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Evaluation of UNICEF's WASH Early Recovery Project in Chitral, Pakistan

SUMMARY

On July 16th 2015, flash floods triggered by Glacial Lake Outburst Floods (GLOF) submerged various parts of the Chitral District; the northern district of Pakistan, bordering Afghanistan. The floods destroyed houses, livestock and public infrastructure. The disaster claimed three lives and left 250,000 people without access to basic services and relief supplies. More than 60% of households were impacted with poor water quality after the flooding. Following this disaster, UNICEF (Khyber Pakhtunkhwa –KP Province) implemented the WASH Early Recovery Project (WERP) in partnership with the Aga Khan Rural Support program (AKRSP) from 2016 to 2019. The project focused on WASH-based interventions such as the provision of resilient sanitation facilities and hygiene promotion for behaviour change aimed at improving the health of the affected population.

This results paper highlights findings of an independent qualitative study of the impact of the third year of WERP interventions on the lives and the behaviours of the target population, focusing particularly on scaling up and consolidating the project by targeting hard to reach areas in Chitral. The study used qualitative research methods to assess changes in people's knowledge, attitude and practices with regards to sanitation and hygiene related behaviours. Some key findings were that beneficiaries were generally aware of the appropriate behaviours for hygiene and sanitation, and most practiced them diligently. The work in schools with students was particularly positive with increased knowledge and awareness about hygiene, sanitation and Menstrual Health and Hygiene Management (MHHM) for both student and teachers. Yet confusion remained amongst many beneficiaries about water contamination routes or the need for soap for handwashing at key times. Soap is still considered a luxury for many vulnerable families who are not ready to prioritise its purchase.

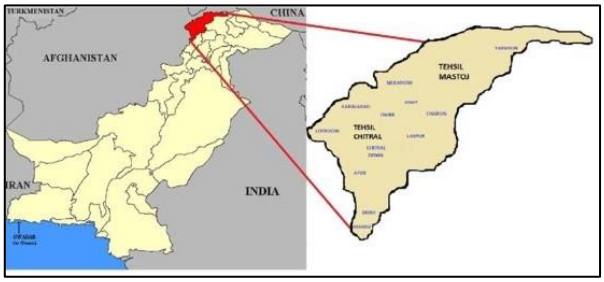
Introduction

The Chitral district is the most northern and largest district of Pakistan; it spans 14,850 square kilometres, 13% of which is covered with 542 glaciers[1]. Chitral and its surrounding districts has become increasingly vulnerable to GLOF incidents mainly due to the region's vulnerability to climate change. On the 16th of July 2015, parts of the Chitral district were hit by torrential rains triggered by a GLOF, this occurred after a prolonged heat wave. The floods destroyed houses, roads, power stations, irrigation structures, water supply systems and livestock. Following the disaster, approximately 70 village in the district were affected by the flood and more than 60% of targeted households reported problems with accessing clean water. The GLOF

[1] P.M. Baigal (2015) *Glacier Floods Cause Humanitarian Crisis in Chitral.* The Third Pole. [https://www.thethirdpole.net/en/2015/07/21/glacier-floods-cause-humanitarian-crisis-in-chitral/]

disaster highlighted the lack of emergency preparedness regarding natural disasters which triggered Khyber Pakhtunkhwa (KP) Province Government agencies to incorporate Disaster Risk Reduction (DRR) initiatives in their strategies and development portfolios as to mitigate disaster vulnerabilities[2].

Figure 1: Region of WASH Early Recovery Project



Source: UNICEF/Pakistan

The WASH Early Recovery Project (WERP) was a response by the local Government, through the AKRSP and UNICEF, to address the need for disaster preparedness and incorporate risk reduction elements for a more effective response. As such, **the objective of the project was to ensure that populations in the region would be better prepared for future natural disasters such as GLOFS, with more robust infrastructure and appropriate and effective WASH behaviours**.

The qualitative research that was conducted and is presented in this paper focused on the impact of the third year of the WERP interventions. In this phase, the objective was to scale-up the project by targeting households in hard to reach areas such as Kosht, Lasput and Mastuj. The focus was on those households (albeit small as only 1.5% of the target population did not yet have access to latrine facilities) to entirely eradicate open defecation, complemented with the rolling-out of a Behavioural Change Communication (BCC) campaign; promoting access to potable water, sanitation and hygiene facilities, menstrual hygiene and health in communities, schools and health facilities. Key project components are listed in Box 1. The interventions listed in Box 1 were carried out by existing hygiene promoters and village WASH committees (both male and female) which were further strengthened by AKRSP and UNICEF.

BOX 1.

WERP 3RD YEAR PROJECT COMPONENTS AND OUTCOMES

- *Sanitation: Improving access to user-friendly, gender inclusive and culturally appropriate sanitation facilities for community and household use through the construction of 190 HH latrines, 10 persons with disabilities sensitive latrines, 18 public latrines and the celebration of World Toilet Day*
- *Hygiene promotion: Education and awareness raising on WASH practices including handwashing and latrine use, through 19 BCC III & IV campaigns, installation of dustbins at 27 locations / institutions (Schools and Health centres)*
- *Water supply: Improving the resilience of / rehabilitation of 19 existing water supply systems, establishing one water-testing lab, training of 2 TMA staff on water quality testing and the celebration of World Water day*
- *Schools: Building 16 disaster resilient latrines equipped with menstrual hygiene products and first-aid kits and conducting hygiene promotion sessions with children and teachers, rehabilitation of 20 twin latrines, rehabilitation of 10 drinking water supply schemes, along with the establishment of 17 MHHM Centres, formation of 14 WASH Clubs*

  Heath Facilities: functionalization of 6 toilets in healthcare facilities (HCF), rehabilitation of 2 water supply schemes and the sensitisation of staff on hygiene promotion and DRR

Expected results of these interventions were:

[2] PDMA, Government of KP (2016) Overview of Natural Disasters 2015 Impact, Response and Managing Risks. Peshawar

1. Duty bearers have the capacity to deliver equitable, gender-responsive, and safely managed water and sanitation services, including those affected by emergencies;
2. Selected children, families, and communities in the target districts were empowered to collectively adopt positive WASH behaviours and practices and demand for better WASH services.

The research/evaluation findings will be used to make practical recommendations for future DRR / WASH interventions, seeking to ensure the resilience of WASH infrastructure and appropriate hygiene behaviours.

Methodology

The research was conducted from July to November 2019 with the aim to assess the third year of the project. The study was carried out by *White Rice*, an independent behavior design agency, as contracted by the UNICEF WASH Section Office in Islamabad.

The study used qualitative research and analysis tools to document why change did or did not take place in individual and community attitudes, knowledge, and practices in selected districts, as per the scope of the AKRSP's project. This report is focused on the third year of AKRSP's intervention which targeted 28,065 individuals through a number of WASH-based interventions to provide access to improved health and sanitation facilities, increase awareness of WASH-related diseases, and boost the adoption of safe hygiene practices.

INITIAL CONSULTATIONS

The evaluation process started with a number of consultation meetings with the implementation partner: the UNICEF country office, the AKRSP and UNICEF Khyber Pakhtunkhwa (KP) teams, to clarify the scope and objectives of the research and to receive feedback on the proposed methodology and identify key stakeholders. The top priority outcomes of the WERP were reconfirmed by the all partners as:

- Access to safe drinking water
- Presence, use and maintenance of hardware components (Sanitation facilities in households and schools)
- Improved attitudes and practice of WASH behaviours in the community

IDENTIFICATION OF TARGET GROUPS AND RELATED RESEARCH QUESTIONS

Target households were situated in the most disadvantaged communities where access, use and maintenance of WASH facilities was poorest. Community networks were used to identify the most disadvantaged households and these were provided with materials and financial support to construct private latrines for their homes

1. BENEFICIARIES

WERP beneficiaries were split into 3 groups:

Community - the general population was the recipient of the services provided by the project like water supply, sanitation and hygiene education activities

Direct beneficiaries - Households (HH) identified as financially and/or socially disadvantaged and targeted for HH latrine construction.

School children - Establishment of WASH clubs in both boys' and girls' schools, with students responsible for maintenance and upkeep of school latrines and promoting awareness amongst their peers about health and hygiene.

BOX 2.

RESEARCH QUESTIONS FOR BENEFICIARIES

- *What are the changes in knowledge, attitudes, and practices of the beneficiaries?*
- *What were the enabling and disabling factors with regards to changes in behaviors in the community?*
- *What is the extent of the presence, uptake, and maintenance of WASH facilities?*

2. COMMITTEES

Village WASH committees (gender disaggregated) both existing and newly established, were tasked with monitoring and supervising the hardware and software components to ensure sustainability of the activities. Within these WASH committees, village project level committees were responsible for the identification and maintenance of the rehabilitated water schemes as well as the hygiene promotion and latrine constructions in the community.

BOX 3.

RESEARCH QUESTIONS FOR COMMITTEES

- *Did the committees understand the training messages, their roles and responsibilities?*
- *What was the perceived appropriateness and relevance of the training to the assigned tasks?*
- *What was the perception of support received from other stakeholders and level of coordination between them and the committees?*

Menstrual Health & Hygiene Management (MHHM) entrepreneurs were established by AKRSP in Upper Chitral. Six female entrepreneurs were selected and trained to manufacture and sell menstrual hygiene products in their communities. The MHHM entrepreneurship support had the double objective of improving hygiene management as well as promoting women empowerment in the community.

Picture 1: Local entrepreneurs making reusable sanitary pads

Source: White Rice and UNICEF Pakistan

3. STAKEHOLDERS

The AKRSP and the relevant government officials were the primary stakeholders identified for this study. They have been involved since the GLOF of July 2015 and have been working on improving access to sanitation services in disaster hit areas.

BOX 4.

RESEARCH QUESTIONS FOR THE STAKEHOLDERS

- *What was the perception of the project's impact on daily activities?*
- *What were the challenges and opportunities in the project's journey?*

SAMPLE SELECTION AND SIZE

The target groups and individuals were selected through a purposive and stratified sampling process.

Village selection: 19 villages from 3 target Union Councils (UCs) Mastuj, Laspur and Kosht, were part of the project. A stratified random sampling approach was used to select 3 villages for the study purposes. Villages were selected with the following criteria: shortlisting the villages where most project activities took place, then arranging

the shortlisted villages according to their UC, and then randomly selecting one village per UC.

Participant selection:

Lists of target group participants from the project were shared with the research team and individuals from these groups were purposively selected based on their willingness to participate in the research activities. The target groups included (village WASH members, water committees, direct beneficiaries of latrine construction, school teachers, school WASH club members, MHM entrepreneurs, health facility staff, government officials and AKRSP's own management and hygiene promotion staff). Participants from the wider community and school children in the sample villages were also invited to participate based on their willingness. Table 1 shows the sample size for each group

Table 1: Sample size of target groups

Target Groups		No. of activities	No. of Participants
FGDs with School Teachers		5	22
FGD's with VWC members		8	60
FGD's with School children	General	9	126
	WASH Club	6	51
Community			
HH visits, observation and IDI's with House-holds	Direct Beneficiaries	9	24
	General Community	15	
Story Circle	WASH Committees	10	63
	Direct Beneficiaries	**3**	**25**

DATA COLLECTION METHODS

A comprehensive review of existing published and grey literature on WASH programming relevant to the study was carried out. This included: situation reports of the flood, of the impact of disasters on vulnerable communities, assessment reports on WASH early recovery initiatives and best practices in the sector. This review aided in the development and design of the research approach and tools development.

Five qualitative data collection methods were used within the target populations. A brief description of each tool is described below.

Household visits, in-depth interviews and extended observation

- Households of 15 communities were visited and 9 beneficiaries of latrine construction
- **The extended observation**) included observing household activities and behaviours of household members around WASH issues within a 3-hour timeslot. In order to best avoid observer bias, the observation period was kept long to habituate the household members to the observer, and the specific reasons for the observation was kept secret.
- **In-depth Interviews (IDIs)** were conducted with the household member primarily responsible for most household activities and investments.
- **Both methods above were based on the RANAS model**, as in the questions were designed to elicit respondents' knowledge around WASH and specifically their levels of **R**isk perception, **A**ttitudes, **N**orms, **A**bility to alter their behaviour and whether or not they **S**elf-regulate. User experience and challenges in the uptake of WASH behaviours were also assessed.

Focus Group Discussions (FDGs)

- FDGs were held with the general community, school children, village WASH committees, implementation partners, and teachers (see table 1 for numbers of participants).
- Key purpose was to explore perceptions of risk among target groups around WASH behaviours,

attitude towards WASH behaviours, recall of messages from the hygiene promotion campaign, and clarity of roles and responsibilities of teachers, committees and implementing partners and areas of improvement and challenges in their duties.

- FGDs for children used stories with fictional characters to retain interest of students during the activity

Story Circles (Most Significant Change Stories - MSC)

- Story circles were conducted with 25 beneficiaries of latrines and 63 village committee members. The tool gathers stories about both positive and negative significant changes experienced due to the project activities and provides a deeper understanding of the influence that the project had on the lives of the target population, identifying key enablers and blockers of the described change.

Site Visits

- Site visits were spot checks of hardware components such as the public and school latrines (including MHHM features), water sources and dustbins. The goal was to observe maintenance, DRR specifications, gender friendliness and usability.

Key informant Interviews

- Key Informant interviews were held with MHM entrepreneurs to explore their experience of the project, strengths and challenges
- Key Informant interviews were also held with key government officials to explore their perception of the project, impact on the lives of the target population, strengths and recommendations for areas of improvement.

TOOL DEVELOPMENT AND PRETESTING

To implement these data collection methods the following tools were designed:

- Observation guide for household activity
- Interview guide for household members (direct beneficiaries and community members)
- Interview guide for government officials
- Interview guide for health facility staff
- Group discussion guide for implementing partner staff (management and hygiene promoters)
- FGD guides for group discussions with WASH club members and students separated by gender, teachers, village WASH committee members and community members
- Infrastructure checklist for site visits
- Story circle guide for WASH committees and direct beneficiaries

Picture 2: Research Team Conducting Thematic Analysis

Source: White Rice and UNICEF Pakistan

The tools were pretested in two households, two schools, one village committee and two public sites in Mastuj to ensure appropriateness, relevance and clarity of language.

TRAINING OF RESEARCHERS

10 researchers were hired (4 male, 6 female) from the Upper Chitral region to ensure understanding of the local language and culture and the context. The researchers were trained in the use of the research tools, basic research skills as well as ethical guidelines including privacy, confidentiality and the rights of the research participants.

DATA ANALYSIS

Table 2: Data Analysis

Table 2 below outlines the main data analysis methods used during this research.

Method	Description
Human Centred Design (HCD) synthesis of data	This analysis was carried out to ensure that any shortcomings or ambiguities noted in the research data were communicated to the research team to clarify points of confusion or modify their research approach. Data from the usability focused activities (user experience of hardware) were used to develop journey maps, personas and other output formats.
Participatory Analysis of Stories	This approach was used to analyse the data collected through the story circles. A participatory analysis workshop was held with key stakeholders to elicit key changes reported through the stories, focusing on enabling and blocking factors. Data was clustered into themes for ease of development of analysis for recommendations as described below
Thematic Analysis of Behavioural Data	Thematic data was coded according to a statement or a word encompassing the key information provided. Codes were then categorised according to key information groups, separate coding was done for each respondent group (beneficiaries, committees, key stakeholders, etc.). Data was then compared for overlap and redundancies. A comparative analysis was also done of key factors differentiating the 'doers' from the 'non-doers' with respect to WASH behaviours.

Results

The key research findings are presented according to the direct beneficiaries of the WASH Early Recovery Project, namely: vulnerable communities, schools, health centres, and households benefitting from the hygiene promotion campaign, the improved water and sanitation hardware and the latrine construction.

Secondly the results of the assessments carried out with **the WASH committees** are presented and lastly the information collected from the **key stakeholders.**

Direct Beneficiaries

Based on the interactions/interview with Households, Communities, Schools and Health Centres the following key finding were made

Awareness raising

- The data revealed an increase in awareness and knowledge surrounding water-borne diseases, diarrhoea, handwashing, cleanliness and waste disposal around the home in two out of the three of the interviewees. Households also reported a preference for drinking water from protected sources, yet, contamination routes were often misunderstood. For example, water visibly clean to the eye was deemed fit for drinking and boiling water was not considered a priority, hence unsafe behaviours persisted.
- All the students in target schools that had benefitted from the hygiene promotion demonstrated a better understanding and knowledge of water-borne diseases, risk of contamination and the need for handwashing with soap and clean drinking water (the need for filtering and boiling).
- Knowledge and awareness of schoolgirls about MHHM was seen to be at about 60% after the project according to the data; the use of dry and clean cloth or commercial products during menstruation was now considered critical to ensure their health and wellbeing.

Toilet use and construction

- Toilet use for adults was a norm, this was the case prior to WERP interventions as the pre-KAP survey found a 98.5% prevalence of toilet use. However, as the project aimed to ensure 100% toilet coverage, the target was to ensure the 1.5% without toilet access (the poorest sections of the target population) were served. This was carried out and Open Defecation (OD) was reduced to negligible or zero levels.

- Targeted vulnerable households benefitting from support in latrine construction or rehabilitation reported that the new/improved latrines had brought significant positive changes in their lives. However, a number of household (around 15 out of 190) were unable to complete the construction as they misunderstood the extent of support that was to be provided by AKRSP, these were mainly households that did not have the capacity to complete the construction on their own due to extreme poverty or special needs. However, towards the end of the project, these HH were supported by the surrounding families and completed their toilets.
- Maintenance and quality of the latrines was reported to be an issue as 50% of households did not have any water connections in the latrines which hampered regular cleaning. Some of the materials provided such as the plastic commodes were not adapted to the local environment and froze/broke during the winter, these were replaced with ceramic ones by the project. The freezing temperatures also affected the pipes installed in several of the latrines as they would sometimes burst. This was mainly due to the fact that the pipes were not buried deep enough in the ground, or sometimes not at all, due to the rocky terrain.
- The project initiated support (funds/materials) during the winter season, 50% of the target households benefitted from latrine construction support at this time. However, due to harsh weather conditions, these HH were hampered in the construction of their toilets as conditions were unsuitable for digging the drop-hole. Nonetheless, these toilets were eventually completed once the weather permitted. During the household visits, it was observed that 1/3rd of household latrines were missing components such as water connections, a roof, a door or cemented walls.
- Public latrines constructed in hospitals and bus stations enabled access for hundreds of adults and children. However, some of the public latrines built next to mosques were used almost exclusively be men and the latrines were only open during prayer times. Also, some of these latrines lacked a water connection and water had to be brought in, threatening the proper use and maintenance of the latrines. The latrines did not have any features for users with disabilities.
- School latrines were appreciated by students and teachers alike as it ensured privacy and safety for girls due to the door locks. DRR features were integrated in the design (cemented walls and safe locations). School latrines featured MHH products and first aid kits, soap was also available in all latrines, which is a major achievement.

Handwashing

- Handwashing (HW) at critical times (before eating and preparing food and after use of toilet and cleaning a child) was found to be a norm adopted in the target communities, yet only 50% used both water and soap, the other half used water only. The use of soap was reported to be expensive, time consuming, and not necessary if your hands were visibly clean. Furthermore, in winter the water is often at freezing point, this means having to warm up water, a time-consuming and expensive (use of resources like wood, fuel or electricity) process.

Waste Management

- The household environment was seen to be clean, however waste disposal practices were unsustainable and environmentally problematic, according to respondents as inorganic waste was either burnt or thrown in to the Mastuj river.
- Waste bins were installed in public spaces during the WERP interventions, leading to reduced pollution and littering in the communities to the satisfaction of the beneficiaries. However, bins were small in size and not accessible for all households so some community members continued the practice of burning or dumping garbage in the river.

Improved water access

- Approximately 350 households benefitted from the construction or rehabilitation of water supply facilities. They specifically mentioned the improvements felt during the winter periods when they used to experience water problems.

WASH Committees

Roles and responsibilities

- Findings from the study indicates that committee members were generally aware of their responsibilities. They reported these to be: the identification of direct beneficiaries for toilet construction, support in coordination between the beneficiaries and AKRSP, providing logistical assistance and supporting community mobilisation for the hygiene promotion sessions, monitoring and supervision of infrastructure construction and managing funds.
- However, findings also indicate that the committees saw their roles as limited to the hardware project components as there were no reports on their role in awareness raising activities. This was confirmed during the stakeholder consultations; committees were not engaged in BCC activities as this was seen to be the role of the hygiene promoters. One of the reasons why Committee members may not have engaged in awareness raising could be a lack of in-depth knowledge and comprehension of WASH related behaviours. Although the committee members expressed satisfaction with the training they received and did report an increase in awareness generally on WASH issues, all felt the need for more learning.
- Visibility of the WASH committees amongst the target community members was almost non-existent, more than 80% of participants from the research sample were not aware of the existence of a village WASH committee. This may be due to multiple agencies and committees operating in the same area.

Stakeholders

- According to the targets set for the WERP, AKRSP successfully achieved the latrine construction component for both disadvantaged households, schools and public spaces as well as the provision/rehabilitation of the drinking water schemes. Government partners on the whole were satisfied with the work carried out by the AKRSP team.
- One area of concern was the interference of Village WASH Committees (VWCs) in school toilet constructions; in certain instances, the conflicts between VWCs and the school administration disturbed ongoing classes.
- The Water testing lab was seen as a major contribution by the local government to test water quality in the Upper Chitral region. The lab is a free public service and many community members use it to test their drinking water.
- The MHHM component of the project where women entrepreneurs were trained in the production and sale of MHH products was an ambitious and interesting idea. Unfortunately, the selection and training of the women entrepreneurs was not sufficiently targeted and developed to ensure that the new woman entrepreneurs could overcome the socio-cultural barriers they face in selling such product.
- Although the hardware component of the project was seen to be a success by the AKRSP team themselves, they acknowledged there was room for improvement in the software components. The BCC component was mirrored on an existing design used in Punjab, however it was not sufficiently adapted to the Chitral situation, this effectively hampered the quality of the outputs of the BCC campaign and eventually the outcome as well.
- AKRSP's good reputation and longstanding presence in the area was instrumental in rapidly gaining the trust of the community and helped the execution of the project as well as its ownership by the communities.

Blocking and Enabling Factors

The triangulation of the research results presented above allowed for the identification of enabling and disabling factors for the uptake of WASH-related behaviours, these are listed in table 3.

Table 3. Blocking and Enabling Factors for WASH behaviour uptake

Enablers	Blockers
Attitude towards importance of hygiene and sanitations	Lack of comprehension of contamination routes
Risk perception surrounding water-borne diseases	Inability to access facilities/supply of water
Awareness for environmental cleanliness	Limited ability to maintain hygienic standards (water treatment, handwashing with soap)
Well-aligned hygiene promotion sessions	Disruption of healthy WASH behaviours due to inclement weather during winter months
Support from key influencers (parents, teachers, community elders)	

Overall the data indicated that the majority of beneficiaries demonstrated both a good amount of knowledge about WASH issues and willingness to take up hygienic behaviours and effective use of sanitation and WASH facilities. These improved behaviours were complemented by a supportive and enabling environment in schools and in the community. Yet, there remains a pervasive lack of comprehension regarding contamination routes and treatments and major misconceptions such as the belief that if something looks clean it will be safe. This belief hampered the consistent use of soap as well as the boiling of water for the removal of pathogens. Limited resources and time were also a factor consistently mentioned by low-income households, soap was considered a luxury and was not prioritised as a need and handwashing was too time-consuming to be adopted as a habit.

Hence **low self-regulation and issues affecting individual-level capacity to take up appropriate hygienic behaviours are critical factors in preventing communities from benefitting from an overall improvement of hygiene in the region. These factors coupled with the remoteness of the villages in the Upper Chitral region posed unique challenges for potential future interventions.**

Recommendations

The key recommendations for future behavioural change interventions in WASH programs are listed and discussed below:

Reaffirming Existing Knowledge and dispelling inaccurate beliefs

Solid WASH knowledge exists in the communities such as the reasons for hygiene, cleanliness, the need to use a latrine, etc. However, this knowledge and the observance of good hygiene behaviour is thwarted by inaccurate beliefs such as the optionality of soap for handwashing or the belief that visibly clean water is actually potable and safe. The community's willingness in the uptake of new behaviours however should provide an asset and future hygiene promotion campaigns should identify and focus on such myths or beliefs that could hamper adoption of safe and hygienic practices.

A needs assessment specific to each project is a key requirement

This project was based on hygiene promotion activities from the Pakistan Approach to Total Sanitation (PATS). This meant that some of the activities were irrelevant, such as the focus on ending open defecation which was already a norm in Chitral. The hygiene promotion activities could have benefitted from further tailoring to the regional context. Furthermore, the MHM entrepreneurs' activity was not suitable for the current WERP project, which was designed as an emergency response project. Supporting the development of local entrepreneurs, although a valuable initiative, does require a medium to long-

term investment approach. In the present case, the activity would have benefited from a market analysis and an enhanced training of the women entrepreneurs to ensure regional compatibility and more confident entrepreneurs.

Ensure project design can meet project objectives

The WERP suffered from a number of challenges which limited its potential, notably the limited number of staff in the field; only 6 hygiene promoters were hired to work in 19 villages. As each village was to receive at least 4 visits, this meant a total of 133 touch points in 8 months. With a tight schedule and staff constraints, the project faced delays and activities such as latrine construction were pushed to the winter months creating challenges for the beneficiaries.

A 50% budget reduction of the project for the third year also created barriers as staff were excessively burdened causing them to feel demotivated and frustrated; compromising the quality of the project.

Ensure the robustness of the hardware components for DRR purposes and promote appropriate operations and maintenance for sustainability of the services

The use of unsuitable sanitation products such as plastic commodes and pipes meant that they were rapidly defective. They were replaced with more robust materials, however the DRR dimension of this project should have ensured that decisions about the quality and robustness of the hardware components was a key selection criteria.

Public latrine management should be clearly delineated as certain latrines (near the mosques) had restricted access for women, who were not allowed to use the latrines. Clearly defining the management (by a community level organisation or local leader) would ensure equitable access for all.

A financing mechanism (such as user fees) for the maintenance of the public latrines and water schemes has been adopted and will need to be monitored and closely managed as these funds will have to cover maintenance and repairs of the facilities.

Ensuring the software component is not just an addendum to the hardware component

Although much had been done during the project on BCC in communities and hygiene promotion in schools, the AKRSP themselves admitted that they could have done more to support the hygiene promotion component. AKRSP and UNICEF should work together with local government institutions to provide support for the continuation of hygiene promotion activities after the end of the project to ensure that the efforts and resources dedicated to this project are not lost.

When investing in community entrepreneurs, establish key selection criteria for their recruitment and ensure there is demand among the target population for their service and products

The investment in MHM entrepreneurs, although a valid activity, needed to be fine-tuned and include the following criteria for their selection:

- Trusted by the community and in particular by the women of the communities
- Be potential change makers or community influencers
- Have community mobilisation and sales experience
- Have access to logistical support and supplies

They also needed more support in training both on the WASH thematic and on the business side. However, as was mentioned before, such activities are more suited to medium and long-term projects as they require continued support and updating throughout its implementation.

Conclusion

Pakistan, as many countries in the region, is likely to continue to suffer from environmental disasters such as GLOFs, or other types of floods or similar disasters. Hence, the investment made to ensure

WASH services are climate resilient has become a necessity. Today, all UNICEF WASH programming is moving towards becoming climate resilient.

The WASH Early Recovery Project ensured that communities that had suffered from the impact of these flood on their WASH services were rapidly provided access to safe drinking water, adequate sanitation facilities and targeted hygiene promotion that increased both knowledge and awareness of the community members about WASH and in particular MHHM.

Yet, some misunderstandings and myths around contamination routes seem to be hard to dispel. Both the cleanliness of water and of hands seems to suffer from the same erroneous reasoning: “if water (or hands) are visibly clean, then they probably are.” The water testing lab provided by the local government for the WERP was a major contribution to attempt to dispel this belief, and it provided reassurance to the community members that the water they were consuming was potable. It may be worthwhile, as to improve the handwashing with soap promotion, to demonstrate to what extent germs remain on surfaces, hands and under/around nails when hands are simply washed with water. Soap, although considered a luxury by many of the households, could then be seen as a good investment, demystifying the contamination routes through simple demonstrations.

UNICEF has a plan in place to support Chitral district becoming ODF and regular discussions with implementing partner Agha Khan Rural Support Program (AKRSP) in 2021. However, funding limitations have hindered any further implementation up to date.

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About the Series

UNICEF's water, sanitation and hygiene (WASH) country teams work inclusively with governments, civil society partners and donors, to improve WASH services for children and adolescents, and the families and caregivers who support them. UNICEF works in over 100 countries worldwide to improve water and sanitation services, as well as basic hygiene practices. This publication is part of the UNICEF WASH Learning Series, designed to contribute to knowledge of good practice across UNICEF's WASH programming. In this series:

Discussion Papers explore the significance of new and emerging topics with limited evidence or understanding, and the options for action and further exploration.

Fact Sheets summarize the most important knowledge on a topic in few pages in the form of graphics, tables and bullet points, serving as a briefing for staff on a topical issue.

Field Notes share innovations in UNICEF's WASH programming, detailing its experiences implementing these innovations in the field.

Guidelines describe a specific methodology for WASH programming, research or evaluation, drawing on substantive evidence, and based on UNICEF's and partners' experiences in the field.

Reference Guides present systematic reviews on topics with a developed evidence base or they compile different case studies to indicate the range of experience associated with a specific topic.

Technical Papers present the result of more in-depth research and evaluations, advancing WASH knowledge and theory of change on a key topic.

WASH Diaries explore the personal dimensions of users of WASH services, and remind us why a good standard of water, sanitation and hygiene is important for all to enjoy. Through personal reflections, this series also offers an opportunity for tapping into the rich reservoir of tacit knowledge of UNICEF's WASH staff in bringing results for children.

WASH Results show with solid evidence how UNICEF is achieving the goals outlined in Country Programme Documents, Regional Organizational Management Plans, and the Global Strategic Plan or WASH Strategy, and contributes to our understanding of the WASH theory of change or theory of action.

Readers are encouraged to quote from this publication but UNICEF requests due acknowledgement. You can learn more about UNICEF's work on WASH here: https://www.unicef.org/wash/

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