

# Kandahar Integrated and Sustainable Services for Returnees and Host Communities (BPRM 3), Afghanistan

## End-of-project evaluation

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Project implementation	15 <sup>th</sup> September 2011 – 14 <sup>th</sup> September 2012.
Evaluation dates	18 <sup>th</sup> Sept – 1 <sup>st</sup> Oct 2012 <sup>1</sup>
Report date	This first draft 30 <sup>th</sup> September 2012.
Evaluation consultant	Prof Richard C Carter <sup>2</sup> .

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<sup>1</sup> This evaluation was combined with a second project evaluation in Jawzjan Province.

<sup>2</sup> Director, Richard Carter and Associates Ltd, Second Floor Rear, The Oxlip, Rear of 2 Church Street, Ampthill, Bedford, MK45 2EH, UK. Email [richard@richard-carter.org](mailto:richard@richard-carter.org) Tel +44 (0)1525 405147 Mob +44 (0)7739 184305.

## **Acknowledgments**

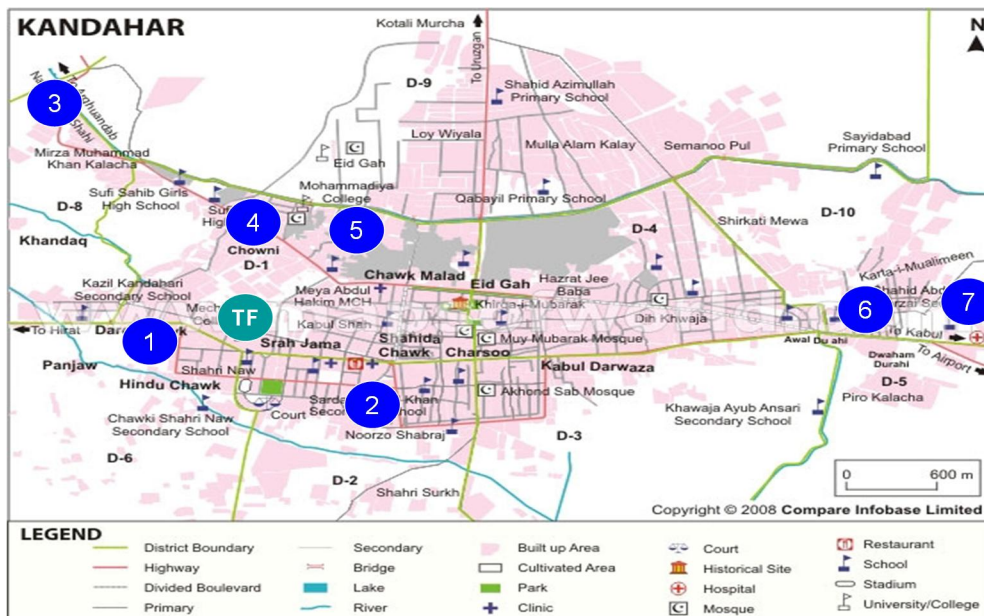
I would like to express my sincere thanks to all who made this evaluation possible: those community members and their representatives who took time to answer our questions; the interview team from Serve; Dr Ahmad Salam and his team from the Tearfund Kandahar office; Area Coordinator Mannu Pereira; Programme Director Sudarshan Reddy Kodooru and his staff at the Tearfund Operations Office in Kabul; and Bryony Norman in the Teddington office. Together these many individuals have contributed greatly to the success of this evaluation.

*Cover photograph: the beneficiary household interview team from INGO Serve (left to right Abdul Wahab (Field Supervisor), Abdul Latif (Project Manager), and Community Facilitators Roona and Nurgas). Special thanks to you for being my eyes and ears!*

# Maps



## BPRM 3 Project locations



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## Glossary

AFN	Afghani (currency)
BPRM	(USAID) Bureau of Population, Refugees and Migration
BSF	Biosand Filter
DoRR	Department of Returnees and Repatriation
GBP	Great Britain Pound
HWT	Household water treatment
IDP(s)	Internally Displaced Person(s)
INGO	International non-Governmental organisation
KAP	Knowledge, attitudes and practice (surveys)
NICRA	Negotiated Indirect Cost Recovery Agreement
TOR	Terms of reference
TTC	Thermotolerant coliform count (often referred to as E Coli count)
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development
USD	United States Dollar
VRF	Voluntary Repatriation Form

## Exchange rates

Approximate rates of exchange at date of report

USD1.00	AFN49.82
GBP1.00	AFN80.85
USD1.00	GBP0.62
GBP1.00	USD1.62

## Executive Summary

### Summary of findings (section 2) and conclusions (section 3)

- ES1. **This report.** This is the final evaluation report of the US Department of State's Bureau of Population, Refugees and Migration (BPRM) funded project, known as BPRM 3, carried out by Tearfund in seven locations close to Kandahar city between September 2011 and September 2012. The evaluation was requested by Tearfund's Kabul and UK offices.
- ES2. **Approach.** Five days were devoted to the evaluation, including all preparation, fieldwork and reporting, but excluding international travel. In line with security policies in Kandahar, fieldwork was carried out remotely (from Tearfund's Kandahar office) with the aid of four interviewers from INGO Serve. The consultant briefed and debriefed this team, held a number of meetings with project staff in groups and individually, and analysed some of the extensive monitoring data for the project.
- ES3. **Impact.** The project appears to have had substantial impact on its 1000 very vulnerable beneficiary households. Drinking water quality has improved (although raw water quality is not uniformly poor); knowledge of health and hygiene has improved a great deal and there is evidence that knowledge is being translated into practice. Seeds and tools, goats and chickens are all enhancing household income and contributing to better nutrition. Project impact is rated at 4 on Tearfund's scale (1 low, 4 high).
- ES4. **Stakeholder perspectives.** Beneficiaries have consistently expressed their appreciation of Tearfund's intervention on their behalf. Other stakeholders in Government and the local communities are also satisfied with the project. Beneficiary selection has been carried out with care and in a transparent manner. Many of the project components promise to be sustainable in the longer term. Stakeholder perspectives are rated at 4.
- ES5. **Outputs.** Nearly all outputs have been fully delivered, mostly to a high standard of quality. A few minor criticisms arose in relation to seed and livestock quality and the difficulty of relocating heavy BSFs, but overall achievement of outputs is rated 4.
- ES6. **Process.** The project has been delivered in accordance with Tearfund's quality standards and values. Tearfund has attempted to bring about sustainability of its interventions. Communications and coordination have been carried out with care. Project implementation processes are therefore rated 4. There is little evidence of innovation and evolution of approach as BPRM 3 moves into BPRM 4. More could be done to extract and use the learning from field experiences such as BPRM 3. Innovation and learning are therefore rated 3.
- ES7. **Resources.** The project was expensive, at about USD1,200 per household. Two factors contributed to the high costs: the large amount of staff time and overheads charged to this project, and the relatively expensive goat component. Because of the high unit cost the project cost-effectiveness is rated at 3.

- ES8. **Organisational capacity** appears to have been ample for effective project delivery. This aspect is rated at 3 (reflecting that more work needs to be done in regard to organisational learning, influencing and advocacy).
- ES9. **Project value.** The project was of great value to the 1000 beneficiary households. However, with greater emphasis on cost-effectiveness, and wider thinking about possible project components (including off-farm vocational skills and savings / credit), even greater effectiveness could have been achieved.

#### **Recommendations (section 4)**

- R1. **Evaluation budget.** Budget more for future evaluations – 2-5% of total project budget for a project of this size, depending on the strategic importance of the evaluation [Ref C1].
- R2. **Monitoring.** Tearfund’s monitoring systems are strong, but more should be done to (a) fully match monitoring to project objectives and indicators, and (b) be as precise as possible about the recording of structured questions and observations [Ref C2].
- R3. **Household water treatment.** Carefully consider the relative importance of interventions which can improve (infant) health, perhaps focusing more in future on sanitation, hand hygiene and food hygiene than on drinking water quality. Where HWT is appropriate, (a) consider the full range of different techniques available, and (b) focus on maximising compliance (consistent utilisation) [Ref C3].
- R4. **Quality.** Work even harder to assure quality standards in relation to seeds, livestock and other distributed items [Ref C4].
- R5. **Disaster risk reduction.** Let the inclusion of an explicit DRR component or input be the default, with clearly articulated reasons for its omission when that is appropriate [Ref C6].
- R6. **Learning and influencing.** Make explicit efforts to distil the learning from projects such as BPRM 3, and use the learning to influence the practices of Tearfund, other INGOs, Government and donors [Ref C5, C7, C10]
- R7. **Goats.** Consider whether a relatively expensive item (in BPRM 3 it was goats, but in other projects another component may be particularly expensive) represents a good investment, or rather whether omission of that item could allow inclusion of more beneficiaries. Undertake some simple farm / enterprise budgeting to evaluate costs and returns [Ref C9].
- R8. **Efficiency.** In future projects seek maximum cost-effectiveness in order to optimise the number of beneficiaries served. Always ask, “if we did things a little differently, could we serve more people in a meaningful way?” [Ref C10].

# 1. Introduction

## This report

This is the final evaluation report of the US Department of State's Bureau of Population, Refugees and Migration (BPRM) funded project (BPRM 3) carried out by Tearfund in seven locations close to Kandahar city between September 2011 and September 2012. The evaluation was requested by Tearfund's Operations Team in Afghanistan and coordinated by Tearfund's office in Teddington, UK. Those commissioning the work were Sudarshan Reddy Kodooru, Programme Director, Tearfund Afghanistan ([Afghan-PD@tearfund.org](mailto:Afghan-PD@tearfund.org)) and Bryony Norman, Programme Officer, Tearfund UK ([bryony.norman@tearfund.org](mailto:bryony.norman@tearfund.org)). The evaluation consultant was Richard Carter ([richard@richard-carter.org](mailto:richard@richard-carter.org)). The consultant's CV is included as Appendix D. The evaluation was undertaken between 18<sup>th</sup> September and 1<sup>st</sup> October 2012, in conjunction with a second project evaluation in Jawzjan Province, for which a separate report has been submitted.

## Background to the evaluation

### Project concept

The project set out to assist returnees, internally displaced persons (IDPs) and disadvantaged members of host communities in and around Kandahar city. Its overall goal<sup>3</sup> was *"to provide integrated humanitarian assistance to vulnerable and under-served returnees and host communities including women and children in the province of Kandahar, (by) increasing capacity, sustainability, health, and income of returnees and host communities"*.

The purpose of the project was expressed as *"Returnees, IDPs, and vulnerable local residents have basic resources for good health through: food and income from home agriculture, access to clean water, hygiene practice, and training"*. Purpose-level indicators from the logframe were the number of beneficiaries with improved nutrition, hygiene practices, access to safe water, and livelihood opportunities.

The means by which this purpose and goal were to be achieved (the project components) were fourfold, namely:

- provision of one biosand filter (BSF) per household for drinking water treatment;
- provision of a wide range of training, including 9 health and hygiene topics and another 10 agriculture and nutrition topics;
- supply of six varieties of vegetable seeds;
- supply of 1 goat, 5 chickens and 3 months animal feed per household.

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<sup>3</sup> Taken from the project logframe.



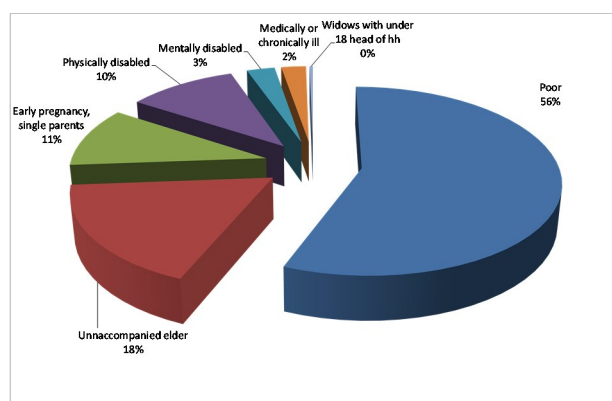
One thousand households were to be chosen using strict criteria for identifying the most needy and vulnerable, and in negotiation with community representatives and leaders and with the Afghan Government Department of Returnees and Repatriation (DoRR).

The project had a duration of 12 months, from 15<sup>th</sup> September 2011 to 14<sup>th</sup> September 2012, and a total budget of USD1,226,016 of which USD20,462 (1.7%) was NGO co-funding. The per-household cost was therefore USD1,226. The project proposal assumed an average household size of 7, and so this represented about USD175 for each of the 7,000 direct beneficiaries<sup>4</sup>.

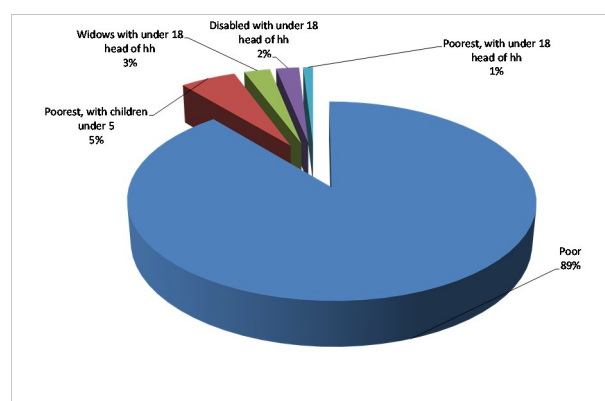
### Project beneficiaries

The 1000 beneficiary households consisted of a total of 8,212 individuals. Of these, 634 were returnees holding Voluntary Repatriation Forms issued by UNHCR, 319 were host community members, and 47 were IDPs. The breakdown of the returnees and host community members is shown in Figures 1 and 2. In both cases the majority category is described simply as “poor”, while smaller numbers fall into various categories of disadvantage or disability.

**Figure 1 Returnee categories**



**Figure 2 Host community member categories**



### Evaluation questions raised

The project proposal raises a number of questions in the mind of the evaluation consultant. These include:

- Were the goal and purpose of the project well-conceived?
- Given the goal and purpose, were the project components the most appropriate?
- Would other interventions or an entirely different project concept have been more effective or efficient?
- Was the beneficiary selection process rigorous and transparent?

<sup>4</sup> Actual average household size according to the beneficiary list was 8.2, so the per-person cost reduces to about USD150.

- What lasting benefit has been experienced by the beneficiaries?
- What about those who were not included in the project? Did their exclusion cause unintended consequences?
- What is the lasting value of the project, and could the money have been better spent?

Some of these questions are more easily addressed than others. Multiple sources of information and evidence help to give confidence in the conclusions drawn later in this report (see next section).

## **Methodology**

### *General approach*

There are numerous types of, and approaches to, evaluation. Daniel Stufflebeam sets out 22 types out of which 9 are preferred for various reasons according to circumstances<sup>5</sup>. The present evaluation comes closest to Stufflebeam's category of "Decision/Accountability-Oriented Studies", which he describes in the following terms:

*"The decision/accountability-oriented approach emphasises that program evaluation should be used proactively to help improve a program as well as retroactively to judge its merit and worth."*

*"Practically, the approach is oriented to engaging stakeholders in focusing the evaluation; addressing their most important questions; providing timely, relevant information to assist decision making; and producing an accountability record."*

This approach scores highest in Stufflebeam's ratings of overall merit, based on the Joint Committee on Standards for Educational Evaluation program evaluation standards. The conclusions drawn apply not only to educational programmes but in general to all types of project and programme evaluation.

Most evaluations are brief and rapid, but this one was especially so. Rapid evaluations require very strong collaboration between the external consultant and the project team, and a high level of trust and honesty. Close rapport of this type risks a loss of objectivity, so this needs to be guarded against continuously. The pragmatic approach taken by this consultant is set out in Box 1.

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<sup>5</sup> Stufflebeam, D (1999) Foundational models for 21<sup>st</sup> Century Program Evaluation. The Evaluation Center, Western Michigan University, Occasional Paper Series, <https://www.globalhivmeinfo.org/CapacityBuilding/Occasional%20Papers/16%20Foundational%20Models%20for%2021st%20Century%20Program%20Evaluation.pdf>

## Box 1 Evaluation approach

**Purpose of the evaluation.** One purpose of the evaluation is to provide accountability to the donors. This is secondary however to the main purpose, which is about learning. The learning which is generated by the evaluation is of course partly about looking back (what went well? What could have gone better?), but importantly too it is about looking forward, and building the lessons into future projects and programme work.

**Learning.** If everything goes well all the time, there is no opportunity for learning. It is only when we face difficulties or downright failures that the possibility exists to learn. It would be highly surprising if, in the context of Afghanistan and these projects, everything went well all the time. Difficulties and failures need to be turned around into learning, and that is an important, if not the most important aspect of evaluation.

**Time, data and rigour.** The evaluation is seriously constrained in terms of time available, especially for field work. It is clearly not possible for the evaluation consultant to collect an amount of data which can in any sense represent (statistically or in any rigorous manner) the achievements and value of the projects, or the challenges they have faced.

**The importance of trust.** In a rapid evaluation of this type it is especially important to quickly establish a level of rapport and trust between the consultant and project team. The evaluation must be a joint activity of consultant and project staff, rather than a totally external activity of the consultant alone. The greater the level of trust and honesty, the greater will be the value of the learning.

**Complementing each other.** The project team brings to the table their detailed knowledge and understanding of the context, the achievements and the constraints. The consultant can bring a wider experience of projects of a similar type elsewhere, knowledge of the thinking in the sector(s) and an ability to ask key questions which may help the project staff reflect on how to do things differently in future. Each needs the other.

**Risks.** Too close a rapport between consultant and project team can risk the results of the evaluation being insufficiently challenging. There is also a risk that the consultant will only be shown the favourable aspects of the project. Being aware of these risks is the key to minimising their impact.

**The place of field work.** The main value of the field work in a rapid evaluation is not the collection of new data, but rather the stimulation of discussion between external consultant, project team and communities, which can lead to new insights, ideas or proposals for future work.

### *Context*

The (in)security situation in Kandahar constrained the evaluation somewhat. Tearfund's security protocol prevents expatriate staff travelling outside of the Tearfund office in Kandahar, save to make the journey to and from the airport. Consequently the evaluation had to be undertaken remotely. Tearfund has sound guidelines on remote project management and monitoring / evaluation<sup>6</sup>, and these were found to be very helpful.

Household interviews were carried out by a team of two male and two female interviewers from INGO Serve, one of Tearfund's partners in Afghanistan. The interviewers had not been involved in the project design or delivery.

The consultant devoted significant time to briefing and de-briefing the interview team, holding general discussions with project staff, conducting individual interviews with key staff, and analysing project documentation.

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<sup>6</sup> Tearfund (2012) Monitoring and accountability practices for remotely managed projects implemented in volatile operating environments. Author: Bryony Norman.

## Evidence

Evidence from which reliable conclusions can be drawn comes from a variety of sources. The particular conditions of the present evaluation mean that some sources are of higher priority than others. Table 1 lists the various sources of evidence which inform this evaluation. Note this is not meant to be used in all cases, but has been drawn up specifically for this evaluation. It therefore represents this consultant's subjective judgments. From the table two things are evident: first, because of the time constraints in the evaluation, and because of the commitment to quality both in monitoring and by the organisation more generally, the highest weightings are placed on discussions with project managers and project coordinator, and the monitoring data generated to date in the projects. Secondly though, it is always important to consider multiple sources of evidence, and to cross-check or triangulate wherever possible – so even low priority sources of evidence need to be assessed opportunistically.

**Table 1 Sources of evidence considered and assessed for the evaluation.**

	Source of evidence	Comment	Weighting*
1	Beneficiaries	The best-informed and most important in principle, but the least accessible, especially in terms of numbers (hence the low weighting).	1
2	Field staff	High quality source, but may show reporting bias in a rapid evaluation. Trust and rapport are key.	2
3	Managers & Coordinators	If well-informed by field experience, very high quality.	3
4	Headquarters senior staff	Good overview but may be less acquainted with detail.	2
5	Community representatives	Good source, if well-informed about their communities.	2
6	Local Government	Useful general source, but risks of misinformation and bias.	1
7	Internal monitoring – quantitative	Frequent and regular monitoring data of high quality, complementing 8 and other sources.	3
8	Internal monitoring – narrative	Frequent and regular monitoring data of high quality, complementing 7 and other sources.	3
9	Relevant external documentation	Other project experiences in Afghanistan and elsewhere, and research findings more widely inform the evaluations.	2

\***Note** – 1 means low weighting, 2 intermediate, 3 high.

### *Quarterly reports and mid-term review (MTR) report*

This end-of-project evaluation benefitted enormously from the well-presented quarterly reports to the donor<sup>7</sup> and the thorough MTR carried out in April 2012<sup>8</sup>. Not all of the 16 recommendations in the MTR have yet been fully implemented, and it is important that it is re-read alongside the present report.

<sup>7</sup> Dated January, April and July 2012.

<sup>8</sup> Tearfund (2012) Kandahar Integrated and Sustainable Services for Returnees and Host Communities (BPRM 3) Mid-term Review Summary and Annexes, April 2012.

## *Sampling*

Despite the fact that relatively few beneficiary interviews could be conducted in such a short evaluation, they are nevertheless very important as they say something about the experiences of those who were meant to benefit from the project assistance. Choosing households and household members to interview is a balance of pragmatism with ideals, the former being dominant in the present context. Box 2 sets out the approach taken at the in this evaluation.

### **Box 2 Household sampling for the evaluation**

**Learning from experience.** The evaluation consultant for Tearfund's BPRM 2 project<sup>9</sup> attempted to select beneficiaries for interview using a systematic and rigorous process of randomisation. This was a creditable attempt to achieve impartiality, but it encountered a number of challenges, notably because of insecurity, access constraints due to road conditions, beneficiary non-availability and communications difficulties. Random selection is easier to do on paper than out in the real world, especially in the context of this project. In the current evaluation time was severely constrained, and therefore randomisation would have given little benefit since a random sample would still be too small to be representative of the beneficiary population.

**Basis for selection.** Field staff members have been visiting beneficiary households regularly over the course of the project. They therefore have a good understanding of those households which have experienced a good and positive outcome from the project, and those which have experienced less benefit. The reasons for each of these may be quite complex, depending on the individuals and households involved, as well as on the way the project was implemented with them. To achieve any kind of representativeness in a small sample, it is important to know which category of household is being interviewed, and to interview across the range of such categories. In this evaluation therefore we have attempted to select households in which the outcome / impact has been high, those for which it has been intermediate, and those in which it was low – and to try to find out why the benefits were not evenly experienced by all.

**Household categories.** Beneficiary households could be usefully categorised according to a number of different variables such as (a) pre-project poverty (or some form of wealth-ranking), (b) household size, (c) household land-holding, (d) household social status, (e) response to the assistance, or (f) experience of the assistance given. We assume that the beneficiary selection criteria have adequately dealt with many of these, and that the key categorisation is the last one, in other words the extent to which households have benefited from the project. We propose therefore the three categories as set out below:

**Category A** Households which have seen very significant change for the better as a result of the project. Such changes were evident during the project, and there are strong signs that they will be sustained over time.

**Category B** Households which have experienced some benefit, but where project staff feel it is likely that the households will be little better off after the project than before (ie no lasting change).

**Category C** Households which have received the project outputs, but in which little if any change appears evident, either in the duration of the project or subsequently.

## *Household interviews*

In the event, interviews were carried out with a total of 24 beneficiaries, of which 15 were male and 9 female. The view of the project team was that most beneficiaries fall into category A (Box 2), a few into category B, and none in category C. This could not be

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<sup>9</sup> Integrated and Sustainable Services for Returnees and Host Communities in Kandahar, Jawzjan and Faryab Provinces, undated report based on field work carried out 12<sup>th</sup>-29<sup>th</sup> November 2011 by Katie Toop.

independently verified. Interviews of female beneficiaries were carried out by female Afghan interviewers. Interviews of male beneficiaries were carried out by male Afghan interviewers. The interviews were carried out according to a semi-structured (conversational) style, as indicated in Appendix C. Interviewers also made observations of the assets which had been provided through the project.

## **Report structure**

The evaluation findings are set out according to the 6 perspectives from which Tearfund views the performance of projects, namely the perspective of impact, stakeholders, outputs, process, resources and organisational capacity (see TOR, Appendix A). A summary of conclusions follows in section 3, with corresponding recommendations in section 4.

## **2. Findings**

### **Introduction**

Each of the six perspectives in the following sections is addressed at first from the limited point of view of the project proposal (narrative and logframe to output and purpose level). In view of the limited time available greater emphasis has been placed on Output, Impact and Stakeholder perspectives than on the others.

After the review from the six perspectives a single sub-section addresses the wider question about how assistance might have been provided more effectively, especially with a view to long-term impact. This wider question takes us into the realm of the value and benefit of the project at the higher logframe level of its overall goal and how best to achieve it.

### **Six perspectives**

#### *Impact perspective*

Overall impact can be judged from the monitoring data carried out at baseline (described by the project as the pre-KAP<sup>10</sup> survey, carried out in October 2011) and post-implementation (the post-KAP survey, carried out in July 2012), together with the small number of household interviews conducted in this evaluation.

The pre- and post-KAP surveys were carried out using a questionnaire consisting of 51 questions (Table 2). Questions 1-50 focused entirely on knowledge and self-disclosure of practice. Only Question 51 asked the enumerators to make observations. A total of 210 randomly selected households were included in each survey, representing just over 20% of the beneficiary population. The head of household was interviewed, so the knowledge and practices of other household members is not known.

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<sup>10</sup> Knowledge, attitudes and practice.

**Table 2 Summary of BPRM 3 pre- and post-project KAP survey question topics**

Questions	Topics
Q1	Handwashing
Q2-3	Flies
Q4-7	Clean water
Q8-10	Eye and skin diseases
Q11-19	Diarrhoea
Q20-26	Coughs and colds
Q27-31	Worms
Q32-38	Malaria
Q39-42	HIV/AIDS
Q43-46	Sanitation
Q47-48	Bathing
Q49-50	Household cleanliness
Q51	Observations

The pre- and post-project KAP surveys focused entirely on health, hygiene and environmental sanitation, with no data collected about agricultural practices (crops, livestock) or nutrition. However, once the project got under way, monitoring of BSF usage, use of livestock products, and the results of vegetable trainings were introduced. As at the date of the evaluation, these monitoring sheets exist only in hard copy (questions in English, answers in Pashtu) in several large ring-clip files. It was not possible to undertake any analysis of the data during this evaluation.

Comparison of the pre- and post-KAP survey data shows significant changes in knowledge, understanding and revealed practices. Table 3 shows a few examples of such changes.

**Table 3 Evidence of change in knowledge and practice from pre- and post-KAP surveys**

Knowledge/practice indicator	Pre-KAP Survey	Post-KAP survey
Percentage of correct answers <sup>11</sup> to 5 questions about handwashing (Q1, 1-5)	5.7%	91.7%
Percentage of survey subjects who link dirty water to disease (Q7, 1-2).	0.2%	93.3%
Percentage who believe “ <i>everybody should get diarrhoea regularly</i> ” (Q12).	95.2%	92.4% <sup>12</sup>
Percentage reporting washing hands with or without soap or ash after using latrine (Q45, 1-3).	8.1%	58.4%

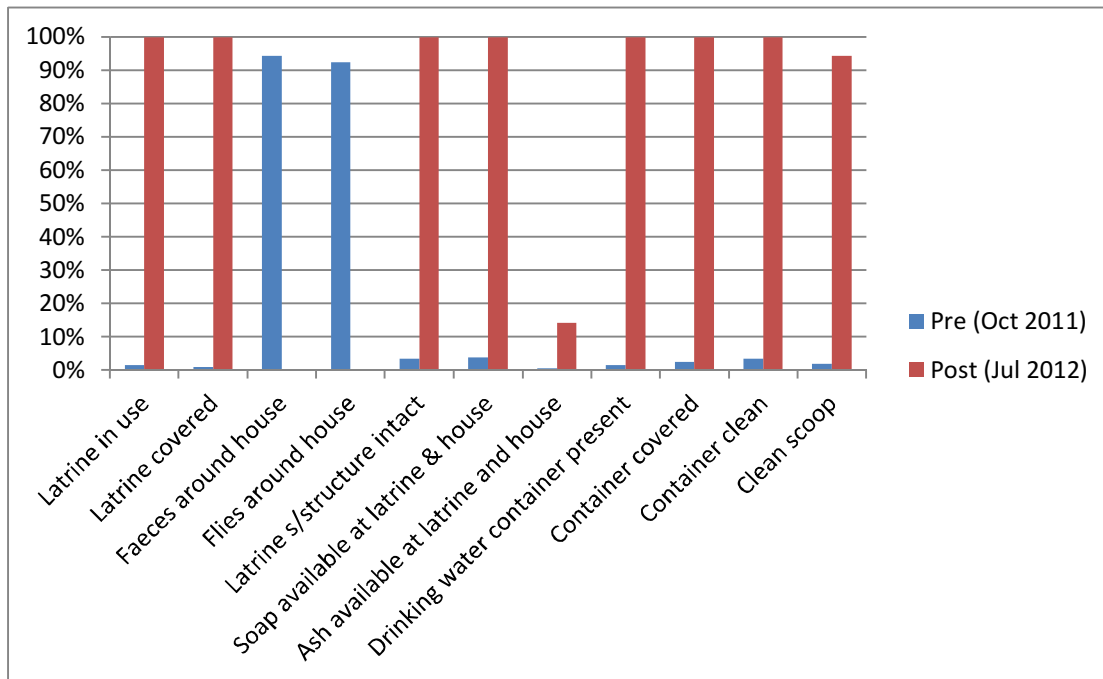
While it is relatively easy to instil knowledge, bringing about behaviour change is much more challenging. Hence we examine here the only hard evidence generated by the project as to the extent of such change.

<sup>11</sup> Total possible is 5 x 210 = 1050 (210 being the interview sample). In this case the pre-project total was 60.

<sup>12</sup> This is one of the few questions in the KAP surveys where little change was reported.

The observations made in Question 51 focused on sanitation, hand-washing facilities, and drinking water management. There were 11 observations to be made, each consisting of a yes/no answer. Figure 3 shows the pre- and post-project observations, according to the Q51 data from the two surveys.

**Figure 3 Pre- and post-project observations of sanitation, hygiene and water management** (each observation has a Y/N answer; the y-axis is the % of affirmative observations; n=210)



At face value the results shown in Figure 3 imply a remarkable change, from grossly insanitary conditions before the project, to almost 100% compliance with norms of good sanitation and water management afterwards. However, a lengthy discussion with project staff led me to conclude that there was insufficient precision in the definitions of the indicators sought in Q51. It may be too that a certain degree of bias may have crept in – in the form of an assumption that the pre-project situation was dire, and the post-project situation must be one of full compliance. It is important that those undertaking such surveys know exactly what they are looking for, and that they are scrupulously impartial in their observations.

Regarding the impact of the agriculture, nutrition and livelihood components (seeds, small livestock and complementary training), in the absence of fully analysed quantitative baseline and post-project survey data, the main source of information is Tearfund’s “Beneficiary Stories of Success”<sup>13</sup>. One example from this qualitative data source is that of a woman named Pozia in the Nasaji area of Daman District. She comments: “*we prepared the land outside of our home and cultivated the seeds as we were taught. I have watered them and so far we have been able to grow and harvest the spinach crop. We have begun to*

<sup>13</sup> Five such files provided to the consultant, recording different aspects of the project and its impact.



*include spinach in our food but have had a little extra to sell at the bazaar. This has also given us much-needed income that I have been able to use for other food items, like cooking oil and salt. When we are cooking the spinach, we are praying for Tearfund's staff. We pray that the programme will remain here in the future to support other poor families".*

Another female beneficiary, Nik Amala, a widow with five children, comments, "*When Tearfund's facilitators came to our area and decided to include me as a beneficiary in their project, I was so happy. During their project, I have received lots of assistance and teaching. I have also received a female goat. After some time, she delivered two kids which are at the moment still living with me. The mother goat produces enough milk for her own kids as well as for me and my children. Each morning, I prepare milk for my children. We can also make yoghurt now which they have for their lunch. Even with the extra milk, I am able to make more yoghurt and to sell it for a profit. With the money that I collect, I am able to meet other needs as well. My children are praying for Tearfund. We are very happy for the programme which Tearfund has assisted us with. We hope that Tearfund will assist other needy families in Kandahar as well".*

Qualitative data such as this is strongly indicative of significant impact, and the interviews carried out during this evaluation largely corroborate the above specific stories. However it is not possible to quantify the extent of that impact without entry of the available hardcopy monitoring data into a computer, and corresponding analysis.

The indicators of purpose (or outcome) were set out in the logframe as the number of beneficiaries with improved nutrition, hygiene practices, access to safe water, and livelihood opportunities. Regarding *nutrition*, there is no data about beneficiary knowledge or practice. It is however reasonable to suppose that consumption of eggs, milk, yoghurt, and vegetables, as reported by interviewees has contributed to improved nutrition. Furthermore, sale of produce has allowed purchase of other food items such as oil, salt and sugar.

Regarding *hygiene practices*, some of this has been covered earlier, but project field staff also noted the improved cleanliness and personal hygiene of beneficiaries<sup>14</sup>.

Access to safe(r) water has been enhanced through the use of BSFs. However a number of questions exist with regard to this intervention (Box 4). A few measurements of raw water and treated water quality were made by the project staff. Two data sheets exist, showing results of 14 such paired measurements, relating to measurements in June/July (n=7) and September 2012 (n=7). Raw water quality appears to be closely related to source type, as expected, with handpumps delivering significantly better water quality (typically less than 100 thermotolerant coliform (TTC) units per 100ml) than open wells (two values at 250 and 366) or surface water sources (streams and canals, with values ranging up to 1100<sup>15</sup>). The

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<sup>14</sup> See for example Quarterly Report dated July 2012.

<sup>15</sup> But reported as 110 in the third quarterly report –one of these figures must be in error, probably the latter.

results for the treated water samples typically range from zero to 15 per 100ml. Given the paucity of data and the limited supplementary information provided, it is difficult to draw firm conclusions. It does appear however that (a) raw water quality is related to source type in a predictable manner, and (b) the BSFs appear to be performing well (even under the high loading of the outlier water sample).

#### **Box 4 Issues with Biosand Filters (BSFs)**

In situations such as those in Kandahar where water is available in canals and (very) shallow wells, contamination of drinking water with faecal pathogens is an important issue. Water can be treated at household level using BSFs or a range of other techniques (including ceramic filters, sachets of coagulant and disinfectant, or if fuel permits, boiling). All these techniques are generally referred to as household water treatment (HWT) methods.

A number of issues arise with HWT and with BSF in particular:

**Efficacy.** These techniques can be effective in reducing the load of faecal pathogens, but rarely in practice do they eliminate risk entirely. Project data confirms this.

**Compliance.** There is strong evidence that compliance (ie continued use and maintenance) can reduce over time, and that also that failure to use HWT consistently can reduce the health benefits very significantly<sup>16</sup>.

**Maintenance of BSFs.** Immediately following maintenance of a BSF, its efficacy reduces, until the biologically active layer re-establishes itself. During that time there may effectively be non-compliance, unless the household uses safe water from another BSF owner which is between maintenance cycles.

**Is drinking water quality the major cause of infant<sup>17</sup> diarrhoea?** The short answer to this question is no. In the faecal-oral transmission route, it is probable that hand hygiene, food hygiene and sanitation are significantly more important than drinking water quality. This is not to say that drinking water quality is unimportant, but that it may be possible to achieve greater health impacts through improved sanitation, hand-washing and food hygiene than through HWT.

Overall, the project had a substantial impact. In terms of the ratings suggested in the TOR (Appendix A)<sup>18</sup>, impact is rated at 4.

<sup>16</sup> Brown J, Clasen T (2012) High Adherence Is Necessary to Realize Health Gains from Water Quality Interventions. PLoS ONE 7(5): e36735. doi:10.1371/journal.pone.0036735. Free access on line at <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0036735>

<sup>17</sup> Regarding diarrhoea morbidity and mortality we are most concerned with infants under the age of 2 years.

<sup>18</sup> "The Evaluation Team may wish to consider using the following four-point scale to score the project's achievements for each of the Key Areas: (1) the project makes no contribution to the aspect; (2) the project makes a minimal contribution to the aspect; there are major shortcomings that must be addressed; (3) the project makes an acceptable contribution to the aspect; there are shortcomings that could be addressed; (4) the project makes a substantial contribution to the aspect."

### *Stakeholder perspectives*

Beneficiaries interviewed during the evaluation process expressed gratitude for the work done, expressing their appreciation not only for the physical assets, but especially for the training delivered. Many commented on the income benefits derived from no longer needing to purchase so many foodstuffs in the bazaar, but also being able to generate a little surplus cash.

There is evidence<sup>19</sup> that the agricultural components (seeds, small livestock) may be sustainable as beneficiaries collect their own seeds for the coming planting season and as they see the livestock multiplying.

The KAP surveys suggest that new knowledge has been translated into changed practice. The extent of this change, and its sustainability over time, are not possible to confirm in a rapid evaluation.

No community leaders or representatives were interviewed in the course of this evaluation. However, Tearfund puts high value on the quality of relationships and the transparency of processes, especially for beneficiary selection.

The targeting of beneficiaries has undoubtedly reached some of the most disadvantaged people in the project locations. Whether it has truly targeted only the very poorest and most vulnerable is impossible to confirm. No interviews were undertaken with non-beneficiaries, but there was no evidence that exclusion had created significant unintended consequences.

Stakeholder perspectives are rated as 4.

### *Output perspectives*

Indicators of achievement of project outputs are set out in Table 4, with progress against target in the right-hand column.

**Table 4 BPRM 3 objectives and indicators<sup>20</sup>**

<b>Objective</b>	<b>Indicators</b>	<b>Progress by end of project (%)</b>
<b>Objective a:</b> Beneficiary households (1,000) have increased access to and consumption of safe drinking water through the installation of household level water treatment systems (biosand filters), and	<u>Indicator 1:</u> By November 2011, biosand filters are being produced and sold by at least 1 new local workshop and distributed to 30% (300) of beneficiary households. <u>Indicator 2:</u> By February 2012, at least 60% (600) of beneficiary households are using and maintaining a biosand filter in their homes. <u>Indicator 3:</u> By May 2012, 80% (800) of biosand filters have been distributed. <u>Indicator 4:</u> By May 2012, 75% of biosand filters that are	1000 BSFs distributed (100%). See also objective e.

<sup>19</sup> From the beneficiary interviews.

<sup>20</sup> Extracted from third quarter report.

training in proper use.	being properly used and maintained (as measured in follow-up survey) are producing water with less than 10 E-coli per 100ml.	
<b>Objective b:</b> Beneficiary households (1,000) have increased knowledge and practice of basic hygiene techniques that reduce contamination and spread of disease.	<p><u>Indicator 1:</u> By November 2011, Recipient has identified and is training at least 90 community-based Public Health Education (PHE) mobilizers in Community Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST).</p> <p><u>Indicator 2:</u> By February 2012, at least 90 community mobilizers have completed at least 21 hours of training and are able to implement education sessions on health and hygiene.</p> <p><u>Indicator 3:</u> By May 2012, targeted beneficiaries demonstrate at least 20% increase over baseline of current knowledge and practice in at least 2 basic hygiene techniques.</p> <p><u>Indicator 4:</u> By the end of the project at least 3 villages have been declared to be Open Defecation Free (each household in the villages has built its own family latrine).</p>	<p>90 community based mobilisers trained (100%).</p> <p>Knowledge and practice of basic hygiene significantly increased (100%).</p> <p>Not clear whether the 3 targeted villages have achieved ODF status.</p>
<b>Objective c:</b> Beneficiary households (1,000) have improved nutrition, income potential, and savings through increased access and consumption of vegetables.	<p><u>Indicator 1:</u> By November 2011, all targeted households (1,000) have received basic vegetable cultivation training.</p> <p><u>Indicator 2:</u> By February 2012, all targeted households (1,000) who previously did not grow vegetables have received vegetable seeds and tools.</p> <p><u>Indicator 3:</u> By May 2012, at least 60% (600) of the targeted households grow their own vegetables.</p> <p><u>Indicator 4:</u> By July 2012, at least 60% (600) of the targeted households report consuming more vegetables and selling for income.</p>	<p>All hh have received agric and nutrition training (100%).</p> <p>Project reports all hh sowing, harvesting and selling vegetables (100%).</p>
<b>Objective d:</b> Beneficiary households (1,000) have improved nutrition, income potential, and savings through increased access and consumption of animal products.	<p><u>Indicator 1:</u> By November 2011, community livestock banking systems (CLBS) have been agreed with all the Community Development Councils (CDCs) in target communities.</p> <p><u>Indicator 2:</u> By November 2011, all targeted households (1,000) have completed basic animal husbandry training.</p> <p><u>Indicator 3:</u> By March 2012, all targeted households (1,000) have received at least 1 goat and 5 chickens.</p> <p><u>Indicator 4:</u> By May 2012, at least 60% (600) of targeted beneficiary households continue to practice animal husbandry sustainably (the beneficiaries understand how to practice, they can show husbandry techniques, and an intent to continue through contracted livestock banking).</p>	All indicators reported at (100%).
<b>Objective e:</b> Communities develop self-reliance strategies for Objectives a-d.	<p><u>Indicator 1:</u> By July 2012, 85% (850) of the households in the communities can demonstrate knowledge and actions to maintain the BSF locally without outside community support.</p> <p><u>Indicator 2:</u> By July 2012, 30% (300) of the households generate seeds from the planted vegetables for growth next season.</p> <p><u>Indicator 3:</u> By July 2012, 50% (500) of the households report reduction over baseline of incidence of communicable disease.</p> <p><u>Indicator 4:</u> By July 2012, the villages' herd size has increased above baseline.</p>	<p>Survey indicates by end of project 988 out of 1000 BSFs are being used satisfactorily (98.8%).</p> <p>Q3 report shows 48% of hh had retained spinach seed.</p> <p>Clinic data shows</p>

	disease reductions <sup>21</sup>  Goat herd size has increased from zero to 1100 (1000F, 100M) (100%).
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The outputs were largely delivered as planned. Reaching indicator targets close to or exceeding 100% in many cases represents a great achievement in the context.

The quality of outputs has been generally high, although some questions have arisen over the quality and timing of goat distribution (summer being preferred to winter for animal health reasons). Quality of seed may also have been an issue. The cement BSFs are reported to be heavy, difficult to relocate, and hence prone to damage. Plastic BSFs could avoid this problem, or the use of alternative HWT methods such as ceramic filter units.

Output perspectives are rated as 4.

#### *Process perspectives*

Table 5 sets out Tearfund’s quality standards, with comments on how they were each addressed in the BPRM 3 project.

**Table 5 Delivery to Tearfund’s Quality Standards for Emergency Response**

<b>Quality Standards</b>	<b>Comments</b>
<b>Values</b> We are committed to living out our core values through our staff and with our partners in relationships with all those with whom we interact.	Tearfund’s values of compassion, truth, courage and service are evident in the entirety of the project.
<b>Impartiality &amp; Targeting</b> We are committed to reaching the most vulnerable and marginalised, selected on the basis of need alone, regardless of their race, religion or nationality.	The project deliberately and impartially focused on the neediest.
<b>Accountability</b> We are committed to being fully accountable to project participants, communities, partners, supporters and donors for the work we undertake and for the resources entrusted to us. We adhere to a <a href="#">Supporters' Charter</a> that sets out how we respond to our supporters' needs, queries and complaints.	Accountability is demonstrated in the seriousness with which monitoring and evaluation was undertaken in the project, and the good relations with local community representatives.
<b>Sustainability</b> We are committed to empowering staff and partners and to seeing that the work that we support has a lasting impact, being built on local ownership and using local skills and resources.	Many of the project components (specifically the skills, knowledge and assets transferred) will have a lasting benefit.
<b>Advocacy</b> We are committed to influencing key decision-makers to make and implement policies and practices that work in favour of people who are poor and vulnerable.	There is little evidence that the project has been used as an advocacy vehicle. There is potential to do more here, especially with donors.
<b>Children</b>	It can reasonably be inferred that the

<sup>21</sup> Clinic data on disease incidence cannot be used as a reliable indicator, as there are too many confounding variables involved.

We are committed to the development and <a href="#">protection of children</a> , carrying out activities that are child-sensitive in their planning, design and implementation.	project has had direct benefits for vulnerable children in poor households.
<b>Gender</b> We are committed to seeing transformation through restored relationships between men, women, boys and girls and ensuring equal value, participation and decision making by all.	The project was designed and delivered in a gender-sensitive manner within local cultural constraints.
<b>HIV</b> We are committed to working for an HIV free world by reducing the vulnerability of poor communities to HIV and reducing its subsequent impact.	This was not explicitly addressed in the project.
<b>Environment</b> We are committed to reducing our impact on the environment, to assessing vulnerability to climate change and environmental degradation and to working with local communities to ensure that we support, not harm, the natural and socio-economic environment.	The project was a short-term response to deprivation and poverty. It has had no significant negative environmental impact, and the sanitation work can be inferred to have resulted in positive impacts.
<b>Disaster Risk</b> We are committed to reducing the risk of disaster by strengthening local capacity and reducing vulnerability to hazards.	There was little or no explicit DRR content in this project. The reasons for this are not clear.
<b>Conflict</b> We are committed to promoting peace and reconciliation, supporting activities which impact positively upon situations of conflict and that safeguard staff and project participants.	There is no evidence that the project has contributed to conflict, and it may have delivered a positive impact in this area due to its spillover effects.
<b>Technical Quality</b> We are committed to supporting projects that reflect the priorities of those we seek to assist and that are guided by relevant technical standards and good practices.	The technical quality of the project was very satisfactory, reflecting current good practice.

The main standard delivered in this project, and communicated to beneficiaries was that of Impartiality and Targeting. Accountability, both to donors and to beneficiaries, has also been prominent. The project has made significant efforts to ensure the Sustainability of its impacts.

Communication and coordination with other stakeholders (Government, UN agencies, NGOs) appears to have been of a high standard.

In conclusion, the process of project design and implementation appears to have been excellent, rating 4 according to Tearfund's assessment scale.

The question remains as to whether the project was a vehicle for learning, and whether any innovations carried out in the project can point the way to better design of future projects. The project 'BPRM 4' is just beginning. A brief comparison was made between the BPRM 4 project logic and that of BPRM 3. The objectives of BPRM 4 are as follows:

**Objective 1:** 800 households in Kandahar and 750 households in Jawzjan - have increased access to and consumption of safe drinking water through the installation of household level water treatment systems (Bio Sand Filters), and training in proper use.

**Objective 2:** 800 households in Kandahar and 750 households in Jawzjan have increased knowledge and practice of basic hygiene techniques that reduce contamination and spread of disease.

**Objective 3:** 300 households in Jawzjan province have increased income opportunities through use of spinning wheels.

**Objective 4:** 800 households in Kandahar and 750 households in Jawzjan have improved nutrition, income potential, and savings through increased access and consumption of vegetables.

**Objective 5:** 800 households in Kandahar and 750 households in Jawzjan have improved nutrition, income potential, and savings through increased access and consumption of animal products.

It is evident that there are only two differences between BPRM 4 and BPRM 3 – (a) that BPRM 4 will take place in two provinces (Kandahar and Jawzjan), and (b) there is a spinning wheel component in Jawzjan.

It appears either that Tearfund has found a winning formula in BPRM 3 that is replicable in northern Afghanistan, or that it is not innovating and learning to any significant extent. It is difficult to draw a firm conclusion on this.

The rating of learning and innovation in the project is put at 3.

### *Resource perspectives*

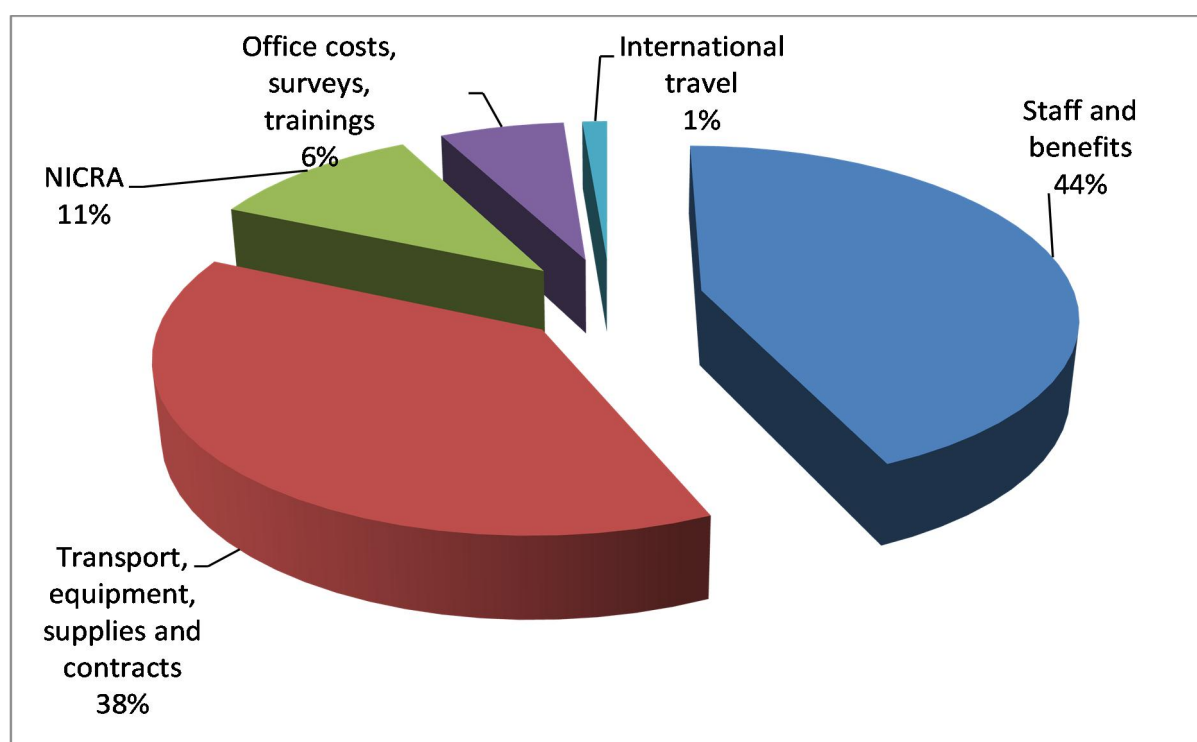
Out of the total project budget of approximately USD1.2m about one third represented the costs of BSF units, provision of livestock<sup>22</sup>, seeds and tools, hygiene kits and associated training materials. A proportion of the staff cost (which amounted to 44% of the total project budget, Figure 4) is the cost of training delivered to beneficiaries. However it is unlikely that the expenditure which reached the beneficiaries in the form of ‘hard’ or ‘soft’ deliverables exceeded about 50% of the total budget.

The reasons for the apparently somewhat low efficiency of delivery are two-fold: first, a great deal of staff time was charged to the project (Figure 4), and second, one component (the goats) was dominant in the overall deliverables (Table 6).

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<sup>22</sup> The livestock component represented 69% of the total value of assets delivered to beneficiaries.

**Figure 4 BPRM 3 budget breakdown by major categories<sup>23</sup>**



The main project deliverables are analysed from the point of view of the budget in Table 6. It was not possible in the time available to estimate a rate of return on even the agricultural components of the project. It would of course be much more difficult to do this for the health and hygiene aspects. It is clear that the livestock component was dominant in budget terms from the point of view of capital investment. Whether the returns are sufficient to repay that investment is a question beyond the scope of this evaluation.

**Table 6 Financial analysis of project components**

Component	Investment USD (%)	Return on investment (in qualitative terms)
Biosand filters	24,767 (6.5%)	No direct financial return, but an implied health benefit with possibly reduced medical costs.
Health and hygiene training materials and hygiene kits	26,791 (7.1%)	No direct financial return, but an implied health benefit with possibly reduced medical costs.
Seeds, tools and training materials	67,442 (17.8%)	Vegetable production for household use reduces need to purchase. Surpluses provide household income. Nutrition is assumed to improve.
Livestock and training materials (goats)	207,558 (54.7%)	Milk products contribute to better nutrition. Kids contribute to community livestock banking system, so benefiting the wider community.
Livestock and training materials (chickens)	53,127 (14.0%)	Eggs contribute to improved nutrition and income.
Totals	379,685 (100%)	

<sup>23</sup> Note NICRA is 12.26% on top of project budget, or 11% of the gross sum.



There were no specific time or human resource constraints on project delivery. In fact it is possible that there was an over-capacity at least in staff time charged to the project. In other words the same team could have done more in the time available.

The rating of the project efficiency is a little low, at 3, for the reasons offered above.

### *Organisational capacity perspectives*

Organisational capacity can only be inferred in this evaluation from its outcomes in terms of project results (see impact, output and stakeholder perspectives), and more subjectively from observing the office systems in place. There is no evidence that significant weaknesses in organisational capacity have limited Tearfund's ability to deliver.

Staff competence is high, but the understandable priority given to fundraising and project implementation as against wider reflection, analysis, learning, advocacy and influencing reduces the rating of this perspective a little to 3.

### **Project value and benefit**

The project assisted 1000 very needy households with a package of measures addressing safe water, health and hygiene, agriculture and livelihoods. It cost about USD1.2m. Could that money have been better spent, in terms of:

- **targeting** – would a whole-community project have been better? But even if the focus is on individual households, would a more limited package targeted at more beneficiaries have been better?
- **content** – were the four components the right ones, or would others have had greater impact?
- **sustainability** – how best to achieve a lasting impact, rather than only short-term benefit?

These were the questions put to the Tearfund project team and the Serve evaluation consultants on the last day of the evaluation. Their insights are combined with my own in what follows.

The questions led to an animated discussion which initially raised some strongly articulated disagreements, but subsequently converged on a consensus. We initially discussed what is really fundamental – health, agricultural livelihoods, vocational skills and income-earning opportunities, or some other aspect. The ultimate consensus which emerged was that a combination of *knowledge* for life and health, *vocational skills* and *income-earning opportunities* was the ideal mix.

BRPM 3 largely fits these criteria, inasmuch as it has transferred knowledge through which households can improve their health, agricultural skills by which households can improve

their nutrition and generate some income, and, crucially, it has provided the means to achieve the project goals (in other words the physical assets). There are two areas where the project could have done more or differently. These are (a) the transfer of a wider or different set of vocational skills (eg in tailoring, weaving, carpentry, masonry, electrical work, mobile phone repair or other marketable skills); and (b) the explicit linkage of households to markets, with training on how to get the best prices for their products or services. Consideration could also be given to inclusion of a savings / credit component in future projects (cf Tearfund's experience in Ethiopia in this regard).

### 3. Conclusions

- C1. **Regarding the evaluation and its methodology.** The evaluation was very short, because of budget constraints<sup>24</sup>. The methodology was pragmatic and appropriate for a rapid evaluation. However, consideration should be given in future to the importance of learning through evaluation, and realistic and appropriate budget allocations should be made.
- C2. **Regarding the monitoring of change.** The project has made strong attempts to monitor change in knowledge, attitudes and practice, through the use of the KAP surveys and other instruments. Without these, this evaluation would be significantly weaker. However it is important to closely match monitoring to the project indicators, and to be as precise as possible about the recording of structured questions and observations.
- C3. **Regarding household water treatment (HWT).** It is important to think critically about the purpose and likely effectiveness of HWT. If the aim is to improve health, then it is likely that attention to hand hygiene, sanitation and food hygiene may have greater impact than interventions to treat drinking water (especially that coming from sealed wells with handpumps – open water is a different matter).
- C4. **Regarding output quality,** some concerns were raised about seeds, livestock and BSF mobility. These should be addressed.
- C5. **Regarding standards,** there is little evidence to show that the project experience has informed advocacy and influencing initiatives.
- C6. **Regarding DRR.** Although many of the project components will help to buffer households against future shocks, there was no explicit DRR component in this project, and that seems to represent a missed opportunity.
- C7. **Regarding learning and innovation.** The fact that little is changing from BPRM 3 to BPRM 4 suggests that little innovation or experimentation is taking place. If so, measures should be taken to change this. It is unclear how much time the project team invests in reflection, learning, documentation and dissemination of learning, with the corresponding advocacy and influencing that can result. It would not be

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<sup>24</sup> The evaluation budget was less than 1% of the project budget.

surprising if only limited time is spent in this way, but if carried out systematically it can represent a very worthwhile investment of time.

- C8. **Regarding efficiency.** The project appears expensive for what it delivered. Much of the cost results from the large component of staff time included in the budget. The livestock component represented nearly 70% of the budget for assets delivered to the households. Goats represented about four-fifths of that amount. While it clearly had significant benefits, the omission of the goat component for example would have allowed project benefits to be spread more widely.
- C9. **Regarding the value of the project.** BPRM 3 effectively delivered knowledge and skills for health and livelihoods. It was a costly project, due in part to the inclusion of large numbers of full-time Kabul-based and Kandahar-based staff in the budget, and in part to the inclusion of the livestock component. In future projects consideration could usefully be given to the inclusion of sustainable, low-cost project components which could extend benefits to more people (in other words be more cost-effective).

#### 4. Recommendations

In line with the findings and conclusions, the following recommendations are made:

- R9. **Evaluation budget.** Budget more for future evaluations – 2-5% of total project budget for a project of this size, depending on the strategic importance of the evaluation [Ref C1].
- R10. **Monitoring.** Tearfund’s monitoring systems are strong, but more should be done to (a) fully match monitoring to project objectives and indicators, and (b) be as precise as possible about the recording of structured questions and observations [Ref C2].
- R11. **Household water treatment.** Carefully consider the relative importance of interventions which can improve (infant) health, perhaps focusing more in future on sanitation, hand hygiene and food hygiene than on drinking water quality. Where HWT is appropriate, (a) consider the full range of different techniques available, and (b) focus on maximising compliance (consistent utilisation) [Ref C3].
- R12. **Quality.** Work even harder to assure quality standards in relation to seeds, livestock and other distributed items [Ref C4].
- R13. **Disaster risk reduction.** Let the inclusion of an explicit DRR component or input be the default, with clearly articulated reasons for its omission when that is appropriate [Ref C6].
- R14. **Learning and influencing.** Make explicit efforts to distil the learning from projects such as BPRM 3, and use the learning to influence the practices of Tearfund, other INGOs, Government and donors [Ref C5, C7, C10]
- R15. **Goats.** Consider whether a relatively expensive item (in BPRM 3 it was goats, but in other projects another component may be particularly expensive) represents a good investment, or rather whether omission of that item could allow inclusion of more

beneficiaries. Undertake some simple farm / enterprise budgeting to evaluate costs and returns [Ref C9].

- R16. **Efficiency.** In future projects seek maximum cost-effectiveness in order to optimise the number of beneficiaries served. Always ask, “if we did things a little differently, could we serve more people in a meaningful way?” [Ref C10].

## **Appendices**

## Appendix A Terms of reference

<b>Project Title:</b>	Kandahar Integrated and Sustainable Services for Returnees and Host Communities
<b>Country:</b>	Afghanistan
<b>Consultant:</b>	Prof. Dr. Richard Carter
<b>Programme Officer:</b>	Bryony Norman
<b>Child Protection Clearance Confirmation:</b>	TBC
<b>Date:</b>	Between 21 September and 07 October 2012 (two evaluations to be completed within this timeframe by the same consultant – see separate ToR for second assignment. Total of 14 days will be required for the assignments to be completed, including travel days and weekends).

### BUDGET

- **Overall Budget, Payable from which Budget Line/Code:** Budget Code to be determined from BPRM project budget (Contractual – Review and Evaluation budget line).
- **Breakdown by Fees, Travel, Subsistence, Other Costs:** To be confirmed after discussion with evaluator and details of daily rate agreed.

Expense Caption	Amount USD
External Evaluator (based on daily consultancy fee of £ 300.00, approximately \$475.00 – for 9 days, inclusive of seven working days, two weekend days and one travel day)	\$ 4,275.00 (£ 2,700.00)
Ground transport (national flights and vehicle rental) (\$600.00 total)	\$ 600.00
International Flights and Visa Costs	\$ 600.00
Subsistence (food, accommodation) (\$100.00)	\$ 100.00
National Monitoring Support Staff (\$100.00 per day each for x6 staff for x 3 days)	\$ 1,800.00
Total budget	\$ 7,375.00

- **Total amount requested from Tearfund:** \$7,375.00

*NB This section above can then be detached from the rest of the TOR when sending it to the consultant if budget involves financial information that shouldn't be revealed to the consultant (e.g. payments to other consultants, contingency amounts etc.)*

### BACKGROUND

- **Programme / Project Title:** Kandahar Integrated and Sustainable Services for Returnees and Host Communities.

**Background to Programme / Project:** Afghanistan remains very vulnerable; and security issues further complicates limited access to essential services and food security. As returnees settle, these limited resources are further strained and contested, leaving returnees and host communities in dire need of assistance to meet basic needs. The 2011 UNHCR Global Appeal states that more than 5 million refugees returned to Afghanistan since 2002 and in some areas 1 in 3 are returnees. The UNHCR report on returnees states that Kandahar has received 4,454 households between 2007 and 2010. Vulnerable populations in these areas face similar challenges: little or no land for farming, poor irrigation, few income-generating opportunities, poor access to basic services such as healthcare, education, sanitation and clean water and vulnerability to disasters, and especially flood and drought. Returnees face all of the same problems as other residents, along with the added problems of integration into a host population that may resent their presence and use of community resources.

The project's goal has been for returnees, internally displaced persons (IDPs), and other vulnerable groups within selected communities in Kandahar to be able to settle and integrate, and to sustain a basic healthy standard of life within host communities. Five individual objectives were developed as part of the project logical framework in order to accomplish this goal, providing and promoting sources of food and income from home agriculture systems; access to clean and safe drinking water through bio sand filtration systems and water reservoirs; improved hygiene and sanitation practice, and; training opportunities for communities and beneficiaries.

The project was initiated on 15 September 2011 and is due to be completed on 14 September 2012. It has been predominantly funded by the US Bureau for Population, Refugees and Migration (BPRM), with a small input from Tearfund. The project will assist a total of 1,000 direct beneficiaries, utilising a total project budget of \$1,226,016.

Further details of the project (including specific project intervention locations, beneficiary numbers per location, and individual project objectives and indicators), can be found in the project proposal, logical framework and budget (attached: Annexes 1, 2 and 3).

**Summary Findings of Previous Reports and Evaluations:** To date, 1 quarterly narrative report (detailing progress made against each of the individual project objectives and indicators), has been completed and submitted to BPRM for review. This report can be found in the attached annex file (Annexes 4) and further reports that are due to be completed ahead of the evaluation schedule will be circulated to the selected evaluator. A Mid-term Review of the project is being undertaken in March and April 2012. This report will similarly be shared with the selected evaluator once completed. Other than this, there have been no prior evaluations undertaken of this project, though individual examples of impact monitoring stories and reports can be shared with you upon request.

**Partner Profile and History (Tearfund Overview):** Tearfund is a humanitarian relief and development organisation, with approximately 40 years of experience. Tearfund's vision is to transform the lives of millions of the world's poorest people, in a positive and sustainable way. Tearfund works to eradicate poverty through integrating the approaches of community development, disaster management and advocacy. Tearfund currently funds projects in over 50 countries worldwide (particularly in Africa, Asia and South America – and also across Eastern Europe and the UK), tackling the major issues which keep people in poverty. Tearfund aims to work through local partner organisations, in the first instance, to release people from material poverty but in some instances a team of highly qualified humanitarian professionals is sent to set up a direct operational programme in response to acute humanitarian needs. This is the case with Tearfund's presence in Afghanistan.

Tearfund's Disaster Management Team has been operational in Afghanistan since 2001, in response to both natural disasters and conflict. Tearfund first opened a programme office in Afghanistan in Kandahar. Whilst a project office remains in this province, the programme office was relocated to Kabul. Other project offices

have historically been located in Faryab, Kapisa and Parwan provinces whilst they continue to be located and manage programmes in Jawzjan and Kandahar.

The major sectoral foci for the Afghanistan programme include water, sanitation and hygiene (WASH), public health promotion (PHE, including a specific focus on child-focused health education), disaster risk reduction (DRR), and emergency response. Other sectoral foci include nutrition and livelihoods.

The programme employs approximately 85 staff (including expat and national) and has an annual budget of roughly £2 million. The programme is currently assisting approximately 6,000 households. Previous projects, predominantly in Kandahar province, have included winterization projects and distributions, canal rebuilding, schools reconstruction, water and sanitation and health education delivered via radio. Tearfund's donor portfolio within Afghanistan for the period 2011/12 included: BRPM, the UK Department for International Development (DFID), the Humanitarian Innovations Fund (HIF), Tearfund Trust Fund, the UN Office for Coordinating Humanitarian Affairs (OCHA), the UN World Food Programme (WFP), and US OFDA (funding this project).

**Current Activities:** Cash-for-work initiative will be implemented with 1,312 individuals and will focus on the following labour activities:

- Rehabilitation of or improvements to secondary/feeder roads
- Rehabilitation of water storage points and their catchment areas
- Repairing or improving existing wells
- Repairing irrigation canals
- Building fences or surrounding walls for schools

Households that are not eligible for CfW activities (e.g. female-headed households, child-headed households, disabled-headed households) will benefit from the cash-grant but will not be required to complete manual labour.

**Summary of Region/Country Strategy:** Currently Tearfund is implementing projects in only Jawzjan and Kandahar. In order to maintain the ability to scale up in times of emergency and to respond to changing needs in different locations Tearfund would like to be operating from at least three, optimally four bases, that are different ethnically, geographically and security-wise, enabling us to maintain minimum levels of activities when any of the above factors require temporary suspension of a particular project or field office. For 2012-13, therefore, the programme is hoping to establish a base in Bamyan and is currently seeking further funding opportunities to support this. It is also seeking to expand operations into Balkh province, from its base in Jawzjan.

In 2012-13, Tearfund will continue to focus on strengthening the capacities of communities, various government departments and other NGOs, primarily in the areas of WASH, DRR, emergency response, nutrition and livelihoods. Additionally, the programme is committed to maintain high standards in beneficiary accountability and monitoring, review and evaluation practices. Tearfund will use remote research that has been undertaken in 2011-12 (which focuses on accountability and monitoring practices for projects in volatile, highly insecure operating environments) in order to ensure that beneficiary accountability and project monitoring is promoted and well achieved in its medium-to-high, remotely managed project locations.

**How the Need for the Requested Assignment Arose:** The proposal for this project (funded by OFDA) stated that an 'independent final evaluation' would take place, costs for which were included in the budget. This assignment would satisfy this commitment.



## PURPOSE

The aim of this assignment is to conduct an evaluation of the project: *Emergency cash for work support to drought impacted families*, running from 22 January 2012 – the 21 June 2012.

An evaluation is an integral part of the project cycle. If carried out well, an evaluation should increase transparency and allow all stakeholders to be able to influence the direction and emphasis of the project.

An evaluation therefore has two main functions: to strengthen accountability and to increase learning.

The focus of DMT Project Evaluations is to make assessments for each of the following Key Areas:

### Key areas, scope and questions

**N.B. The word project has been used throughout, but could be interchanged for programme.**

### IMPACT PERSPECTIVES

**Goal of the project, e.g. lives saved, morbidity reduced, livelihoods protected**

What change has taken place during the project?

Which changes are attributable to the project?

Are the changes in line with the goal of the project?

Were there any unintended changes, positive or negative, because of the project?

### STAKEHOLDER PERSPECTIVES

**Outcomes of the project; attitudes and behaviour of beneficiaries, partners, churches, staff, local governments, UN, donors, etc.**

What do the beneficiaries think of the project? Its relevance, appropriateness and outcomes? Are the outcomes sustainable?

Have beneficiaries adopted new or changed any behaviour as a result of the project?

What do other primary and secondary stakeholders (e.g. staff, community leadership, local government officials, non beneficiaries, etc.) think of the project? Were the most vulnerable reached? Was the targeting appropriate?

How do beneficiaries and other stakeholders describe the quality of relationships with project staff?

(NB Note beneficiary views should be given more prominence than those of other stakeholders)

### OUTPUT PERSPECTIVES

**Quality of outputs completed; Results achieved**

To what extent were the planned outputs achieved?

Were outputs / deliverables of an appropriate technical quality?

### PROCESS PERSPECTIVES

**Needs, vulnerability and capacity assessments completed, conflict assessment, management, coordination, standards.**

To what extent has the project / programme outworked Tearfund's quality standards? Which quality standards were prioritised and was this selection appropriate?

How effectively were the standards communicated to the beneficiaries?

Were appropriate systems of downwards accountability (participation, information sharing and feedback), put in place and used by project participants? Did the feedback received shape project design and implementation?

Was new learning being captured and acted upon during the project implementation? If yes, how and what? If no, why not?

Were there any identifiable innovations developed that could be repeated in the future?

Were the initial assessments of a good quality and based on strong beneficiary participation?

How has the project been coordinated with the activities and priorities of other agencies and organisations (including local and national government and UN)?

## RESOURCE PERSPECTIVES

### **Budget, funding, gifts in kind, financial management, cost efficiency, cost control, people and time.**

Was the budget and available financial resources realistic for the achievement of the intended objectives?

Were the funds used as stated?

Was the project / programme cost effective?

Was enough time allowed for the achievement of the intended objectives?

Were there enough staff, of appropriate competency, for the achievement of the intended objectives?

## ORGANISATIONAL CAPACITY PERSPECTIVES

### **Leadership, strategy and policy, human resources and training, accountability, knowledge and learning, research and innovation, capacity development, partnerships and networks.**

Was the project design and implementation informed by learning from previous experience?

Was there an appropriate system of management and communication in place to support project staff<sup>25</sup>?

Were appropriate financial systems in place<sup>26</sup>? (e.g. did project management have adequate financial information to make good decisions?)

Was there an appropriate logistics system in place<sup>27</sup>? (e.g. did the procurement process work in a timely manner? )

## CONCLUSIONS

Was the project efficient? (comparison of inputs to outputs)

Was the project effective? (comparison of outputs to impacts)

What were the key lessons learned? What should be repeated in similar projects in the future? What should not be repeated in similar projects in the future/

## METHODOLOGY

The methodology for this evaluation will be negotiated between the independent evaluator and Tearfund DMT Afghanistan. The methodology will include:

- A gender-aware, participatory approach.

<sup>25</sup> This does not infer the need for an audit, rather, did the management and communication system have a positive or negative bearing on the performance of the project /programme

<sup>26</sup> This does not infer the need for a financial audit, rather, did the financial systems in place have a positive or negative bearing on the performance of the project / programme? For example in supplying project managers with accurate and up to date financial information.

<sup>27</sup> This does not infer the need for an audit, rather, did the logistics systems in place have a positive or negative bearing on the performance of the project / programme? For example were materials of the required specification provided in a timely manner?

- A review of pertinent documentation, held by Tearfund DMT Afghanistan field staff.
- Field visits to the relevant project sites in Kandahar province.
- Interviews with project beneficiaries and community representatives / members; relevant field based staff; key officials in co-ordinating agencies, and; local and/or central government representatives.
- Interviews with individuals may be complemented by discussions with groups of beneficiaries (focus group discussions).
- Adherence to the Red Cross/Red Crescent NGO Code of Conduct, SPHERE and HAP standards.

## **SCHEDULING**

The evaluation will take place immediately following the project completion, being initiated on or shortly after 18 September 2012.

It is recommended that a team of national monitoring staff be selected by the evaluator in order to complement field visits to project implementation areas in Kandahar province.

It is anticipated that a total of 9 working days will be sufficient to carry out this evaluation (two international travel days):

- 2 days international travel (including any preparation required for the evaluation);
- 0.5 days preparation (developing specific methodology, tools and templates);
- 2.5 hours briefing (at Kabul office – including interviews with Kabul-based personnel);
- 1 full day for travel to and from Kandahar (Kabul to Kandahar return);
- 2 full days in Kandahar (subject to security – national monitoring team required to support evaluation visits. Must be a skilled team of monitoring staff selected);
- 3 full days for data analysis and report writing.
- 2.5 hours for report finalisation (after feedback from Tearfund).

## **MANAGEMENT OF VISIT**

Tearfund DMT Afghanistan is commissioning and approving the work. The consultant should refer to Tearfund's Grants and Information Officer, when recruited, to resolve issues as they arise.

*Responsibility for practical arrangements, travel arrangements, hotels etc.* This will be confirmed in discussion and agreement with the evaluator.

## **EXPECTED OUTPUT**

The expected output of this assignment is a report (in Tearfund standard reporting format: please refer to the *Consultants' Briefing Pack*) with the following sections:

- Executive Summary (no more than four A4 sides)
- Introduction / Background
- Methodology
- Context Analysis
- For each Key Area, a section in the form
  - Findings
  - Conclusions
  - Assessment
- Specific Actionable and Prioritised Recommendations
- Annexes (indicative)
  - Terms of Reference for the Evaluation
  - Profile of the Evaluation Team

- Evaluation Schedule
- Protocols for the Evaluation
- Documents consulted during the Evaluation
- Persons participating in the Evaluation
- Field data used during the Evaluation, including baselines
- Bibliography

For each of the Key Areas outlined under ‘Purpose’, the Evaluation Team is required to make a clear statement of the Team’s assessment of the project’s achievements. The Evaluation Team may wish to consider using the following four-point scale to score the project’s achievements for each of the Key Areas:

- 1 the project makes no contribution to the aspect;
- 2 the project makes a minimal contribution to the aspect; there are major shortcomings that must be addressed;
- 3 the project makes an acceptable contribution to the aspect; there are shortcomings that could be addressed; or
- 4 the project makes a substantial contribution to the aspect.

#### **INTENDED USE OF THE EXPECTED OUTPUT**

An evaluation is not useful if the recommendations and lessons learnt are left on the shelf, not being read or utilized. To ensure that these recommendations and lessons are not ‘lost’, the programme staff and UK Team are required to respond to each evaluation. It is the responsibility of the programme to address those recommendations that relate directly to the programme, by drawing up a management response and action plan. It is the responsibility of the UK team to ensure transferrable lessons learnt and recommendations are captured and disseminated as part of Tearfund’s evaluation and learning system.

#### **EVALUATION OF CONSULTANCY**

Tearfund’s Programme Director – Sudarshan Reddy Kodooru, Area Coordinator for Kandahar – Mannu Pereira, Grants and Information Officer – Marjorie Orotin, and Programme Officer – Bryony Norman, will review and comment on the report within 10 working days of report’s submission.

## Appendix B Itinerary

Date	Activity
Tuesday 18 <sup>th</sup> Sept 2012	Travel to Afghanistan
Wednesday 19 <sup>th</sup> Sept 2012	Arrive in Afghanistan (approximately 5pm)
Thurs 20 <sup>th</sup> to Mon 24 <sup>th</sup> Sept 2012	Jawzjan OFDA Evaluation
Tuesday 25 <sup>th</sup> Sept 2012	BPRM 3 Evaluation Day One <ul style="list-style-type: none"> <li>• Morning flight to Kandahar</li> <li>• Briefing of Tearfund team and Serve interviewers</li> <li>• Interviewers to field</li> <li>• Consultant in meetings with project team</li> <li>• Debriefing with interviewers</li> </ul>
Wednesday 26 <sup>th</sup> Sept 2012	BPRM Evaluation Day Two <ul style="list-style-type: none"> <li>• Briefing of interviewers</li> <li>• Further office-based interviews and discussions</li> <li>• Data analysis</li> <li>• Report preparation</li> <li>• Debriefing interviewers</li> </ul>
Thursday 27 <sup>th</sup> Sept 2012	BPRM Evaluation Day Three <ul style="list-style-type: none"> <li>• Meetings with project staff</li> <li>• General meeting with Tearfund and Serve teams</li> <li>• Final debriefing</li> <li>• Report preparation</li> </ul>
Friday 28 <sup>th</sup> Sept 2012	BPRM Evaluation Day Four <ul style="list-style-type: none"> <li>• Return flight to Kabul</li> <li>• Report preparation</li> </ul>
Saturday 29 <sup>th</sup> Sept 2012	BPRM Evaluation Day Five <ul style="list-style-type: none"> <li>• Report completion</li> </ul>
Sunday 1 <sup>st</sup> Oct 2012	Return travel back to UK

## Appendix C Semi-structured interview guidelines

The interviews and observations should be carried out with a small sample of households which received assistance from the project.

The emphasis in these interviews and observations should be about quality of information, not quantity. A total of 6-8 interviews over two days per interviewer will be sufficient if the quality is good.

Explain to your interviewee that we are trying to understand what difference, if any, the project had on those who received assistance. It is to enable us to do better in future if we engage in similar activities. Please tell the interviewee that they will not be identified by name in any report.

Please ask the interviewee the following factual questions:

1. Name and status (head of household, wife, child)
2. Approximate age
3. Household members – relationship and age of each one.
4. How is your household provided for – in terms of work, sources of income?

Please ask the following conversational questions (take time, and ask the interviewee to explain their responses so that you the interviewer really understand. Try to write down some of the things people tell you):

5. Please tell me about your situation prior to receiving this assistance.
  - Probe about the interviewee's poverty / wealth, the conditions which led to the assistance, anything else (s)he can say about the nature and level of the need at the time.
6. Please explain how you were selected for inclusion in this assistance.
  - Probe about the interviewee's understanding of how (s)he was selected and by whom, what was his/her role in getting included.
7. Are there others who were in a similar situation to you, who were not included?
  - Probe his/her feelings / perceptions about his/her need in relation to that of others. Was (s)he one of the worst off? Were there others who got left out? If so, why?
8. What difference did the project make to you and your household at the time of the project?
  - Probe about the impact of the water filter, the hygiene education work, the seeds / vegetable gardening, and the contribution of small livestock.
9. Has the project made any lasting difference to you? If so what?
  - Probe about any investments or savings (s)he has made, any changes in his/her poverty / wealth; any changes in behaviour or practice. Ask interviewee to show you anything which is evidence of continuing impact (eg water filter, vegetable garden, animals, changed hygiene practice, other).
10. Were other things done in the project which may help you to avoid such need again in future?
  - Probe about the any work done with the wider community, any measures to reduce disaster risk in future.
11. How do you think Tearfund could do this sort of project better in future?
  - Probe about timing (was the help too soon or too late, did it go on for long enough, did it finish at the right time), the four components included (water filters, hygiene education, vegetable production, small livestock), other aspects which might have been equally or more relevant, the relative importance of short-term relief versus longer-term assistance.

Richard Carter

20<sup>th</sup> September 2012



## Appendix D Consultant's CV

### Profile

Richard Carter is a water sector development professional with over 35 years' experience, and with significant expertise in project and programme evaluations. He has extensive knowledge of the natural and social science, engineering and management of water resources for rural and urban water supply and irrigation. He has managed and undertaken institutional development and capacity-building activities, consultancies, research projects, and education and training programmes in many aspects of the water sector. He has acted as adviser to numerous NGOs, UN agencies, bilateral and multilateral agencies. In his higher education role he supervised many successful MSc and PhD students. He has published more than 100 papers and reports in the field of water development in low-income countries.

Richard has a strong appreciation of the place of context and complexity in the achievement of outcomes and impacts of development interventions. He works in an interdisciplinary style and values multiple methods in deriving evidence and learning from projects and programmes. His field experience has focused especially on sub-Saharan Africa.

Richard is currently a consultant and adviser to the DFID-funded SHARE (Sanitation and Hygiene Applied Research for Equity) project led by the London School of Hygiene and Tropical Medicine, and the Gates Foundation funded project to deliver Total Sanitation at Scale in Nigeria. He is a retained consultant to the international NGO WaterAid.

Richard is an academically rigorous practitioner, technical adviser and experienced evaluator with excellent written and oral communication and presentation skills.

### Highlighted Projects

#### *Head of Technical Support, WaterAid (July 2009 – June 2012)*

Richard established and guided the technical support function in WaterAid, including the introduction of Joint (Country) Technical Reviews to complement full Country Programme Evaluations. In this position he led the delivery of thematic framework documents on Sustainability, Sanitation, Urban WASH, Water Security, and Hygiene. He prepared internal guidance on post-implementation monitoring of WASH interventions. He continues as part-time consultant to WaterAid.

#### *Team Leader: Evaluation of WaterAid's Country Programmes in Malawi (2007), Zambia (2009) and Uganda (2010)*

Led teams comprising international and national consultants and programme staff, evaluating country programme portfolios of water, sanitation and hygiene promotion work in rural and urban contexts.

#### *Team Leader: Joint Technical Review of WaterAid's Tanzania Country Programme (2011)*

Designed the framework for Joint Technical Reviews and led a joint UK-Tanzanian team to review the WaterAid Tanzania Country Programme.

#### *Team Leader: Evaluation of Medair's WASH programme interventions in Pader and Kaabong Districts, Uganda (2008)*

Undertook evaluations of humanitarian relief WASH interventions in IDP camps of Pader District and insecure chronic poverty contexts in Karamoja.

#### *Team Leader: Evaluation of Uganda Water and Sanitation (NGO) Network (UWASNET)*

Led a team of Ugandan consultants in the evaluation of Uganda's WASH sector NGO network for Government of Uganda and Water and Sanitation Program of the World Bank.

#### *Project Director: Landscaping of Water and Sanitation Technologies and Approaches (Bill & Melinda Gates Foundation), 2006-07*

Led a team from Cranfield University, IRC and Aguaconsult in identifying technologies and approaches presenting opportunities for sustainable interventions at scale in water, sanitation and hygiene.

#### *Team Leader: SOCODEP Project Evaluation, Ethiopia, IFAD (2006)*

Led multi-disciplinary team of three Ethiopian consultants in the evaluation of the Southern Region Cooperatives Development and Credit Programme.



*Team Leader: Study of water well drilling costs, Ethiopia, WSP (2005-06)*

Led team of four Ethiopian consultants in an in-depth study of water well drilling costs in Ethiopia, with comprehensive recommendations on means of cost-saving.

*Team Leader: Evaluation of Special Country Programme II, Ethiopia, IFAD (2004-05)*

Led international team evaluating the SCP II Project. This project undertook small-scale irrigation modernisation, catchment conservation and complementary agricultural support activities in pursuit of food security.

*Team Leader: various project and programme evaluations (pre-2004)*

Undertook evaluations of WASH and training programmes in Burkina Faso (1985), Ethiopia (1990), India (1985 and 1988), Tanzania (1985 and 1988) and Uganda (1994, 1997, 2001, 2004 and 2004) for British Council, Busoga Trust, Concern Universal, DanChurch Aid, European Commission, FAO and Tearfund.

### **Selected Publications**

Hunter P R, MacDonald A M, Carter R C (2010) Water Supply and Health. PLoS Med 7(11): e1000361  
doi:10.1371/journal.pmed.1000361

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000361>

Carter R C, Harvey E, Casey V (2010) User financing of rural handpump water services. IRC Symposium: Pumps, Pipes and Promises, The Hague, November 2010. <http://www.washcost.info/page/1066>

Carter R C, Danert K, Chilton J and Olschewski A (2010) Siting of Drilled Water Wells: a Guide for Project Managers. RWSN Field Note 2010-5, June 2010.

<http://www.rwsn.ch/documentation/skatdocumentation.2010-12-03.0768183939/file>

Danert K, Luutu A, Carter R C and Olschewski A (2010) Costing and Pricing: a Guide for Water Well Drilling Enterprises. RWSN Field Note 2010-6, June 2010.

<http://www.rwsn.ch/documentation/skatdocumentation.2010-07-08.6754105740/file>

Carter, R C and Parker, A (2009) Climate change, population trends and groundwater in Africa. Hydrological Sciences Journal 54 (4), 676-689, August 2009.

<http://www.tandfonline.com/doi/abs/10.1623/hysj.54.4.676?journalCode=thsj20>

Federal Democratic Republic of Ethiopia (2008) Southern Region Cooperatives Development and Credit Programme Final Evaluation, Nov 2008, IFAD. Report No. 1909-ET. Carter R C, Assefa M, Asafaw T,

Gebremariam A. [http://www.ifad.org/evaluation/public\\_html/eksyst/doc/prj/region/pf/ethiopia/socodep.pdf](http://www.ifad.org/evaluation/public_html/eksyst/doc/prj/region/pf/ethiopia/socodep.pdf)

Carter, R.C. (2006) What the Dickens can science and technology offer Africa? A tale of two villages in east Africa, Science in Parliament, 63, 1, 26-27.

Carter, R.C. (2006) Ten-step guide towards cost-effective boreholes: case study of drilling costs in Ethiopia. WSP Field Note, October 2006. <http://www.rwsn.ch/documentation/skatdocumentation.2007-06-04.3136351385/file>

Federal Democratic Republic of Ethiopia (2005) Special Country Programme Phase II Interim Evaluation, Apr 2005, IFAD. Report No. 1643-ET. Carter R C, Gebremariam A, Danert K, Amede T, Hiwet M.

[http://www.ifad.org/evaluation/public\\_html/eksyst/doc/prj/region/pf/ethiopia/scp.pdf](http://www.ifad.org/evaluation/public_html/eksyst/doc/prj/region/pf/ethiopia/scp.pdf)

### **Further information**

Chair, Rural Water Supply Network (RWSN) (2011-date).

Visiting Professor, Cranfield University (2009-date).

External Examiner at Universities of Birmingham, Cambridge, East Anglia, London, Loughborough, Newcastle, Open University and Southampton (various dates).

Director, DEW Point (DFID Resource Centre for Water and Sanitation, Environment and Climate Change) (2007-2009).

Trustee, the Humanitarian Centre, Cambridge (2008-date).

Editor, Waterlines Journal (2008-date).