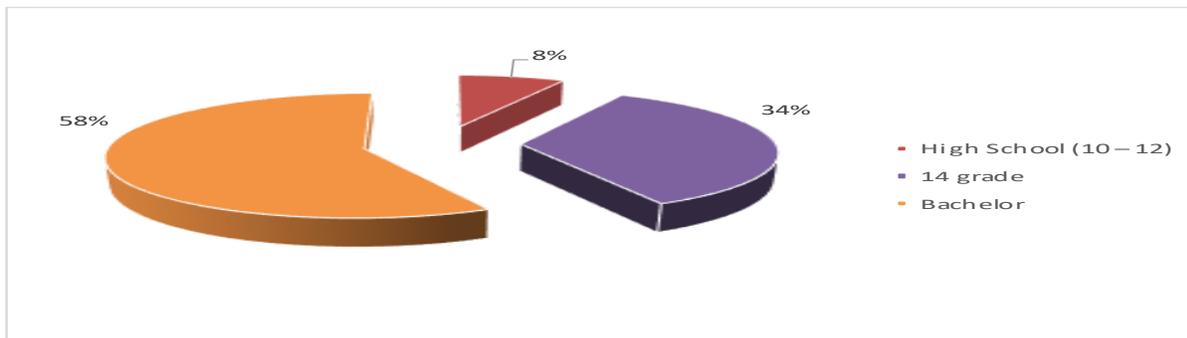
The findings imply that the community representatives in the four areas have enhanced their recognition of CBC.

Photo 8: Meeting with community leaders and school staff in Daman



The review of monitoring survey by TAGHEER, revealed that 24 teachers were interviewed; 15 were bachelors, 7 had passed grade 14, and 2 were high school graduates. The survey confirmed that all of the interviewed teachers were trained by SVA as shown in Figure 7.

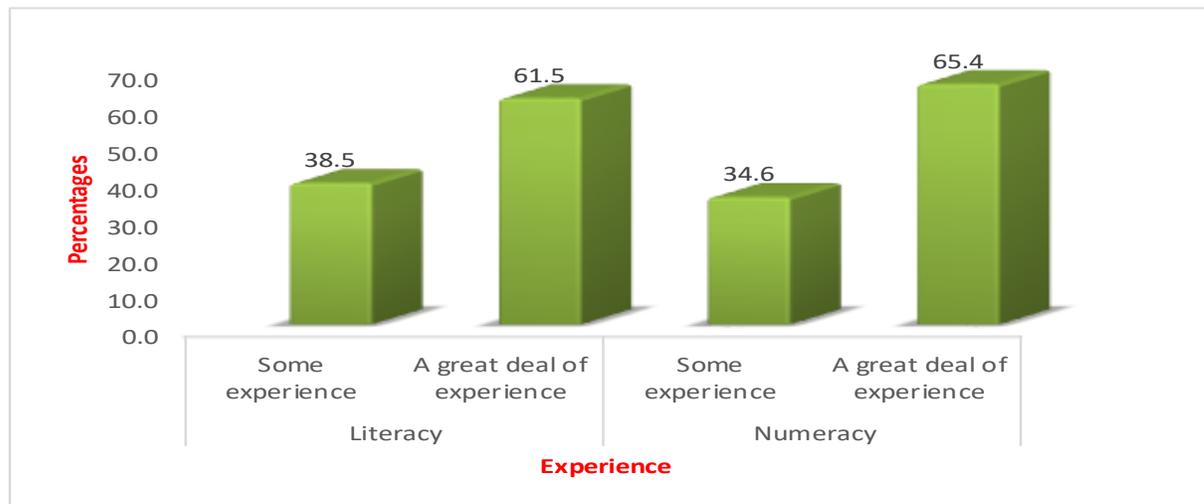
Figure 7: Teachers Level of Education



Source: Field Survey Data 2020

Teachers were asked about their experience in Literacy and Numeracy, the results revealed that 61.5 percent of the teachers had a great deal of experience while 38.5 percent had some experience in Literacy. On the other hand, 65.4 percent of the teachers had a great deal of experience while 34.6 percent had some experience in Numeracy as shown in Figure 8.

Figure 7: Experience of Teachers in Literacy and Numeracy



Source: Field Survey Data 2020

The review of monitoring survey by TAGHEER found that teachers were trained to explain and differentiate/ compare between traditional and modern teaching methods and to develop teaching plan, tools and techniques used during a lecture. They were also trained to identify and understand student's problems; the training covered the implementation of educational activities and the type of questions a teacher should ask students. In addition, they confirmed that Knowledge, Skills and Attitude/Mindset and their differences and further functions of community-based centres were covered during the training.

According to the SVA data which were collected during the project period, SVA conducted parents-teacher's meetings in all the CBCs of PEW project. The objective of these meetings was to improve the understanding of CBC before registration. This was followed by an explanatory meeting about the procedures for transferring for children who complete the CBC courses and are deemed eligible for a regular government school enrolment.

3.4 Findings for Project Component -3 "Water Supply and Hygiene Promotion"

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

During the implementation of the project, installation of water supply facilities and awareness raising of sanitation and hygiene were carried out to improve the water, sanitation, and hygiene environment. Others included mitigating water shortages, improving sanitation, and hygiene conditions in the areas where returnees and IDPs live based on the policies of the Ministry of Refugees and Repatriation (MoRR), and the WASH cluster.

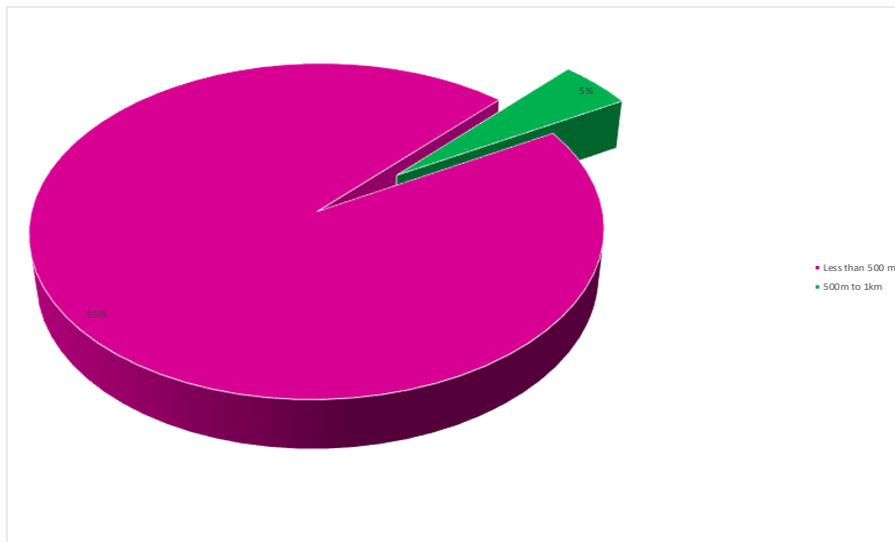
The project aimed at ensuring that returnees and IDPs have access to safe water and improved knowledge about sanitation and hygiene. The target areas were Daman and Tamerat villages in Jalalabad City. The target areas were selected through consultations with the Directorate of Rural Rehabilitation and Development (DRRD) of Nangahar Province.

Photo 9: The view of a well drilling by Rotary Rig Machine in Daman



During the survey, the respondents were asked to identify the main sources of drinking water for members of their households. The results revealed that all 42 respondents (100%) cited the existence of a well as their main source of drinking water. Accordingly, 95% of the respondents indicated that, the water source was less than 500m, and 5% said the source was less than 1Km as seen in Figure 9, and all respondents indicated that, the quality of water was good,

Figure 8: Distance to water well



Source: Field Survey Data 2020

The survey revealed that awareness raising on sanitation and hygiene was carried out in the same target area in order to improve the environment of water, sanitation, and hygiene. Forty-two (42) respondents interviewed indicated that, sanitation and hygiene awareness was very useful and all the respondents were highly satisfied. One of the direct beneficiaries of an in-depth interview had this to say,

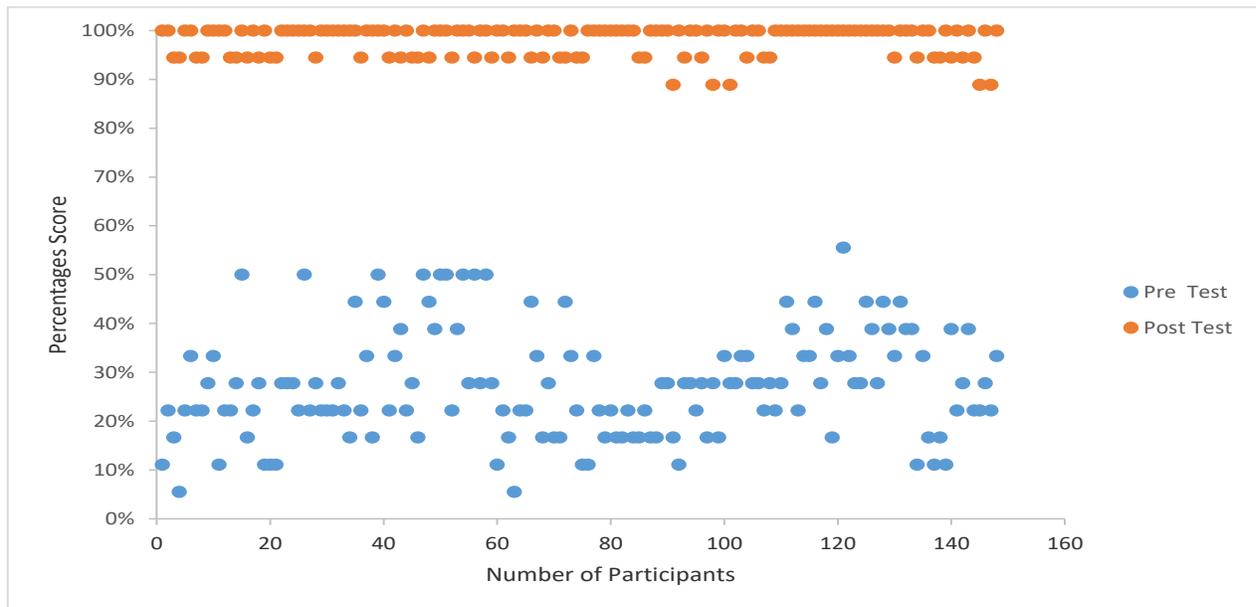
“Yes, I know how to wash hands with soap regularly. I know how to prevent and treatment of diarrhoea, we must not eat dirty food and unclean water we must first filter or boil water and then use it. I know to use boil water with mixture of sugar and salt during diarrhoea and so on” (ID_Beneficiary_Nangarhar).

According to the SVA data, which were collected during the project period, the formation and grouping of the beneficiaries for Hygiene Education awareness sessions was completed in Daman and Tamerat. In addition, the formation of WMCs (Well Maintenance Committee) were completed at two sites (Daman and Tamerat) followed by a briefing on their responsibilities and roles within the committee. One of the direct beneficiary in Nangarhar, had this to say during an in-depth interview,

“Yes, the WMCs they are very good at their works, they are the people who take care of the pipe scheme and controlling of water” (ID_Beneficiary_Nangarhar).

In order to measure the effectiveness of these methods, a test was carried out for 20 percent of all the target persons (80 households and 160 people [80 women and 80 men]) who were chosen at random. The content of the test focused on waterborne infections such as diarrhoea. A pre-knowledge, attitude, and practice (KAP) survey was carried out. A post KAP survey was done in order to determine whether there were any changes in knowledge, attitude, and practice. It was revealed that, a post-examination KAP (Knowledge, attitude, behaviour) survey, which was conducted, and all 80 households surveyed scored higher than they did in the pre-training survey.

Figure 9: Pre and Post Survey for 148 Participants



All 42 (100%) respondents who were interviewed indicated to have received the sanitation and hygiene awareness/kit during the distribution, all the respondents indicated to receive the usage instructions of the kit; and according to the SVA data, hygiene kits were distributed to 400 households for sanitation purposes.

The evaluation survey by TAGHEER found that all the respondents 42 (100%) had soap or detergent in their houses. They used soap/detergent for the following purposes, 30.7 percent used soap/detergent for washing hands, 29.9 percent used soap/detergent for bathing, 21.9 percent used soap/detergent for washing clothes and 17.5 percent used soap/detergent for cleaning utensils/ vessels as seen in figure 12.

Figure 10: Uses of Soap or Detergent



Log frame Indicator Achievements against Targets

Project Description	Indicator	Target	% of Achievement of target	Source of data verification
Women's empowerment¹	Three women Shura are established.	3	100%	Document Review (Activity Report)
	Women who join the Shura understand 80% of how to implement activities in the Shura by themselves and women's protection risks.	80%	125%	SVA Progress Report & IDIs with selected Beneficiaries.
	80% of 225 females participants in the training on protection risks of gender violence understand protection risks (research, questionnaire etc after the training)	180 females	125%	SVA Progress Report, & IDIs with selected.
	Dignity kits are distributed to 225 female trainees.	225	100%	SVA Progress Report

Project Description	Indicator	Target	% of Achievement of target	Source of data verification
	More than 80% of the participants in sanitation and hygiene training improve basic knowledge about sanitation and hygiene and use it in their lives.	> 80%	100%	SVA Report& IDIs with selected Beneficiaries.
	More than 80% of participants complete the literacy course.	> 80%	100%	SVA Activity Report
	More than 80% of participants complete the sewing course.	> 80%	100%	SVA Activity Report
	300 men participate in CBD.	300	176 (58.7%)	SVA Activity Report
	60 promoters (leaders) are trained.	60	100%	SVA Activity Report
	1230 women participate in the activities implemented by the women's centre.	1230	100%	SVA Activity Report
	More than 50% of activities are sustainably implemented by local people after the end of the project.	> 50%	100%	SVA Activity Report & IDIs with selected beneficiaries.
Support for education through Community Based Classrooms	24 classes are opened.	24	100%	SVA Activity Report
	960 children are registered in class	960	960	SVA Document Review and school visit survey
	Representatives of communities in 4 regions improve their awareness of CBC.	Improve	Improved	FGDs and SVA Document Review
	800 parents participate in parent-teacher meeting.	800	427 parents participated in parent-teacher meeting for November and December 2019 (53.4%).	SVA Document Review of parents- teachers meeting reports and logbooks maintained by teachers
Installation of water supply wells and awareness-raising of water, sanitation and hygiene	Safe water, which passes examination of the government, is distributed.	Passed Water Test	100%	Test results were reviewed by the TAGHEER
	400 households have access to water within 500m according to Sphere Standard.	400 HH	95%	HH Survey
	400 households participate in activities raising awareness of sanitation and hygiene.	400 HH	100%	HH Survey

Project Description	Indicator	Target	% of Achievement of target	Source of data verification
	400 households use properly awareness-raising kits of sanitation and hygiene.	400 HH	100%	HH Survey
	More than 80% of the targeted 80 households (64 households) improve basic knowledge about sanitation and hygiene and use it in their lives.	>80%	100%	SVA Document Review & HH Survey

Source: Field Survey 2020

3.5 Core Humanitarian Standards (CHS)

3.5.1 Response is appropriate and relevant

The primary purpose of this commitment was to respond to humanitarian crises, which is to alleviate distress and suffering, uphold people’s rights to assistance and ensure their dignity as human beings is sustained. Shanti Volunteer Association (SVA), conducted needs assessment to understand the situation and adapt a needs-based approach. During interviews with key informants, one of them had this to say:

“We conducted an assessment of their needs; we saw people losing their family members in the war or leaving houses in their homeland; they were in bad conditions. Women, in particular, were not aware of their rights, were facing violence, and were not following health-keeping rules. When we asked their needs so most of the people said that their children need education and also women requested to teach them literacy and tailoring skill.” [KII-SVA-Afghanistan]

The above findings indicate that SVA conducted a situational analysis of the context and the stakeholders, then SVA designed and implemented the PEW project based on the assessment results.

3.5.2 Humanitarian response is effective and timely

Effective systems that support timely evidence-based decision-making, together with both adequate and timely geographical coverage of both assistance and protection needs are essential. The project had three main components: Women’s empowerment, Support for education by Community Based Classrooms and Installation of water supply wells and awareness of water, sanitation and hygiene. The project designed a program to address the constraints of beneficiaries in Nangarhar and Kunar Province that aimed to improve the protection, education and water, sanitation and hygiene situations of women and children in the settlement areas of the returnees and IDPs in Nangarhar and Kunar Provinces. Reviewing the logframe indicators, it is obvious that the project over-achieved a number of indicators for the planned targets, which is an indication of project effectiveness. Interview with key informant revealed below,

“SVA did everything on time that’s why everything went well. We appreciate their activities throughout the project implementation period. They provided a good Wells and pipe scheme maintenance training to the community”. [KII-DRRD-Nangarhar]

3.5.3 Humanitarian response strengthened local capacities and mitigated negative effects

The need to acknowledge and to build on local and national capacities when responding to disasters and to forge stronger links with local Organisations is very important for ownership and sustainability of the projects. In addition, greater control over decision-making enable the community to become more resilient.

During the monitoring survey it was found that; the project was implemented based on the request from the local Government Authorities. For example, for component 1, the Ministry of Women’s Affairs is the Afghanistan Government Authority for support for women, liaison and coordination were being made with the Directorate of Women’s Affairs at the provincial level. For component 2, the Ministry of Education has the authority over the emergency education; liaison and coordination were being made with its agency in

the province, the Department of Education. For component 3, the Ministry of Rural Rehabilitation and Development (MRRD) was responsible for the water supply, therefore, collaboration and coordination were made with the Department of Rural Rehabilitation and Development (DRRD) at the province level.

SVA positioned the project in the policies and plans of each cluster by the assistance of the field teams, whereby the emergency cluster initiated by OCHA, which collaborated with IOM and UNHCR in the past, carried out activities aggressively in Nangahar Province. In this project assistance coordination was made with OCHA as its main contact and with the protection cluster for component 1, the Education in Emergency Working Group in the protection cluster for component 2 and the WASH cluster for component 3.

During the implementation of the project, SVA coordinated and communicated project goal and objectives with the communities. The project team held coordination meetings with Community Development Councils (CDCs) including elders, men, and women. The team shared project activities with these groups of people and consulted them to provide necessary information on their communities, the information was further used in selecting eligible beneficiaries.

This involvement of different stakeholders and government and non-Government Organisations from the beginning helped to build local capacity and of the beneficiaries at large. Thus, communities and people affected by the crisis were not negatively affected, they were more prepared, resilient and less at-risk as a result of these humanitarian actions.

3.5.4 Humanitarian response is based on communication, participation and feedback

Information and communication are critical forms of aid, without which the affected people cannot access services, make the best decisions for themselves and their communities or hold aid agencies to account. Sharing information, listening carefully to the 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 their sense of well-being is enhanced, helps them adapt to the challenges they face and better enables them to take an active role in their own recovery.

During the execution of the project, there was a strong communication and coordination with local government, and autonomous bodies. One informant from SVA had this to say,

“We coordinated our activities with UN-OCHA, DoE, and DRRD. We helped returnees and IDPs, we provided sanitation kits, built CBCs, and worked in the women empowerment section. They helped us verified our activities throughout the project and the returnees and IDPs status for assistance distribution”. [KII-SVA-Afghanistan]

Furthermore, the project was supplied with various types of information and feedback mechanism provided by these sources and through consultations for the selection of the target area. During an interview, one key informant had this to say,

“We received feedback from DRRD that if anyone is devoting his / her land for the pipe scheme, this is Legal, however, we should inform the local Governor and Municipality of the devotion process in an effort to coordinate with them properly. [KII-SVA-Afghanistan]

SVA had a good collaboration and coordination with Local Government Authorities, reports, information sharing and coordination of the activity content of this project were carried out through attendance at coordination meetings. In addition, it was noted that as for the responses to complaints from the beneficiaries about the implementation of the project activities, the telephone numbers of the core staff who acted as contacts for these inquiries and complaints were shared to ensure accountability to the beneficiaries and local government-related persons. The complaints and requests which were received, were recorded

and responded to promptly when necessary. During an interview a key informant, the following observation was made,

“We received feedback from DRRD that we should buy high quality solar panels for the Pipe schemes, and avoid buying Chinese solar panels, and we responded positive to their feedback and bought high quality solar panels for the pipe scheme. [KII-SVA-Afghanistan]”

Thus, the sharing of accurate, timely, and accessible information strengthened trust, increased understanding, deepened the levels of participation, and improved the impact of the project. This helped to reduce the number of formal complaints received.

3.5.5 Complaints were welcomed and addressed

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

During the interview with a key informant, it was revealed that people now have access to media and understand their rights mostly; however, SVA in particular informed them about complaint mechanism established for their use under the PEW project.

During the implementation of the project, returnees and other stakeholders were consulted on different issues, specifically on how they view complaints mechanisms; how complaints are currently dealt with; the ways, in which they would like to submit complaints to the Organisation, what might potentially prevent them from complaining; and 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. One informant had this to say:

“We made the community understand the complaint mechanism, and we told them if they have any complaints, they can share with us through the complaint boxes because it is a secure way of protecting the identity of the complainant. We established a rule in each CBC that when a student’s leave a class during school hours in any urgent cases, he/she should ask for permission from his/her teacher, and the teacher should sign on his hand with a marker pen. We received a complaint from a student saying that we should fire the guard because he did not let the students go home during school hours. We investigated the case and found out that the teacher signed on a pen on the student’s hand that is why the guard did not let him leave school. In every emergency project, we do not allow any teacher or any staff to take a leave, we already informed them if they wanted to take a leave, they would get an unpaid leave; but one day we received teachers’ complaint about taking leave. Therefore, we denied them a leave. We hold meetings with teachers and guards and make them understand on matters about taking a leave whether it is a pen or marker signature, and that the guard needed to confirm with the teacher. We held meeting with the teacher and advised them that they shouldn’t take leave unless they are sick or attending marriage or death ceremonies.” [KII-SVA-Afghanistan]”

Different stakeholders were trained to understand the rationale behind the complaints mechanism and the procedures for operating it. It was important to consider how the complaints received were recorded and tracked and how the learning from them was being incorporated into future planning.

3.5.6 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 the coverage and quality. It is important to prevent the duplication of efforts and waste of resources. The sharing of information and knowledge between stakeholders, joint planning and integrated activities can also ensure that Organisations manage risks better and improve the outcomes of a response in coordination with the local government, autonomous bodies, clusters, and other Organisations.

During the commencement of this project, coordination was made with the project team. Collaboration was made particularly with the implementing partners in carrying out need' surveys promptly and efficiently. Furthermore, the areas were shared with each organization; collaboration was also made with the government, to avoid causing any duplication of the target areas. One key informant had this to say,

“Definitely, SVA coordinated with us their project plans and implementation progress. They shared their monthly progress report with us, called us for any approval or suggestions, and also, we went with them for kits distribution process to families. The project fulfilled the community’s requirements but that is not enough because the communities want more and also it should spread to the rest areas.” [KII-DoWA-Kunar

One informant had this to add,

“SVA coordinated the project activities with us throughout the implementation process. SVA shared the implementation plan, M&E plan, reported us on monthly basis, and called us for any request, suggestion, or amendment in the project.” [KII-DRRD-Nangarhar]

Thus, the project was well coordinated and responding to local priorities.

3.5.7 Humanitarian actors continuously learned and improved

Learning from success and failure and applying these insights to modify and adapt current and future work was a cornerstone of accountability and quality management during the implementation of the project. There was a culture of learning and continual improvement, which was at the heart of professionalism and commitment from SVA as an organization. This was fundamental in ensuring effectiveness and efficiency. There was a constant interaction between SVA and other stakeholders, this made changes and adaptations to be made immediately.

SVA 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 community people / beneficiaries themselves. This enhanced further transparency and quality and encouraged people’s ownership of the information.

An interview with an informant revealed that the project was implemented very well due to experienced and hardworking staff. The informant had this to say,

“The project goals and objectives were achieved; we assisted people according to our project plans. The Shuras were formed, water supply was ensured, distributed sanitation kits to the deserved people, raised awareness to the community on the importance of education to both for children and women.” [KII-SVA-Afghanistan]

In particular, the project was implemented with respect to the culture and values of beneficiaries fully, collected feedback from them as the project still continues, and responded to their complaints and requests.

CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATION

5.1 Conclusions

Based on the evaluation exercise, the project accomplishments were significant. The project achieved considerable gains in terms of its purpose of improving education and water, sanitation and hygiene awareness for women and children in the settlement areas of the returnees and IDPs in Nangarhar and Kunar Provinces. The evaluation exercise revealed that the project is relevant, and the approach used to achieve its objectives is appropriate.

The purpose of the project was achieved through the implementation of three components, where the first component was fully achieved even for some indicators, over-achievement has been recorded except for the men having participated in community-based dialogue at 58.7%. The second component was to provide educational opportunities, where all performance indicators were achieved except for the 800 parents, who were supposed to participate in the parent-teacher meeting; however, 427 parents attended the parent-teacher meetings from Nov, 2019 till Feb, 2020, which is equivalent to 53.4% of the set target. This achievement is recorded based on the parents-teachers meeting reports and logbooks maintained by the teachers. The third component similarly was achieved fully except for access to safe / clean water within 500 meters as per Sphere standards, which was found short by 5% only in Daman village of Behsood district.

During the implementation of monitoring & evaluation exercises, it was noted that SVA adhered to the seven Core Humanitarian Standards on Quality and Accountability (CHS) agreed during the inception meeting. SVA 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 project however did not set indicators and targets at outcome levels which are necessary to measure the value addition of the project and returns on the investment after the projects are evaluated upon completion.

The evaluation sample for both surveys and IDIs was very small in size and the data in this report cannot be generalized for the entire project population.

5.2 Lessons Learned

The evaluation process also learned a few lessons that are useful to be shared for better implementation:

1. **Flexibility:** In emergency situations it is imperative to maintain processes that are simple and flexible, while remaining consistent with good management practices. A flexible and adjustable design is crucial for maximizing assistance effectively for purposes that may not be originally foreseen in the initial strategy. Likewise, SVA/JPF should maintain implementation flexibility, and keep the implementation process as simple as possible, consistent with good management.
2. **Timing:** Timing is crucial in emergency relief response, the Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar and Kunar Province, Afghanistan, was timely implemented in these province in order to improve the protection, education and water, sanitation and hygiene situations of women and children in the settlement areas of the returnee, thus, the local government should be prepared to use their resources to fill gaps between donor pledges and actual disbursement of resources for example most of activities implemented the demand from the community was higher than the project could afford. SVA / JPF can also address additional community needs during next funding / implementation cycle.

3. **Design:** The participation of local communities and organizations is imperative for the successful design and implementation of humanitarian activities
4. **Context knowledge and Coordination:** Identifying and working with local NGOs is critical to the success and sustainability of any program for example SVA has a long presence in-country bring a wealth of experience which enable "project managers to hit the ground running, thus eliminating the start-up phase and team mobilization for implementation". The success of this project could not have been achieved without underscoring the supervision and coordination strategy of SVA Project Management team with other implementing partners.
5. **Community participation:** Water supply and sanitation infrastructure construction projects in rural areas will not have the desired health impact, nor be sustainable, unless there is organized community participation and meaningful (to the community) health promotion activities before, during, and after the construction period. A Well Management Committee (WMC) which was formed. Awareness-raising of sanitation and hygiene was carried out in the same target area in order to improve the environment of water, sanitation and hygiene to the targeted four hundred households from those considered to be the most vulnerable, including those from the host community, such as single-parent households attended.
6. **Community awareness:** Kunar and Nangarhar still being conservative provinces do not allow women to fulfil their parental responsibilities as mothers. This is evident from the parents-teachers meeting reports and logbooks. Except in Tamerat district of Jalalabad city, where only 25 mothers attended parents-teachers meeting, the rest all were men “fathers”. This finding makes it inevitable to increase the community awareness on parental role especially for mothers.

5.3 Recommendations

From the findings of this evaluation, in order to address the challenges and improve the project impact on Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar and Kunar Provinces of Afghanistan, the study recommends the following to JPF and SVA.

- 1 Future Direction: In reflection of the evaluation findings, the project has taken first step towards supporting women and children of returnees and IDPs in Nangarhar and Kunar Provinces in its intervention areas. The evaluation team recommends for the replication of the project for another phase so as to cover more areas and to maximize the sustainability of the current activities completed during this project. This is completely justified for the demand of more services and increase the project time frame from one year to two year this will bring lasting changes in the lives of the communities of the target areas at large.
- 2 5% of the 42 respondents have to travel 500 meters to one kilometre to pitch water. SVA / JPF in the next phase of their WASH activities should construct new water points for group# 6 of Daman village in Behsood district of Nangarhar province.
- 3 The under-achievement of men’s participation in CBD indicate the busy and hard daily life of men. These should be considered for setting indicators target in future and engaging community women.
- 4 Awareness on parental roles and responsibilities for both men and women (fathers and mothers) should be initiated and enhanced. This will help engage mothers more meaningfully into their children education and other necessary decisions. If mothers due to social / communal and religious restrictions are unable to attend public duties, i.e. parent – teacher meetings etc. SVA can adapt “Education at your doorstep” strategy to reach women (mothers) at their homes rather than calling them for meetings at school.

CHAPTER FIVE

ANNEX – A: Data Collection Tools For This Evaluation

1. Data collection tools

Household Survey Tool for Water Supply, Awareness-raising of Water, Sanitation and Hygiene

The respondent should be the Women in the Household 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 (SVA) surveying households to find out about on how returnee and IDP households have access to safe water and improve their knowledge about sanitation and hygiene. The information you provide will help an organization design and monitor projects that will improve the existing 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

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

Section 1: Demographic Data (Household Information)

S/N	Question	Categories	Option
1.	Household members (no names to be written down)		
2.	Gender	Male 1 Female 2	
3.	Age of the respondent	15-24 1 25-34 2 36-44 3 45-54 4 55 and above 5	
4.	Education Level	Primary 1 Lower Secondary 2 Upper Secondary 3 Higher Education 4 Don't Know 98	
5.	Marital status	Married 1 Single 2 Divorced 3	

S/N	Question	Categories	Option
		Stay together 4 Separate 5 Widow/widower 6	
6.	Primary Occupation	Selling labor 1 Farmer 2 Self-employed 3 Unpaid family worker 4 Housewife 5 Student/too young to work 6 Retired/ too old to work 7 Unemployed 8 Other specify 9	

Section 2: Water Supply

S/N	Question	Categories	Option
7	Is there a well in your community?	Yes 1 No → Skip to Q 12 2 I don't know 3	
8	What is the main source of drinking water for members of your household?	Piped water 1 Dug well 2 Water from spring 3	
9	How far is the well from your residence in meters?	Less than 500 m 1 500m to 1km 2 Less than 2 km 3 More than 2 Km 4	
10	How is the quality of water?	Good 1 Fair 2 Bad 3	

Personal hygiene

12	Washing Hands Do you regularly wash your hands?	Yes 1 Occasionally 2 No (Skip to question 15) 3	
13	When do you wash your hands? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned) (Multiple Response)	After using the toilet Yes No Before eating Yes No After eating Yes No Before cooking Yes No After washing/cleaning tables Yes No After cleaning baby diapers/baby stools Yes No	

S/N	Question	Categories	Option
		After cleaning the home Other, specify	Yes No Yes No
14	Do you have soap or detergent in the house?	Yes No Don't know (Skip to question 16)	1 2 3
15	For which purposes do you use the soap/detergent? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned)	Washing hands Washing clothes Cleaning utensils/vessels Bathing For cleaning the home Other specify: ----- ----	Yes No Yes No Yes No Yes No Yes No Yes No
16	Did you participate on sanitation and hygiene awareness activities?	Yes No	1 2
17	How usefully is the sanitation and hygiene awareness activities?	Very useful useful Not useful	1 2 3
18	Sanitation and hygiene Awareness/kit distribution?	Yes No	1 2
19	How was the quality of distributed kit?	Very satisfied Satisfied Not Satisfied	1 2 3
20	Were all the items in kit useful for you?	Very useful useful Not useful	1 2 3
21	Did you receive the usage instructions of the kit?	Yes No	1 2
Water-Related Diseases			
22	Do you think water can carry diseases?	Yes. Maybe I don't know (Skip to question 19)	1 2 3
23	If yes, please name the various water borne diseases:	Diarrhea Malaria Dysentery Jaundices Cholera Typhoid Polio Gastro enteritis other(specify)	Yes No Yes No Yes No Yes No Yes No Yes No Yes No
	Do you treat water before using/drinking it?	Yes No	1 2

S/N	Question	Categories	Option
		I don't know	3
24	How do you treat water before using/drinking it?	Boiling Chlorination Filter Don't treat water Don't know	1 2 3 4 5
Public Hygiene and Waste Management			
25	How do you feel that the cleanliness in your local environment?	Good Fair Bad	1 2 3
26	What do you do if there is garbage accumulated around your household?	I transport garbage from my household to the communal bins I wait for the municipality team to come I burn the garbage I burry the garbage Nothing There is no garbage accumulation in my area. Others	1 2 3 4 5 6 7
27	What will happen if solid waste is not correctly (i.e., timely, thrown in designated bins, etc.) disposed of?	Health risks/Disease spread increase Adverse environmental impact Bad smell Increase of insects Other	1 2 3 4 5
Diarrhea and Hydration			
28	What causes diarrhea? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned) (Multiple Response)	Drinking bad water Eating bad food Unwashed fruits/vegetables Flies/insects Poor hygiene/not washing hands Other, specify: ----- Don't know	Yes No Yes No Yes No Yes No Yes No Yes No Yes No
29	How can you prevent you or your family members from becoming ill with diarrhea? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned) (Multiple Response)	Wash hands with soap and water Cook food thoroughly Wash vegetables/fruits Dispose of human waste properly Boil water Clean cooking utensils/vessels Treat water with chlorine products Cover food to keep away from flies Cholera vaccine	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No

S/N	Question	Categories	Option
		Cannot prevent Other, specify: ----- Don't know	Yes No Yes No Yes No
30	How would you treat diarrhea for yourself or your family members?	Go to clinic/hospital Use oral rehydration solution Use homemade sugar-salt solution Go to a traditional healer Home remedy: Specify Other: Specify Don't know	1 2 3 4 5 6 7
31	How do you prepare ORS for your child?	With boiled water With freshwater With cold water Don't know	1 2 3 4
Food Hygiene			
32	What is the first thing you do when you enter food premises?	Comb your hair Go to the toilet before starting work Wash your hands	1 2 3
33	How many times can you reheat leftovers?	As many times as you like Twice Four times You should only reheat leftovers once	1 2 3 4
(For Women only) Menstruation and Hygiene			
34	Have you started your period?	Yes No	1 2
35	Which feminine hygiene products do you use during your period?	Sanitary towels Reusable cloth Tissue I don't use anything I don't know I don't want to answer	1 2 3 4 5 6
36	Once used, how do you dispose of your feminine hygiene products?	Regular household waste Toilet Main garbage bin Wash and re-use I don't know I don't want to answer Other	1 2 3 4 5 6 7
37	Would you prefer disposing of your feminine hygiene products in another way?	Regular household waste Toilet Main garbage bin Wash and re-use I don't know I don't want to answer Other	1 2 3 4 5 6 7

Thank you for Your Participation.

Component 3 Stakeholders: Beneficiaries in Nangarhar

Basic Information		
Date of Interview	Day/ Month/ Year	
Interviewer Name		
Interviewee Name		
Gender	Male	1
	Female	2
Position / Title		
Consent for Interview		
Consent for audio recording	Yes	1
	No	2
Location/ District		
Level of Education	Primary	1
	Secondary	2
	High School	3
	University	4

Introduction and Informed Consent procedure

- Introduce yourself and thank the respondent for agreeing to participate in the interview and for making the time.
- Read the information sheet/informed consent statement to the respondent (or let him/her read it), informing them of the aim and objectives of the interview and the interview procedure (duration, use of recorder, data privacy/access).
- Obtain informed consent, including consent for audio recording.
 - If the respondent agrees to participate in the study, the respondent and interviewer sign the consent form in duplicate (in the case of written consent). The interviewer retains one copy while the respondent retains the second copy.
 - In case of verbal consent, the consent has to be audio-recorded. Interviews conducted under verbal consent can only proceed if there is at least an audio recording of the consent. The respondent can still decline audio recording for the full interview.
 - If consent for audio recording is withheld, do not record interview. Instead, ensure consent for interview is audio recorded after which the recorder is turned off for the rest of the interview. Ensure to take handwritten notes during the interview.

Note! Verbal consent interviews can only proceed if there is at least an audio recording of the consent (in the event the respondent declines audio recording for the full interview)

Setting the stage/Warm-up Questions

1. Please tell me what you know about the project (Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar and Kunar Province, Afghanistan) that you were involved.

Let's continue with Water service.....

Is there enough water for your needs?

2. What do you think about the type of water you receive-does it taste good, safe to drink?
3. Do you pay a water fee? What do you think about that?
4. Can you tell me about the water management committee, do you think they do a good job with the water system?

Probe for, Do they need help to enhance management / maintenance role?

Probe for, where the water management committee needs be more improved or skillful?

Next I would like you to think about your sanitation service or latrine... (Sanitation-availability/access/functionality)

5. Most homes in this community are supposed to have a latrine. If your home has a latrine can you tell me about it? What kind is it?

Probe for; who *uses it*? Does it work/still use it?

Probe for; if there is any problems with it?

Probe for, who washes/ cleans the latrine?

Probe for, who repairs it if it gets damage?

6. There are some homes in your community that don't have latrines? Yes/No? If yes, why do you think they don't have latrines?

Finally, I would like you to think about any hygiene education that you may have received since you came to this community i.e (Hygiene education-hand washing practice/water use/water treatment/ latrine care)

7. Do you remember the awareness-raising on sanitation and hygiene done by promoters on your community?

Probe for; topics covered?

- The teachings of Islam?
 - About sanitation and hygiene?
 - Hand washing?
 - Water sanitation?
 - Waterborne infections?
 - Prevention and treatment of diarrhea and dehydration?
 - Environmental hygiene and menstruation (for the women's group)?
 - How long does the awareness raising session on sanitation and hygiene last?
 - Who participated in the awareness raising session on sanitation and hygiene from your house?
 - Who encouraged you to take participation in awareness raising session on sanitation and hygiene?
8. Do you think the hygiene education practice are good?
9. Overall, what would you change to make the water system, latrines and hygiene education better for this community?
10. In your view, what do you think are the key **achievements/successes** of the project?

Probe for details

11. Do you think that these achievements (that you have mentioned) can be sustained once the program ends? **Follow up**: Can you explain why you think so?

12. In your view, what do you think are the key **Challenges** of the project?

Probe for details

13. What is your recommendation?

Wrap up

- Ask participant if they have additional information they would like to share related to the topic of the discussion
- Before dismissing respondents, say: "On behalf of the TAGHEER and JPF thank you again for participating in this discussion."
- Stop the recording and prepare the file for translation and transcription
- Ensure all informed consent forms have been correctly filled, dated and signed

Label all materials and review/update notes with note taker soon after the session

Component 1 Stakeholders: WEC Promoters

Basic Information		
Date of Interview	Day/ Month/ Year	
Interviewer Name		
Interviewee Name		
Gender	Male	1
	Female	2
Position / Title		
Consent for Interview		
Consent for audio recording	Yes	1
	No	2
Location/ District		
Level of Education	Primary	1
	Secondary	2
	High School	3
	University	4

Introduction and Informed Consent procedure

- Introduce yourself and thank the respondent for agreeing to participate in the interview and for making the time.
- Read the information sheet/informed consent statement to the respondent (or let him/her read it), informing them of the aim and objectives of the interview and the interview procedure (duration, use of recorder, data privacy/access).
- Obtain informed consent, including consent for audio recording.
 - If the respondent agrees to participate in the study, the respondent and interviewer sign the consent form in duplicate (in the case of written consent). The interviewer retains one copy while the respondent retains the second copy.
 - In case of verbal consent, the consent has to be audio-recorded. Interviews conducted under verbal consent can only proceed if there is at least an audio recording of the consent. The respondent can still decline audio recording for the full interview.
 - If consent for audio recording is withheld, do not record interview. Instead, ensure consent for interview is audio recorded after which the recorder is turned off for the rest of the interview. Ensure to take handwritten notes during the interview.

Note! Verbal consent interviews can only proceed if there is at least an audio recording of the consent (in the event the respondent declines audio recording for the full interview)

Setting the stage/Warm-up Questions

14. Can you kindly tell me your name, your current position and your responsibilities under that position?
Follow up: How long have you been in this current position (in months or years)?
15. Please tell me what you know about the project (Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar and Kunar Province, Afghanistan) that you were implementing.
16. In your view, what do you think are the key achievements/successes of the project?
Probe for details

Overview of the Women's Shura

I would like to ask you some questions about the Women's **Shura** which you have been involved in.

17. I would like to hear from you about the main challenges women of your communities face with respect to protection, such as gender-based violence, sanitation and hygiene, and the protection of children?

18. Were you a member of women Shura in your area? Which Shura?

Yes	1
No	2

19. Can you briefly tell me the role of **female Shura**?

Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned) (Multiple Response)

Information on holding training sessions	Yes	No
--	-----	----

Selecting beneficiaries,	Yes	No
--------------------------	-----	----

Coordinating with male Shura	Yes	No
------------------------------	-----	----

Communicating with the area to hold activities	Yes	No
--	-----	----

Providing assistance for referrals	Yes	No
------------------------------------	-----	----

Advocacy and providing support for operating center.	Yes	No
--	-----	----

Probe for, , , ,

20. I am going to make a statement and I would like to know if you **strongly agree, agree or disagree** with it and why. **Statement:** *“Women who participated in the female Shura understand 80% or more of the protection issues and implementation methods of activities in the area”*

Ask each respondent if they **strongly agree, agree or disagree** with the statement and to briefly explain why.

Probe for the implementation methods used during the project?

Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned) (Multiple Response)

Coordination with the relevant administrations and resident organizations/	Yes	No
--	-----	----

Formation of Shura to implement support and protection of women in the area	Yes	No
---	-----	----

Establishment of women’s centers	Yes	No
----------------------------------	-----	----

Training for Shura, local residents and staff at women’s centers.	Yes	No
---	-----	----

All of the above (Correct Answer)	Yes	No
-----------------------------------	-----	----

21. I am going to make a statement and I would like to know if you **strongly agree, agree or disagree** with it and why. *“Women who participated in the training for protection including GBV understand the protection issues”*

Ask each respondent if they **strongly agree, agree or disagree** with the statement and to briefly explain why.

Probe for the following Questions to measure their understanding on GBV and Protection Issues?

What are women’s rights? Women’s rights are opportunities for women to study, work, A participate in politics etc. but women’s rights do not include the opportunities to go outside alone.

	Women’s rights are human rights. They cover every aspect of life – health, education, political participation, economic well-being and freedom from violence, among many others	B Correct)
	Both A and B are wrong. Women don’t have any right.	C
	I don’t know	D
Gender violence		
What is gender and what is sex?	Gender refers to the social relationships between women, men, girls and boys. The term “sex” is defined to mean the biological differences between women and men.	A (Correct)
	<u>Gender refers to the biological</u> relationships between women, men, girls and boys. The term “sex” is defined to mean the social differences between women and men.	<u>B</u>
	<u>A & B both are wrong.</u> Sex and gender <u>have the same meaning</u> which refers to biological differences between men and women.	<u>C</u>
	I don’t know	D
What is gender equality?	It is equality between women and men in terms of rights, responsibilities and	A (Correct)
	It means that rights, responsibilities and opportunities of men and women <u>are socially different.</u>	<u>B</u>
	Gender equality is an issue of <u>only</u> women.	<u>C</u>
	I don’t know	D
Child protection		
What are the rights of a child?	Children’s rights include opportunities to learn at school, <u>but children’s right is not talking about child labour.</u>	A
	Children’s rights are human rights for every child, namely, living, development, protection, and participation, as mentioned in the UN Convention of the Rights of the Child.	<u>B</u> (correct)
	Children <u>don’t have any right.</u>	<u>C</u>
	I don’t know	D
Which is correct about violence that can possibly happen to children?	Violence against children has many faces and forms: physical abuse, sexual abuse, neglect or negligent treatment, emotional abuse, and more.	A (Correct)
	Violence against children has many faces and forms, <u>but physical punishment by parents, teachers, and community leaders is not violence against children.</u>	<u>B</u>
	No violence can happen to children	<u>C</u>
	I don’t know	D
22. Did you receive the dignity restoration kits?		
Yes		1
No		2
23. Probe for the following Questions?		
How was the quality of distributed dignity kit?	Very satisfied	1
	Satisfied	2
	Not Satisfied	3
Were all the items in Dignity kit useful for you?	Very useful	1
	Useful	2
	Not Useful	3

Did you receive the usage instructions of the Dignity kit?	Yes	1
	No	2

Sustainability and lessons learned

24. What do you think should be done to ensure sustainability (i.e. continuation) of the women’s centers activities?

Wrap up

- Ask participant if they have additional information they would like to share related to the topic of the discussion
- Before dismissing respondents, say: “On behalf of the TAGHEER and JPF thank you again for participating in this discussion.”
- Stop the recording and prepare the file for translation and transcription
- Ensure all informed consent forms have been correctly filled, dated and signed

Label all materials and review/update notes with note taker soon after the session

Stakeholders: SVA staff in Afghanistan (Program and M&E)

Basic Information		
Date of Interview	Day/ Month/ Year	
Interviewer Name		
Interviewee Name		
Gender	Male	1
	Female	2
Position / Title		
Consent for Interview	Yes	1
	No	2

Introduction and Informed Consent procedure

- Introduce yourself and thank the respondent for agreeing to participate in the interview and for making the time.
- Read the information sheet/informed consent statement to the respondent (or let him/her read it), informing them of the aim and objectives of the interview and the interview procedure (duration, use of recorder, data privacy/access).
- Obtain informed consent, including consent for audio recording.
 - If the respondent agrees to participate in the study, the respondent and interviewer sign the consent form in duplicate (in the case of written consent). The interviewer retains one copy while the respondent retains the second copy.
 - In case of verbal consent, the consent has to be audio-recorded. Interviews conducted under verbal consent can only proceed if there is at least an audio recording of the consent. The respondent can still decline audio recording for the full interview.
 - If consent for audio recording is withheld, do not record interview. Instead, ensure consent for interview is audio recorded after which the recorder is turned off for the rest of the Interview. Ensure to take handwritten notes during the interview.

Note! Verbal consent interviews can only proceed if there is at least an audio recording of the consent (in the event the respondent declines audio recording for the full interview)

Setting the stage/Warm-up Questions

25. Can you kindly tell me your name, your current position and your responsibilities under that position?

Follow up: How long have you been in this current position (in months or years)?

26. Please tell me what you know about the project (Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar and Kunar Province, Afghanistan) that you were implementing.

a. Probe for, What made you think this was the priority need?

b. Probe for, Did you conduct any assessment of risks vulnerabilities and needs?

c. Probe for, Did you consult local communities before you start the project?

27. In your view, what do you think are the key achievements/successes of the project?

Probe for details

28. Do you think that these achievements (that you have mentioned) can be sustained once the program ends? **Follow up:** Can you explain why you think so?

29. In your view, what do you think are the key challenges of the project?

Probe for details

30. In your view, what are recommendation for the challenges of the project?

Probe for details

Likelihood that the activities of the project will continue after donor funding has ended:

31. Of the several activities implemented by the project, which do you think the community is able to continue supporting on its own without external financial or technical support from donors? (*See Supplementary Information for probe cues on Project activities*)

Probe for explanation: *How do you mean? Why/Why not?*

Follow-up: Are there some activities that you believe can be sustained locally (e.g. by the community) without needing government funding?

What are the lessons learned on the potential for Project?

I would like to close this interview with some questions on the lessons we could learn from the project and to get some of your recommendations.

32. Based on your experience with this project or with other donor-funded development project, can you share suggestions on the main things that need to be done to ensure that the activities from projects like this can be sustained for a long time after donor funding has ended?

Follow up: what plans do you think need to be put in place as part of the exit strategy of project to ensure its sustainability?

Probe for who should be involved, how long is needed for phase out, and what phase-out should ideally entail.

Interview wrap-up

Ask the respondent if they have any questions or if they would like to share any additional information with respect to the interview questions and topic.

Thank the respondent again for their time.

Stop the recording.

ANNEX – B: Data Collection Tools For The Earlier Monitoring Exercise (Nov, 2019 – Jan, 2020)

Data Collection Tools

Teacher Survey

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

Teacher’s education:

- A. Primary (Grade 1 – 6)**
- B. Lower Secondary (Grade 7 – 9)**
- C. High School (10 – 12)**
- D. 14 grade**
- E. Bachelor**

1. Have you ever received any training on the following	Yes	No	Don’t know	Refused	Who trained you (NGO name)
1) Explain and contrast between Traditional and modern teaching methods.					
2) Developing teaching plan?					
3) <u>Tools and technique used during lecture.</u>					
4) <u>Identify, understand student’s problems</u>					
5) Implementation of educational activities					
6) type of questions a teacher should ask the students					
7) Knowledge, Skill and Mentality and their differences					
8) Functions of community-based centers					

2. How would you describe your current experience teaching in the following	No experience	Very little experience	Some experience	A great deal of experience	Don't know
Literacy	a	b	c	d	e
Numeracy	a	b	c	d	e

Household Survey – WASH

Province:		NGO: SVA			
District:			Name of interviewer:		
Village:			Date of Interview:		
Beneficiary type: A. Well B. Hygiene Education C. Both		Gender A. Male B. Female	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 (NGO name) surveying households to find out about the knowledge, attitudes, and practices of communities with Sanitation and Hygiene. The information you provide will help an organization design and monitor projects that will improve the existing 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?

- C. Yes -----> proceed
- D. 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 names to be written down)	Gender (M, F)	Age	Education [USE CODE]	Marital status [USE CODE]	Primary Occupation [USE CODE]	Disability/ Physical Impairment	Still, living in the house?
1.Head of household							()Yes ()No

--	--	--	--	--	--	--	--

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
------------------------	--	--	--	---	---------------------------------

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

- 1) Is there a well in your community?
 - a. Yes
 - b. No -----→ Skip to Q 5
 - c. I don't know
- 2) What is the main source of drinking water for members of your household?
 - a) Piped water
 - i. Piped into dwelling
 - ii. Piped into compound, yard or plot
 - iii. Piped to neighbor
 - iv. Public tap / standpipe
 - v. Tube Well, Borehole
 - b) Dug well
 - i. Protected well
 - ii. Unprotected well
 - c) Water from spring
 - i. Protected spring
 - ii. Unprotected spring
 - iii. Rainwater collection
 - iv. Tanker-truck
 - v. Cart with small tank / drum
 - vi. Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
 - vii. Bottled water
- 3) How far is the well from your residence in meters?
 - a. Less than 500 m
 - b. 500M--LESS THAN 1KM;

- c. KM-LESS THAN 2 KM;
 - d. LESS THAN 3 KM
 - e. MORE THAN 3KM
- 4) How is the quality of water?
- a. Good
 - b. Fair
 - c. Bad

Personal hygiene

Washing Hands

- 5) Do you regularly wash your hands?
- a) Yes
 - b) Occasionally
 - c) No (Skip to question 9)
- 6) When do you wash your hands? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned)

a) After using the toilet	Yes	No
b) Before eating	Yes	No
c) After eating	Yes	No
d) Before cooking	Yes	No
e) After washing/cleaning tables	Yes	No
f) After cleaning baby diapers/baby stools	Yes	No
g) After cleaning the home	Yes	No
h) Other, specify: -----	Yes	No

- 7) Do you have soap or detergent in the house?
- i) Yes
 - j) No (Skip to question
 - k) Don't know (Skip to question 28)
- 8) For which purposes do you use the soap/detergent? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned)

a) Washing hands	Yes	No
b) Washing clothes	Yes	No
c) Cleaning utensils/vessels	Yes	No
d) Bathing	Yes	No
e) For cleaning the home	Yes	No
f) Other specify: -----	Yes	No

Water-Related Diseases

- 9) Do you think water can carry diseases?
- a. Yes
 - b. Maybe
 - c. No
- 10) If yes, please name the various water borne diseases:
- a. Diarrhea
 - b. Malaria
 - c. Dysentery

- d. Jaundices
 - e. Cholera
 - f. Typhoid
 - g. Polio
 - h. Skeleton
 - i. Dental fluorosis
 - j. Gastro enteritis
 - k. other(specify)
- 11) What is the source of your water?
- a. Well
 - b. spring
 - c. river
 - d. stream
 - e. pond/lake
 - f. other (specify)
- 12) How do you treat water before using/drinking it?
- a. Boiling
 - b. Chlorination
 - c. Filter
 - d. Don't treat water
 - e. Don't know

Public Hygiene and Waste Management

- 13) How do you feel that the cleanliness in your local environment?
- a. Good
 - b. Fair
 - c. Bad
- 14) What do you do if there is garbage accumulated around your household?
- g) I transport garbage from my household to the communal bins
 - h) I wait for the municipality team to come
 - i) I burn the garbage
 - j) I burry the garbage
 - k) There is no garbage accumulation in my area
 - l) Nothing
 - m) Other
- 15) What will happen if solid waste is not correctly (i.e., timely, thrown in designated bins, etc.) disposed of?
- a) Health risks/Disease spread increase
 - b) Adverse environmental impact
 - c) Bad smell
 - d) Increase of insects
 - e) Other

Diarrhea and Hydration

DIARRHEA INFORMATION

16) What causes diarrhea? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned)

A. Drinking bad water	Yes	No
B. Eating bad food	Yes	No
C. Unwashed fruits/vegetables	Yes	No
D. Flies/insects	Yes	No

E. Poor hygiene/not washing hands	Yes	No
F. Other, specify: -----	Yes	No
G. Don't know	Yes	No

17) How can you prevent you or your family members from becoming ill with diarrhea? (Do not read. Circle yes for all that is mentioned and circle no for those that are not mentioned)

H. Wash hands with soap and water	Yes	No
I. Cook food thoroughly	Yes	No
J. Wash vegetables/fruits	Yes	No
K. Dispose of human waste properly	Yes	No
L. Boil water	Yes	No
M. Clean cooking utensils/vessels	Yes	No
N. Treat water with chlorine products	Yes	No
O. Cover food to keep away from flies	Yes	No
P. Cholera vaccine	Yes	No
Q. Cannot prevent	Yes	No
R. Other, specify: -----	Yes	No
S. Don't know	Yes	No

18) How would you treat diarrhea for yourself or your family members?

- Go to clinic/hospital
- Use oral rehydration solution/
- Use homemade sugar-salt solution
- Go to a traditional healer
- Home remedy: Specify _____
- Do not treat
- Other: Specify _____
- Don't know

19) How do you prepare ORS for your child?

- With boiled water
- With freshwater
- With cold water
- Don't know

Food Hygiene

20) What is the first thing you do when you enter food premises?

- Comb your hair
- Go to the toilet before starting work
- Wash your hands

21) How many times can you reheat leftovers?

- As many times as you like
- Twice
- Four times
- You should only reheat leftovers once

(For Women only) Menstruation and Hygiene

22) Have you started your period?

- Yes
- No

23) Which feminine hygiene products do you use during your period?

- Sanitary towels

- b) Reusable cloth
- c) Tissue
- d) I don't use anything
- e) I don't know
- f) I don't want to answer

24) Once used, how do you dispose of your feminine hygiene products?

- a) Regular household waste
- b) Toilet
- c) Main garbage bin
- d) Wash and re-use
- e) I don't know
- f) I don't want to answer
- g) Other

25) Would you prefer disposing of your feminine hygiene products in another way?

- a) Regular household waste
- b) Toilet
- c) Main garbage bin
- d) Wash and re-use
- e) I don't know
- f) I don't want to answer
- g) Other

Classroom Observation

As soon as you enter the classroom, fill out below check list for learning environment.

Background Information

IP's name	
Province	
District	
Village	
Class type (Gender)	1. Girls 2. Boys 3. Mixed
Class type (Level)	1. CBE/Normal 2. ALP
Grade	Text:
Date of observation ((Day / Month)	DD: ____ MM: _____
Year	Text:
Observer name	Text:
1. Is there sufficient light in the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the classroom have a comfortable temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there adequate heat or cooling system in the classroom? (note for enumerator: at the time of data collection, these systems may not	<input type="checkbox"/> Yes <input type="checkbox"/> No

be in use because the weather does not require so, but you should still check if they are in place)	
4. Can the classroom be accessed by children with limited mobility (physical disabilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Both indoor and outdoor spaces are available to be used for the teaching and learning activities and recreation activities scheduled.	<input type="checkbox"/> Yes, both indoor and outdoor <input type="checkbox"/> Only indoor <input type="checkbox"/> Only outdoor
6. Are the class rules visible in the classroom, in a place where they can be easily read by children?	<input type="checkbox"/> Yes, can be read by children <input type="checkbox"/> Yes, but in a place where children cannot read them <input type="checkbox"/> No
7. If yes, are the class rules presented in a child friendly manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is code of conduct visible in the classroom, in a place where they can be easily read by children?	<input type="checkbox"/> Yes, can be read by children <input type="checkbox"/> Yes, but in a place where children cannot read them <input type="checkbox"/> No
9. If yes, is the code of conduct presented in a child friendly manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there a clear complaint and feedback mechanism placed in the classroom, in a place where it can be easily read by children? (phone number, complaint box, etc)	<input type="checkbox"/> Yes, can be read by children <input type="checkbox"/> Yes, but in a place where children cannot read them <input type="checkbox"/> No
11. Is there an observations notebook in the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is the classroom appropriately equipped with the standard materials? carpet? White/black board with markers/chalk? Teachers chair and desk?	<input type="checkbox"/> Yes, all material <input type="checkbox"/> Yes, in part <input type="checkbox"/> No
13. Is the classroom appropriately equipped with recreational materials? (Jump rope and sports balls)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is the classroom equipped with clean drinking water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do the students have relevant, grade appropriate text books in a one textbook to one student ratio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do the students have notebooks?	<input type="checkbox"/> Yes, all students do <input type="checkbox"/> No <input type="checkbox"/> The majority of students do
17. Do the students have pens?	<input type="checkbox"/> Yes, all students do <input type="checkbox"/> No

	<input type="checkbox"/> The majority of students do
18. Are the educational materials such as posters, pictures, maps, useful messages, reading and math charts visible in the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No
19. Is student artwork hung around the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. A class timetable is clearly displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the environment clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the environment safe, free from hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is at least 1 first aid box available and any medicine safely stored away from the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are proper facilities for waste disposal available in the classroom? (rubbish bins are provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is there an attendance sheet in the classroom, filled out for the day, week, and month of data collection?	<input type="checkbox"/> Yes, available and fully completed <input type="checkbox"/> Yes, available and partially completed <input type="checkbox"/> Yes, available but not completed <input type="checkbox"/> Not available
26. Is there any toilet accessible for children in the learning space/classroom?	
27. Are there separate toilets for boys and girls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Can the latrines be accessed by children with limited mobility (physical disability)	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all the latrines have doors?	<input type="checkbox"/> Yes, all of them <input type="checkbox"/> No, none of them <input type="checkbox"/> Yes, but some only
30. Do all the latrines have proper ventilation?	<input type="checkbox"/> Yes, all of them <input type="checkbox"/> No, none of them <input type="checkbox"/> Yes, but some only
31. Do all toilets have handwashing facilities?	<input type="checkbox"/> Yes, all of them <input type="checkbox"/> No, none of them <input type="checkbox"/> Yes, but some only
32. If there are no handwashing facilities or only some latrines have handwashing facilities, does the classroom have handwashing facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Key Informant Interview Guide – Women Centre’s Management

Name of the interviewer:

Name of the note taker:

Province: Centre’s Name:	District:	Village:
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 Women’s Center? How long have you been in this position?
- 2) What are the core functions of your Women’s Center?
 - a. What trainings are provided in this centre?
 - i. Gender based violence
 - ii. Sanitation and Hygiene
 - iii. Protection of children
 - iv. Awareness raising events such as Women’s Day
 - v. Literacy classes
 - vi. Sewing classes
- 3) How many days a week does this centre operate?

Recommendations

- 1) What are your recommendations to JPF and SVA?

Ask interviewee’s permission to observe the activities going on in the centre. Tick the activity you observe in the centre.

- Gender based violence training
- Sanitation and Hygiene training
- Protection of children training
- Awareness raising events
- Literacy classes

- Sewing classes
- Other (please specify)

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: <input type="checkbox"/> Audio Recording <input type="checkbox"/> 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

- Yes No

Introductory Questions

SVA implemented a project of Emergency Protection, Education and WASH Assistance to Returnees and IDPs in Nangarhar (Daman and Kama districts) and Kunar (Assad Abad) where they empower women in terms protection and WASH, providing community based education and installation of water supply wells from June 2019 and continues to June 2020.

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

Response is appropriate and relevant

- 2) How did SVA decide to implement a project of Women empowerment/CBE/installation of wells in Nangarhar/Kunar? What was the situation like?
 - a. Did they consult you before they started the project?

Humanitarian response is effective and timely

- 1) To what extent was SVA able to respond on timely manner?

Humanitarian response strengthens local capacities and avoids negative effects

- 1) What has SVA done in order to increase the capacity of local authorities and communities in terms of water, sanitation and Hygiene?

Complaints are welcomed and addressed

- 1) As a stakeholder, did you receive any complaints from the affected people and communities about the responses that SVA provided? What kind of complaints have you received?
- 2) What did you do?

Humanitarian response is coordinated and complementary

- 1) Has SVA 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

- 1) (Only Government) Did you monitor the responses provided by SVA?
- 2) (Only Government) What were your findings? What worked and what didn't?

Recommendations

- 1) What are your recommendations for SVA?

Key Informant Interview Guide – SVA staff

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: 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

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

Response is appropriate and relevant

- 3) How did you decide to implement a project for Emergency Protection, Education and WASH Assistance in Nangarhar and Kunar?
 - 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?

Humanitarian response is effective and timely

- 2) To what extent has your organization been able to respond on timely manner?
 - a. What have been some critical barriers or challenges?
 - b. How did you tackle those challenges?

Humanitarian response strengthens local capacities and avoids negative effects

- 2) What have you done in order to increase the capacity of local authorities and communities in terms of water, sanitation and Hygiene and protection?

Humanitarian response is based on communication, participation and feedback

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

Complaints are welcomed and addressed

- 3) Have you consulted affected by about the design of complaint mechanism? If yes, how?
- 4) What kind of complaints have you received?

- 5) How did you respond to those complaints?
- 6) What have you done if the complaints do not fall under your project's scope of work?

Humanitarian response is coordinated and complementary

- 2) 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

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

Recommendations

- 2) What are your recommendations to JPF and SVA?

Focus Group Discussion Guide – Shura members

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: d) 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

- d) Yes b) No

Questions

- 6) Please tell us about the functions of Shura.
 - a. Act as contacts for relevant administrative organs
 - b. Support female Shura
 - c. Ensure safety
 - d. Raise awareness for men
 - e. Holding CBD with DoWA representatives
 - f. Advocacy
- 7) How often do you meet? What were the topics/agendas of your meetings? How was the outcome of your meetings?
- 8) How were you helped by SVA?
 - a. Establishing the shura
 - b. Coaching/mentoring the Shura members on how to organize the meetings
 - c. Coaching/mentoring the Shura members on how to do advocacy for women's protection
 - d. Connecting with relevant stakeholders
 - e. Awareness raising

- 9) Will you be able to run the Shura/dialogues after the project finishes in 6 months from now? What additional support do you need to continue your activities from SVA?

Recommendation

- 1) What are your recommendations for SVA?