



Final Report on MRRD-UNHCR WATSAN Program Evaluation

July 4, 2007

Final round stakeholders meeting Objectives

- **Report on findings**
 - ❖ **Inventory result**
 - ❖ **Impact assessment**
- **Discussion on the findings**
- **Conclusion remarks**

The joint Program outputs

Hardware component



**127-Dug
Wells**



**1624-Tube
wells**



**28- Stand
Posts**



2362- Latrines

**Gravity - 12
Solar - 8
Diesel GEN-8**

Implementation modality

- **Joint Technical Management Team at central Level (JTMT) comprises members from MRRD, UNHCR and UNDP**
- **Sub Joint technical Management Team at provincial level: DoRR and RRD in the province and UNHCR sub/field offices,**

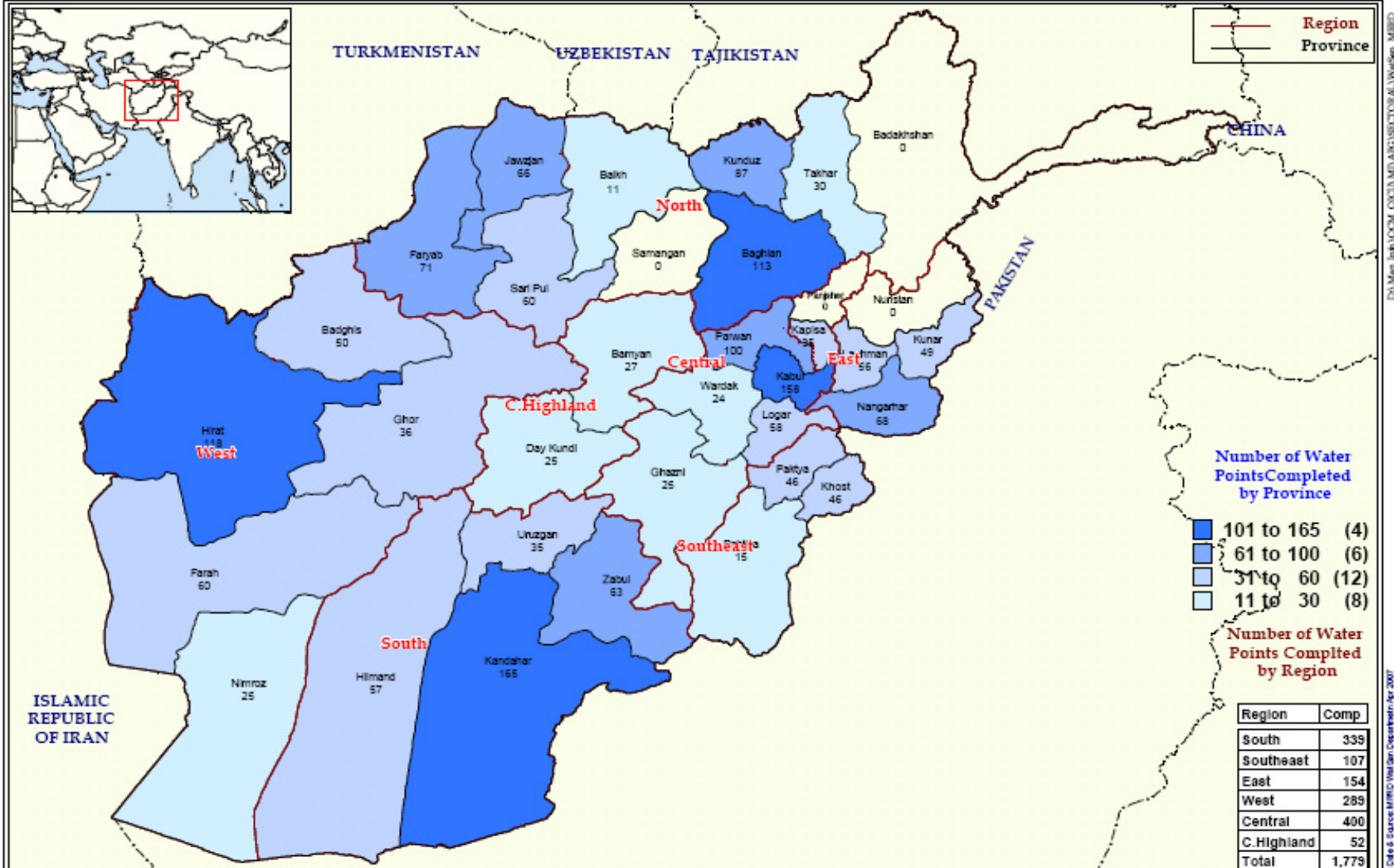
Program intervention area by province



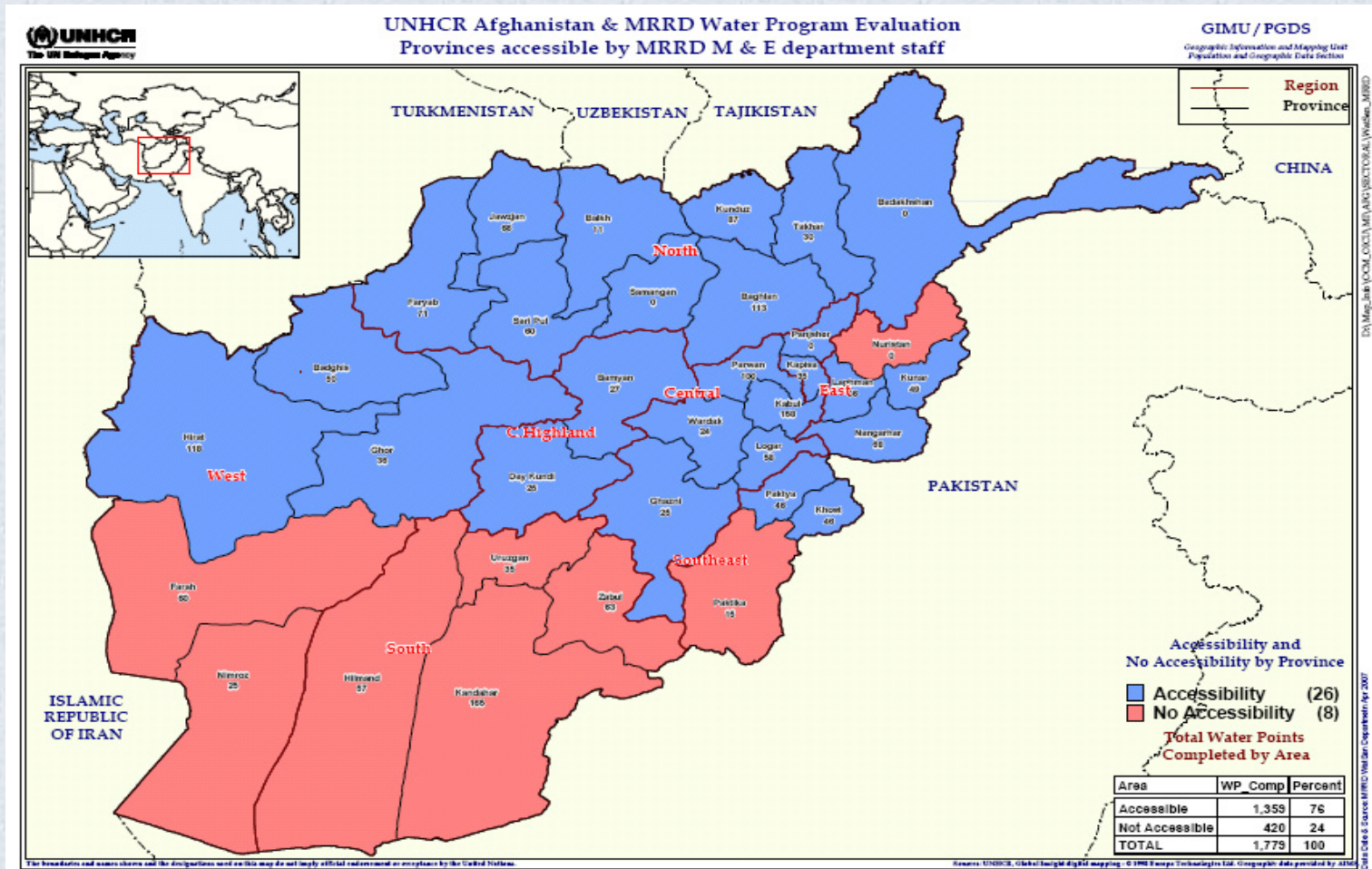
UNHCR & MRRD WatSan Program Evaluation Number of Water Points Implemented by Province - 2004 - 2006

GIMU/PGDS

Geographic Information and Mapping Unit
Population and Geographic Data Section

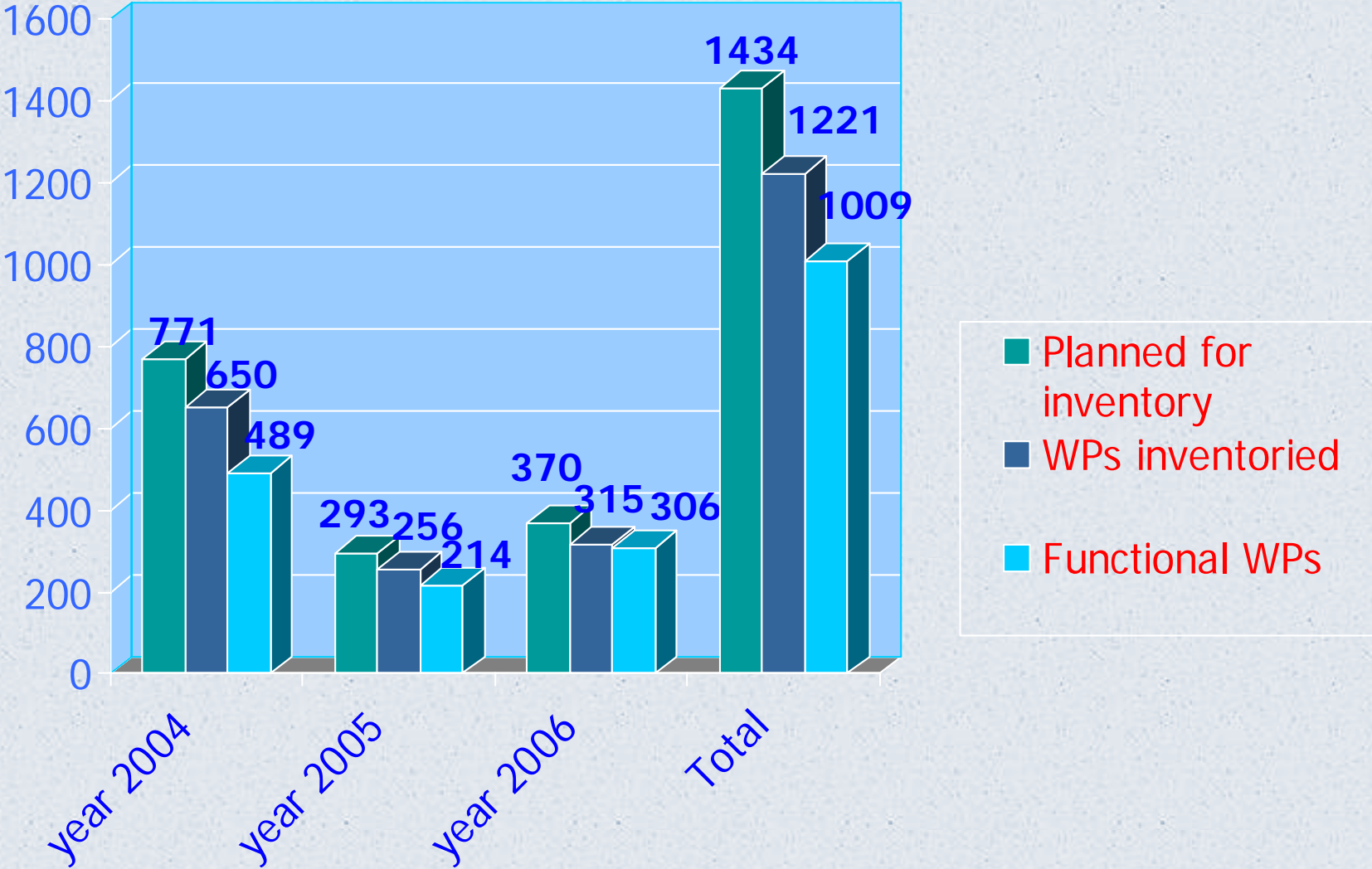


Provinces accessed during Program Evaluation

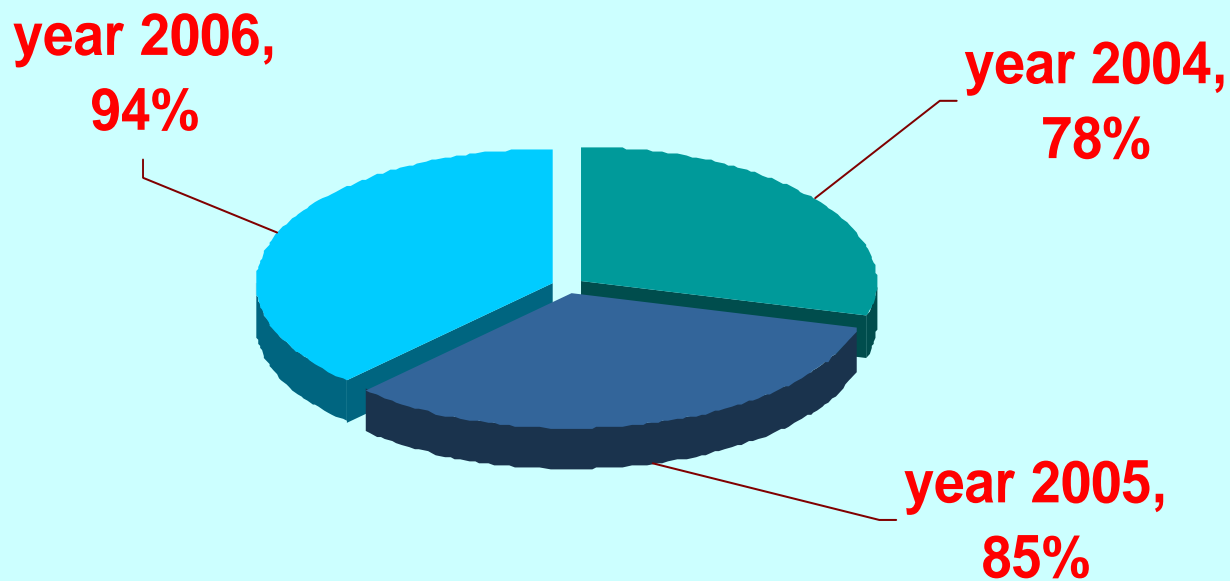


20 out of 30 provinces have been accessible

Inventory report by project year (83% of initial target)



Rate of functionality in % by project year



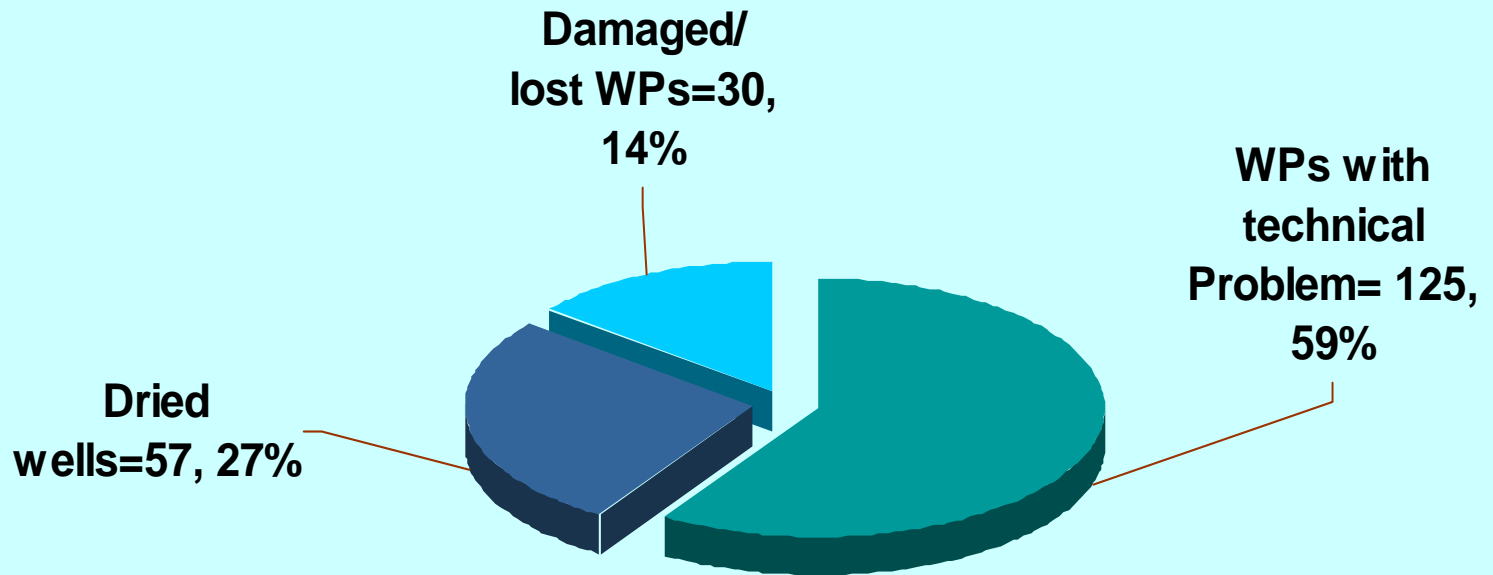
Others findings:

ZOA in Northern region RRD	51%
Herat RRD	30%
Bamyān RRD	30%

Inventory Result by Region

Region	WPs assessed	Functional WPs	% of Functionality
Central	377	314	83
East	148	140	95
North	433	352	81
S/Eastern	84	62	74
West	152	129	85
C/H/lands	27	12	44
Total	1221	1009	83

Major causes for non-functional water points



Damaged/lost and dried water points account 7% of 1221 inspected WPs

Samples from WPs Reported as Damaged



WP left abandoned due to less water

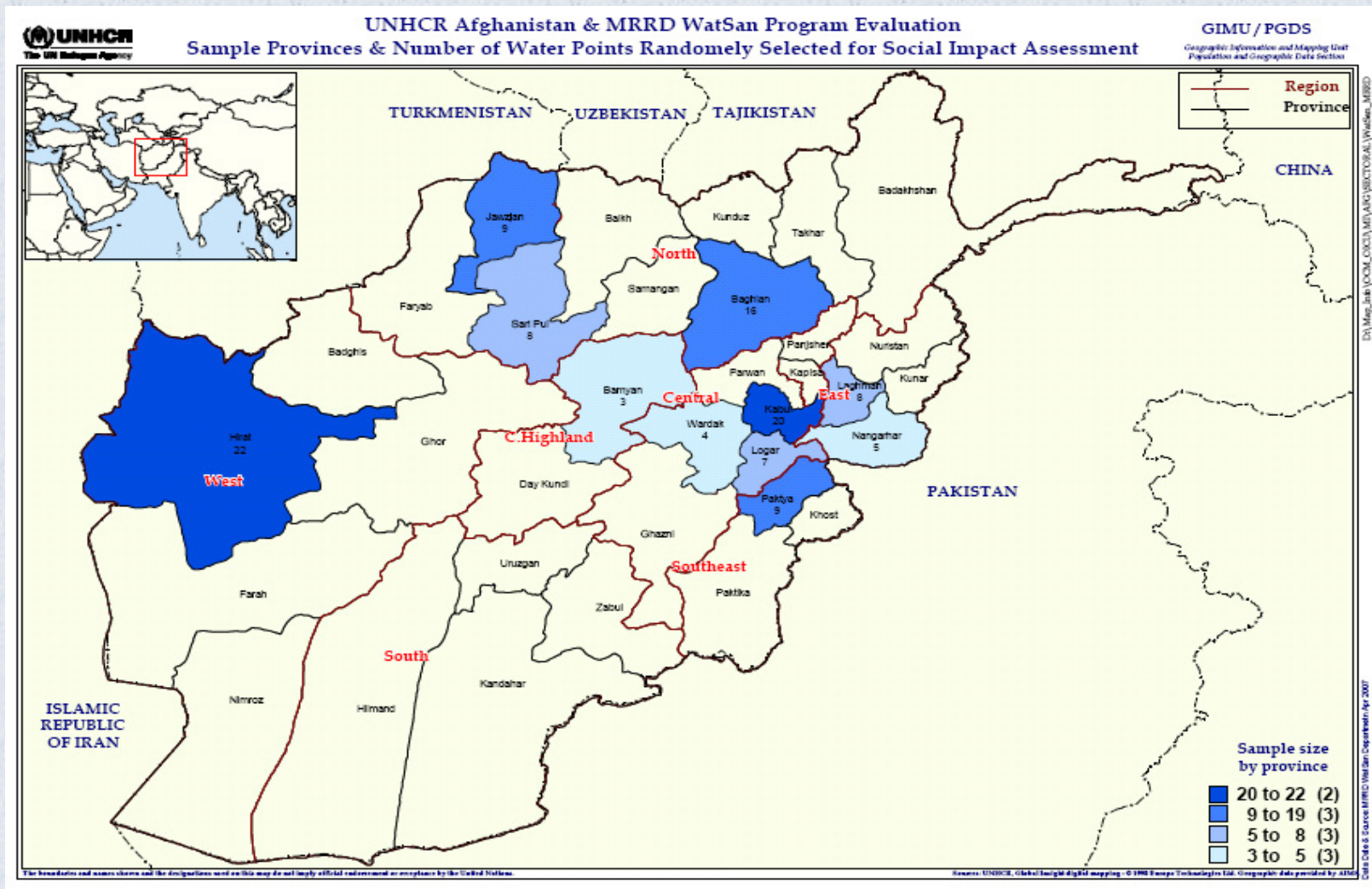


Hand pump taken away and mounted on another WP



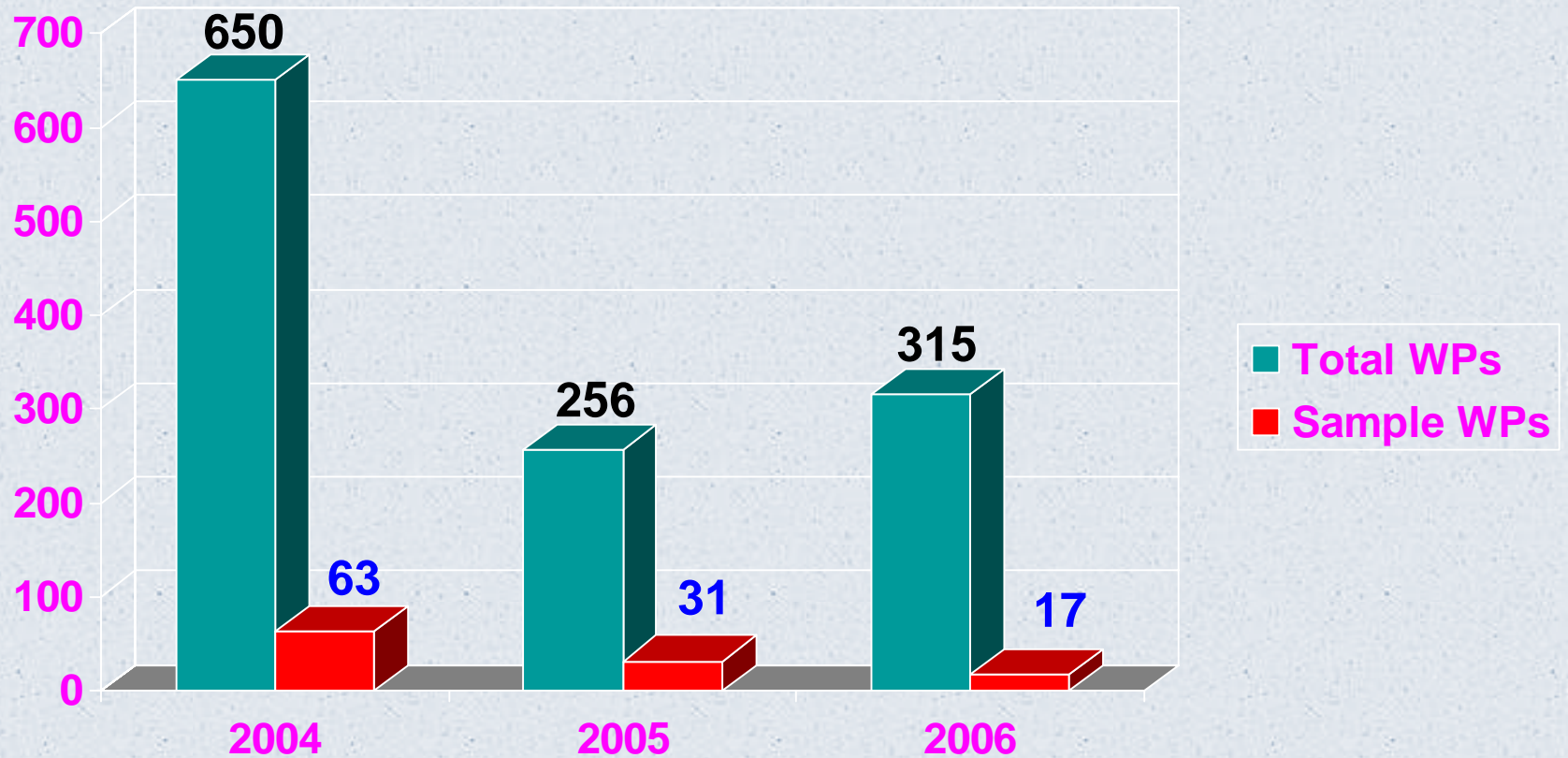
WP reported as damaged

Provinces selected for Impact Assessment



11 out of 20 accessible provinces covered for IA

Social Impact assessment on 111 sample Water Points



Interview and Focus-group discussion conducted



348 female users of 41 WPs from 7 provinces



965 male users of 111 WPs in 27 districts from 11 Provinces



Focus group with students

Agencies/partners consulted during the assessment

- ❖ Provincial RRDs and Departments of Public Health
- ❖ UNICEF Zonal offices (Jalalabad, Mazar and Herat)
- ❖ NGOs (DACAAR, ZOA, MDRA, CARE, IBNA-e-SINA)
- ❖ NSP technical unit at Kabul and NSP facilitating partners (GRSP, AKDN, GAA, UN-HABITAT)
- ❖ Ministry of Public health, HMIS unit and Ministry of economy NGO coordination unit

Major comparative advantages of new water source:

- ☛ Reduction on prevalence of Water born diseases, confirmed by 83% male and 96% female respondents
- ☛ Reduction of workload due to reduced travel distance confirmed by 88% of respondents
- ☛ Saved time and energy, 91% female and 88% male have confirmed
- ☛ Usage of saved time: 73% said providing proper care to children and family members, the rest said participating on farming and other IG business
- ☛ Improvement on school arrival time, 75% female respondents and school aged children have confirmed

Cross cutting issues (environment and gender)

- 👉 87% of the WPs have got drainage facility diverted either to farm land or sock away pit
- 👉 69% of the WPs are located beyond 30 meters distance from nearest latrines
- 👉 79% male respondents said latrine construction is expanding
- 👉 79% of female respondents said they have free access to the water point at any time in a day
- 👉 Cleanliness of a village: 66% said fairly clean, 24% very clean, however 10% said not clean
- 👉 89% of the water points said have good quality of water, but 11% with bad quality (saltiness, bitterness and turbid water)

Sustainability:

- ❖ 44% of the water points have water management committee, while 56% does not
- ❖ 75% of the water points have got caretaker, while 25% do not
- ❖ 52% of the water points found never failed since constructed, 31% failed two times in a year, 11% three to four times and 6% more than four times
- ❖ Maintenance response time: 70% said in less than a month time, 20% more than six month and the rest with two to three month
- ❖ Source of maintenance expenses: 84% users contribute, 8% volunteers, while the rest from NGOs/provincial RRD

Targeting , water point adequacy & construction quality:

- ❖ **80% of the water points found located in a village where there are at least 10 returnee/IDP families, but 20% not at all**
- ❖ **69% of WPs found to be providing adequate water, but 32% do not due to higher number of users beyond design capacity**
- ❖ **67% rated as satisfactory construction quality concerning well apron, 26% rated as very good quality but 7% rated as bad quality**
- ❖ **Some WPs found shallow in depth and equipped with poor quality of hand pumps**

Some tips on field observation:

- ❖ Most of the visited districts/villages found covered under NSP**
- ❖ Department of public health conducts Hygiene education through Community health workers and NGOs**
- ❖ Some NGOs found working in rehabilitation of failed schemes and construction of new projects in close coordination with provincial RRD**
- ❖ NSP facilitating partners and CDCs could be used to replicate their experience in terms of community based project implementation**

Weaknesses that need further improvement:

- ❖ Poor coordination between RRD and DoPH: (community health workers would have been used for hygiene promotion)
- ❖ Provincial RRD offices are over stretched in monitoring different projects of various programs
- ❖ Poor performance in qualitative project supervision and monitoring
- ❖ Delay in processing procurements and weak financial delivery
- ❖ Capacity limitation in the area of project appraisal, conducting appropriate feasibility study particularly lack of experts in groundwater exploration and contract administration
- ❖ Lack of water quality monitoring practices, weakness in prioritizing technologies, etc.

Recommendations

- ❖ Community participation (DRA) in project implementation
- ❖ Hierarchy of technology choice (Reference to WATSAN implementation manual)
- ❖ Priority for rehabilitation of failed/dried schemes instead of constructing new where ever possible
- ❖ Improvement on project contracting and contract administration
- ❖ Promote community contracting in places where CDCs established
- ❖ Proper guideline on operation and maintenance, providing refresher training
- ❖ Water quality monitoring at feasibility stage and before commissioning services



Thank you