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| Look-back study Short guidance |
| For Red Cross / Red Crescent WatSan Programmes. |
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| **by** |
| **WatSan Unit – IFRC Geneva Secretariat** |

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# Table of contents

|  |
| --- |
| 1. Background Page 2 |
| 1. Look back study: evaluation methods Page 3 |
| 1. Desk research Page 3 |
| 1. Household survey Page 3 |
| 1. Interviews and FGD Page 4 |
| 1. Inventory Page 4 |
| 1. Look back study: evaluation criteria Page 5 |
| 1. Impact criteria Page 5 |
| 1. Sustainability criteria Page 6 |
| 1. Common questions and answers Page 7 |
| Annex 1 – Household survey questionnaire Separate file |
| Annex 2 – Examples of interview and FGD guides Separate file |
| Annex 3 – Terms of reference Separate file |
| Annex 4 – Inventory form Separate file |

# Background

The International Federation of Red Cross and Red Crescent (IFRC) has supported the implementation of Water, Sanitation and Hygiene (WatSan/HP) projects for many years in different parts of the world within the framework of the Global Water and Sanitation Initiative (GWSI). Past evaluations of those programmes have been undertaken immediately after an intervention so it has been in most of the cases difficult to assess in detail the changes associated to the project since they may take many months or even years to become apparent.

It has been also challenging to assess, right after project completion, at what extend communities and local authorities are truly self-sufficient in operating and managing the facilities provided by the intervention, and how changes in access to safer water sources and sanitation services are sustained in the target area.

With the new ‘look-back’ methodology, the IFRC intends to provide a framework for a post-project evaluation. The purpose of the methodology is to facilitate, through a set of standard tools and guidance, a better understanding of the long-term impact of a WatSan intervention and the sustainability aspects of that intervention over 2-4 years after project completion.

**This guidance**

This guidance presents a general introduction to the ‘look-back’ methodology, initially developed by Netherlands Red Cross in 2010 to assist non- technical evaluation teams undertaking look-back studies of WatSan projects or programmes. The main components of a standard look-back study are briefly described in this guidance and examples of tools included as annexes. The methodology has been tested in Uganda in 2011 and in Zimbabwe in 2012. As annexes, it includes some examples of the evaluation tools used in those two studies.

# Look-back study: Evaluation methods

1. **Desk research**

* Detailed review of all project reports and other relevant project documentation.
* National Water and Sanitation coverage statistics by the Joint Monitoring Progress Report (UNICEF & WHO) and/or country MDGs monitoring report.
* National Water Policy and other relevant policies / strategies in the area of rural and / or urban water supply, sanitation and hygiene promotion.
* Any possible country technical publications from the Water Sanitation Program (WSP) – World Bank, WaterAid and UNICEF.
* WatSan policy and / or strategy of the National Society.

1. **Household survey**

A look-back household survey and direct observation can be used to gather quantitative data from households in the target communities. This may increase significantly the cost of the evaluation, but it provides fundamental data to perceive the changes occurred in the community several years after the project is concluded.

The household survey questionnaire can be developed using the format of a standard KAP survey. It is worthy to emphasize that indicators on knowledge need to be accompanied by indicators on practice and this should be reflected in the questionnaire format, with direct observations / site inspections / handwashing trials / demonstrations, so evidence of practices could be spotted, and the answers from interviewees could be cross-checked by the data collectors on-site. Demonstration of the handwashing technique on-site should be included, as part of the standard methodology at all times, so the triangulation or cross-check of results can be done, and final results can be realistically interpreted.

* 1. **Case 1: Baseline and end-line survey reports are available**
* When a baseline and end-line survey reports are available, a **‘before' vs. ‘after' analysis** would be the approach to follow. In that case, a post-intervention or look-back survey in the form of a household survey should be conducted as an extension of the two previous surveys, using the same questionnaire, indicators and measurement methodologies. This will provide fundamental data to perceive the changes occurred in the communities several years after the project concluded.
* The National Society can be the leading partner in this activity providing enumerators and organizing the logistic of the field activities. Training of enumerators, technical supervision of field activities and final data analysis can be facilitated by the evaluation team to keep consistency and ensure the quality in the data gathering process.
  1. **Case 2: Baseline and end-line survey reports are not available**
* When a baseline and end-line survey reports are not available, there is a crucial limitation related to attribution: the further the evaluator moves from the time of the intervention, the more difficult it is to determine whether changes that have taken place are the result of the intervention or of some other factor, such as other interventions, or socioeconomic or political forces. To help to deal with this issue, a counterfactual or **‘with vs. without' analysis**, where a comparison group in the same target area that have not received assistance can be observed and interviewed, would be the best approach.
  + The look-back survey should collect therefore data from a (non-equivalent) **comparison or control group** in each district for example, which matches the characteristics of the project group as closely as possible, except that it has not been subject to the intervention. An example of an extensive household survey questionnaire is in ***Annex 1***.
  + Issues around raising expectations in the control communities, selection bias (the comparison group is drawn from a different population than the treatment group) and contagion (the comparison group is affected by the intervention or a similar intervention by another agency) need to be properly addressed. In general, the introduction of the control group in the survey design adds a great level of complexity to the study (it increased significantly the sample, adds more cost and complexity to the logistics of the field exercise).

1. **FGD and Interviews**

In addition to the household interviews, a combination of quantitative and qualitative data will be gathered through different tools such as direct observation, FGDs, key informant interviews and any other relevant participatory tool such as community map, voting chart, etc. This should be facilitated by the evaluation team in close collaboration with the NS volunteers and staff.

* Face-to-face interviews to key stakeholders in the project such as local authorities, hand pump mechanics, latrine builders, environmental health technicians, nurses, school masters, community leaders, Water Point Committee chairperson, etc. involved in the project should interviewed.
* Focus Group Discussion should be used to obtain qualitative information from beneficiaries, including community leaders, women, general population, PHAST groups, members of the WPC, pupils in schools, teachers, etc.
* To better structure the interview and FGD processes, detailed guides for all relevant interviewees and groups should be developed beforehand based on the questions provided in the ToR and the interview guides provided by the standard ´look-back' methodology. Factual information from interviews and FGD should be triangulated with other sources and methods such as household survey, direct observation (transect walks and site inspections), and inventory. Examples of interview and FGD guides can be found in ***Annex 2.***

1. **Inventory**

An exhaustive inspection of all facilities (water points, latrines, etc.) newly constructed or rehabilitated by the project should be undertaken within the study. The inventory should include, when possible, all facilities generated spontaneously in the community as a result of participatory methodologies (PHAST, CLTS; etc). An example of inventory form can be found in ***Annex 3.***

# Look-back study: Evaluation criteria

1. **Impact criteria**

The WatSan sector in general recognizes that there are many determinants that influence on people´s health or reduce the risk of diseases (such as nutrition status, education level, climate, etc.) that go beyond the scope of a WatSan intervention, so the limitation in terms of finding accurate and sound means of verification to measure the **health impact** of WatSan projects is an important constraint for this modality of ‘look-back' study.

Moreover, sufficient scientific studies have proven the significance of the causal relationship between an intervention in the WatSan sector and the prevalence of diarrhoeal diseases. The examination of that relationship with the identification of the causal factors that lead to the desired outcome (better health) might be used to generate a programme logic model and assess whether critical factors, judged important for success, such as consumption of safe water and adherence to key hygiene practices at the household level, have been present in the communities in the long run. Where the data shows these factors are achieved, the conclusion should be that the programme has likely been successful in achieving its objectives.

Health data (such as self- report of occurrence of watery diarrhoea and bloody diarrhoea in the last month) can be collected through the household survey, FGDs and interviews, as important and relevant contextual information, but it should not be used as the core indicator of impact measurement. Other elements, such as discussing about the changes on access to safe water, latrine coverage and prevalence of handwashing practice should be central to the section on health impact.

Through the look-back study, the assessment of impact should examine health impact but also cover issues of wider socio-economic and socio-cultural change. Impact on education, organizational development (OD), environment and gender are key components of the impact section. A menu of examples of indicators for those elements is included in Table 1. Note that these types of indicators are very context related therefore need to be adapted to the specific context.

**Table 1.- Impact indicators.**

| 1. **Socio-economic impact** |
| --- |
| * 1. Increase in asset ownership |
| * Examples: number of cattle / family, number of bicycle / family, number of radios / family, size of the house and construction materials used, etc. |
| * 1. Growth in livelihood activities |
| * Examples: increase in irrigated plots (gardens), brick making, brewing alcoholic drinks, etc. |
| * 1. Changes in household income and purchasing power |
| * Examples: decrease in money spent on water, number of new items purchased regularly such as soap, school books, etc; increase income from small businesses like vegetable gardens, improvements made to existing business, etc. |
| * 1. Food security |
| * Examples: increase the amount ad variety of food available for the family. |
| 1. **Socio-cultural impact** |
| * 1. Distance to fetch water |
| * Examples: time taken for return trip to water point (including waiting time), distance to dry-season water point, etc. |
| * 1. Family interaction |
| * Examples: increase in women’s and children’s time available to spend with each other, improvement of relations between family members, etc. |
| * 1. Gender roles |
| * Examples: women or men taking on new roles in water collection or O&M duties, women gaining income generating activities, etc. |
| 1. **Health impact** |
| * 1. Reduction of specific WASH related disease incidence |
| * Example: Reduction on diarrhoea, scabies, dysentery, cholera, malaria incidence |
| * 1. Hygiene status |
| * Examples: Cleanliness of household compound and domestic area (presence of dish rack, garbage pit, latrine), presence of faeces in compounds and/or surface water, evidence of handwashing practice, evidence of use and maintenance of latrines, frequency of bathing and clothes washing, etc. |
| * 1. Psico-social status |
| * Examples: level of stress and anxiety about children or women going to fetch water, number of animal attacks (e.g. snakes) or human attacks (e.g. rapes) of those fetching water, increase sense of pride, order, and harmony, household status and self-regard, perception of household in regards to neighbours, |
| 1. **Impact on education** |
| * 1. School attendance |
| * Examples: number of children inscribed in school registers, punctuality of children coming to school, etc. |
| * 1. Children retention and absenteeism |
| * Examples: percentage of inscribed children leaving class part way through the day, or not coming to school at all. |
| 1. **Environmental impact** |
| * 1. Changes in the groundwater |
| * Examples: evidence of groundwater contamination (fecal contamination, arsenic, mercury, etc.), groundwater flows altered by well overdrawing, salt-water intrusion in aquifer in coastal or island areas, decrease of water table in locally or in downstream or down-gradient locations. |
| * 1. Degradation of ecosystem |
| * Examples: Loss of biodiversity (flora and fauna), soil erosion (e.g. from pipe leakage or poor drainage taps), alteration of river beds (e.g. by sedimentation, flooding, faecal material, etc.), land subsidence (e.g. by exhaustion of groundwater), loss of economic productivity, increase of breeding place for disease vector. |
| 1. **Impact on the NS (Organizational Development)** |
| * 1. Volunteers & NS staff activity |
| * Examples: People involved in the project activities that have volunteered at least four hours during the last month, project staff that have remained employed in the NS structure for an additional period of at least one year. |
| * 1. Partnerships |
| * Examples: additional partnerships forged with local authorities and local NGOs as a direct result of project activities. |

1. **Sustainability criteria**

A sustainable action is defined in the look-back study ‘an action that is economically viable, socially acceptable, technically and institutionally appropriate, and that protects the environment’. The definition can be translated in **four evaluation criteria** to better structure the study and also the collection of data on the ground, as follows:

1. Economic viability: Analysis of Cost Recovery aspects.
2. Social acceptance: Demand-driven vs. Supply-driven approach.
3. Technical appropriateness: Affordable and viable technical solutions.
4. Institutional appropriateness: Exit strategy and CBM.

For each criterion, a menu of example indicators is included in Table 2. The table also includes aspects of **replicability**. Note that these types of indicators are very context related therefore need to be adapted to the specific context.

**Table 2.- Sustainability and replicability** **indicators**.

| 1. **Economic viability - Cost Recovery** |
| --- |
| 1.1. Operation & maintenance costs of water supply system |
| * Sufficient fees are collected to, as a minimum, cover annual operation and minor maintenance costs * <3 years: Evidence that funds are collected in the community * Funds are kept and used in a transparency manner |
| 1.2. Replacement costs of water supply system |
| * <6 years: Sufficient funds available to replace most expensive parts * <10 years: Capital maintenance expenditures (full depreciated replacement costs) are covered |
| 1. **Social acceptance** |
| 2.1. Demand driven approach |
| * People were informed and consulted on costs of water supply and sanitation services |
| 1. **Technical appropriateness** |
| 3.1. Availability of tools, spare parts and materials |
| * Access to required tools, spare parts and materials to maintain and repair water supplies |
| 1. **Institutional appropriateness** |
| 4.1 Capacity and involvement of community health, WatSan and/ or hygiene committee |
| * A system/ network of trained people exists and ensures proper management of facilities * Levels of management responsibility are recognized and linked * Beneficiaries understand and trust WatSan/HP management system * There is a minimum of 1 person active in the community committee * The committee has tangible outputs in terms of management, actions or decisions * Nr. of people active in the community committee * Outcomes of committee meetings |
| 4.2 Capacity and involvement of RC/RC community volunteer |
| * Community members know RC/RC volunteers and understand the role they can play in WatSan/HP * Community members report consulting RC/RC volunteers in WatSan/HP * Evidence of support provided by RC/RC volunteers to community members * Volunteer provides technical support and assistance to community minimally once every month |
| 4.3 Access to technical (back-up) support services to maintain water supplies |
| * Trained technical staff are available within the community * Technical support services will respond within a maximum of 7days for major faults ad 14 days for minor faults. * A system/ network of trained people should exist to ensure proper maintenance and repair of facilities |
| 4.4 Follow-up RC/RC projects targeting same beneficiaries |
| * There were no other projects completed targeting the same beneficiaries after project completion or; * There were one or more other projects completed targeting the same beneficiaries after project completion. \*Key question is whether projects could have affected outcomes evaluation! |
| 4.5 Partnerships with the government |
| * No, one or more services and/or equipment provided by government |
| 4.6 Partnerships with other local partner organizations |
| * No, one or more services and/or equipment provided by partner organization |
| 1. **Replicability/ Multiplier effect** |
| 5.1 Type and number of water- and excreta disposal facilities replicated in project area |
| * Additional water supply coverage is developed * People within the project area, not covered by the project, develop excreta disposal facilities themselves |
| 5.2 Number of beneficiaries applying safer hygiene practices beyond intended target group |
| * Evidence of people other than the intended direct project beneficiaries applying safe hygiene practices |
| 5.3 Evidence of other projects implemented in more or less same way |
| * Evidence of other projects applying project approaches |

1. **Common Questions & Answers**

* ***What is the recommended timeframe for a look-back study?***

Two years after the completion of the project was enough to reveal some aspects that were not seen during the final evaluation, especially on issues related to the CBM component and community structures and their relation to the local authorities. However, key issues, such as separation of gender roles and impact on the socio – economic situation, require longer time to become apparent. A timeframe of 3 to 5 years to conduct post-intervention studies would be recommendable though this is not a common practice in the sector yet.

* ***Should we carry out look-back studies for all WatSan projects in the Red Cross/Red Crescent?***

There is no need to conduct a look back study for every single WatSan intervention (it is not feasible from the financial perspective). Possible scenarios where conducting a look back study would be pertinent are countries where the NS is heavily involved in the WatSan sector and the NS and donors are collectively interested in drawing lessons and identifying good practices for improving the design and management of future interventions.

Furthermore, in countries where there is interest in informing processes of decision-making and advocacy (for example, expanding, modifying or eliminating programs or policies). NSs building up their WatSan capacity might be interested in scaling up pilot projects or new methodologies / approaches. The ToR guiding these types of studies should always state the purpose of the evaluation, so expectations and results become clear to all partners involved.

* ***What is the best team composition for a look-back study?***

Look back studies are costly and complex processes and appropriate skills need to be put in place. It is recommendable to use mixed teams with local staff from NSs and / or local Universities, consultancy firms, etc. together with international experts. Local staff can be responsible for data collection and processing, and interpretation of local data. International staff can provide technical assistance, advisory, quality control. Responsibilities of both parties should be clearly stated in the ToR.

* ***Are donors willing to fund post-project evaluations?***

It is necessary to develop the M&E agenda further in the Red Cross and start planning for M&E initiatives beyond the project life. Thematic funding on M&E need to be additionally explored and more advocacy work needs to be done with traditional WatSan donors (EU and respective governments). The initiatives by NLRC in Uganda and by IFRC, British Red Cross and Finnish Red Cross in Zimbabwe are good examples of this.