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IMPLEMENTATION COMPLETION AND RESULTS REPORT  
(TF-55447)

ON A  
MULTI-DONOR TRUST FUND GRANT  
IN THE AMOUNT OF  
\$7.65 MILLION EQUIVALENT  
TO THE  
ISLAMIC REPUBLIC OF AFGHANISTAN  
FOR A  
RURAL WATER SUPPLY AND SANITATION PROJECT

June 25, 2010

Sustainable Development Department  
Urban and Water Unit  
Afghanistan Country Management Unit  
South Asia Region

## CURRENCY EQUIVALENTS

(As of May 31, 2010)

Currency Unit = Afghani

SDR1.00 = US\$1.61

US\$1.00 = AFN48.30

AFGHAN FISCAL YEAR

March 21–March 20

## ABBREVIATIONS AND ACRONYMS

AFMIS	Afghanistan Financial Management Information System
ANDS	Afghanistan National Development Strategy
ARTF	Afghanistan Reconstruction Trust Fund
CDC	Community Development Council
CDD	Community-driven development
DAB	Da Afghanistan Bank
DDA	District Development Assembly
ECE&PWP	Emergency Community Empowerment and Public Works Project
EoI	Expression of Interest
ERR	Economic rate of return
FM	Financial management
FMR	Financial monitoring report
FP	Facilitating partner
ICR	Implementation Completion Report
KAP	Knowledge, Attitude, Practice
MIS	Management Information System
MOF	Ministry of Finance
MRRD	Ministry of Rural Rehabilitation and Development
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
NSP	National Solidarity Program
O&M	Operation and maintenance
PDO	Project Development Objective
PIU	Project Implementation Unit
PRRD	Provincial Rural Rehabilitation and Development
RWSS	Rural water supply and sanitation
SO	Support Organization
SDU	Special Disbursement Unit
SWAp	Sector-wide approach
Watsan	Water and Sanitation (now WatSIP)
WatSIP	Water, Sanitation and Irrigation Program

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Country Director:	Nicholas J. Krafft
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Project Team Leader:	Srinivasa Rao Podipireddy
ICR Team Leader:	Srinivasa Rao Podipireddy/ Vijay Gawade

**ISLAMIC REPUBLIC OF AFGHANISTAN  
RURAL WATER SUPPLY AND SANITATION PROJECT  
IMPLEMENTATION COMPLETION REPORT**

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<b>A. Basic Information</b>			
Country:	Afghanistan	Project Name:	ARTF - Rural Water Supply and Sanitation Project
Project ID:	P091038	L/C/TF Number(s):	TF-55447
ICR Date:	06/25/2010	ICR Type:	Core ICR
Lending Instrument:	SIL	Grantee:	ISLAMIC REPUBLIC OF AFGHANISTAN
Original Total Commitment:	USD 5.0M	Disbursed Amount:	USD 6.2M
Revised Amount:	USD 5.0M		
<b>Environmental Category: B</b>			
<b>Implementing Agencies:</b> Ministry of Rural Rehabilitation and Development (MRRD)			
<b>Cofinanciers and Other External Partners:</b>			

<b>B. Key Dates</b>				
Process	Date	Process	Original Date	Revised / Actual Date(s)
Concept Review:		Effectiveness:		
Appraisal:		Restructuring(s):		
Approval:	12/15/2005	Mid-term Review:	10/31/2006	
		Closing:	06/30/2007	12/31/2009

<b>C. Ratings Summary</b>	
<b>C.1 Performance Rating by ICR</b>	
Outcomes:	Moderately Satisfactory
Risk to Development Outcome:	Substantial
Bank Performance:	Satisfactory
Grantee Performance:	Moderately Satisfactory

<b>C.2 Detailed Ratings of Bank and Borrower Performance (by ICR)</b>			
Bank	Ratings	Borrower	Ratings
Quality at Entry:	Satisfactory	Government:	Moderately Satisfactory
Quality of Supervision:	Satisfactory	Implementing Agency/Agencies:	Moderately Satisfactory
<b>Overall Bank Performance:</b>	Satisfactory	<b>Overall Borrower Performance:</b>	Moderately Satisfactory

<b>C.3 Quality at Entry and Implementation Performance Indicators</b>			
<b>Implementation Performance</b>	<b>Indicators</b>	<b>QAG Assessments (if any)</b>	<b>Rating</b>
Potential Problem Project at any time (Yes/No):	No	Quality at Entry (QEA):	None
Problem Project at any time (Yes/No):	No	Quality of Supervision (QSA):	None
DO rating before Closing/Inactive status:	Satisfactory		

<b>D. Sector and Theme Codes</b>		
	<b>Original</b>	<b>Actual</b>
<b>Sector Code (as % of total Bank financing)</b>		
Sanitation	25	30
Water supply	75	70
<b>Theme Code (as % of total Bank financing)</b>		
Pollution management and environmental health	33	33
Rural services and infrastructure	67	67

<b>E. Bank Staff</b>		
<b>Positions</b>	<b>At ICR</b>	<b>At Approval</b>
Vice President:	Isabel M. Guerrero	Praful C. Patel
Country Director:	Nicholas J. Krafft	Alastair J. McKechnie
Sector Manager:	William D. Kingdom	Sonia Hammam
Project Team Leader:	Srinivasa Rao Podipireddy	Tashi Tenzing
ICR Team Leader:	Srinivasa Rao Podipireddy	
ICR Primary Author:	Vijay Gawade	

## **F. Results Framework Analysis**

### **Project Development Objectives** (from Project Appraisal Document)

i) Improve the health of rural communities in Afghanistan by increasing awareness through integration of health and hygiene education with the provision of safe and sustainable water supply and sanitation services;

ii) Strengthen and build the capacity of government (central and provincial) for sector development and that of NGOs, the private sector and the communities to scale up provision of sustainable water supply and sanitation facilities.

**Revised Project Development Objectives (as approved by original approving authority)**

**(a) PDO Indicator(s)**

Indicator	Baseline Value	Original Target Values (from approval documents)	Formally Revised Target Values	Actual Value Achieved at Completion or Target Years
<b>Indicator 1 :</b>	Percent increase in number of households with improved access to water points;			
Value quantitative or Qualitative)	No Baseline Value	76017	111375	76137
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	76,137 HH across 456 villages in 8 Provinces benefitted from the water points constructed under the project. MRRD's KAP surveys indicate 34% increase in number of HH with improved access to water points.			
<b>Indicator 2 :</b>	Percent increase in number of households with improved access to hygienic sanitation facilities;			
Value quantitative or Qualitative)	No Baseline Value	2850 Sanitary Latrines	4110 Sanitary Latrines (or HH)	4017 Households with Latrines
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	98% achievement against PAD targets. The project supported construction of demonstration latrines to promote sanitation and generate demand.			
<b>Indicator 3 :</b>	Percent decrease in the prevalence of diarrheal disease morbidity among children under five years;			
Value quantitative or Qualitative)	No Baseline Value	No targets Established	No targets Established	Not Measured
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	Targets were not established in absence of baseline values. No ex-post surveys conducted. No of Households reached with household women as targets for Hygiene Education linking water and diarrhea are 59384.			
<b>Indicator 4 :</b>	Percent increase in the number of individuals that practice hand washing with soap at critical junctures;			
Value quantitative or Qualitative)	No Baseline Value	No targets Established	No targets Established	Not Measured
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	Targets were not established in absence on baseline values. A large number of HH reached through hygiene education (59384 HH) than those covered by sanitary latrines (4017 HH). MRRD's KAP Surveys indicate 55% increase in hand washing.			
<b>Indicator 5 :</b>	No. of Community Development Councils (CDCs) and/or elected water supply and sanitation users groups formed/involved in project planning and			

	implementation;			
Value quantitative or Qualitative)	No Baseline Value	No targets Established	No targets Established	297 CDCs and 13 Water User Groups
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	The Project was planned and implemented through CDCs and User Groups in all cases.			
<b>Indicator 6 :</b>	Increased capacity of Government agencies (central and provincial) to monitor the sector and manage contracts;			
Value quantitative or Qualitative)	No Baseline Value	No targets Established	No targets Established	Not measured
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	MRRD's capacity to manage contracts improved significantly from Original Grant Project to Additional Grant project. 35 Works contracts in Additional Grant Project were completed in 16 months compared to 43 contracts in Original Grant Project in 33 months.			
<b>Indicator 7 :</b>	Increased capacity of the local NGOs and private sector involved in social capital mobilization and in the construction of water points and sanitary latrines (total number of units/year)			
Value quantitative or Qualitative)	No Baseline Value	950 Water Points and 15 Piped Schemes and 2850 Sanitary Latrines	950+420 Water Points, 15 piped schemes and 2850+1260 Latrines	760+420 Water Points, 10 piped schemes & 2757 + 1260 Latrines completed
Date achieved	12/15/2005	06/30/2007	12/31/2009	12/31/2009
Comments (incl. % achievement)	The capacity of the NGOs and Construction Partners improved significantly from 89% of achievement in Original Grant Project to 100% achievement in Additional Grant project.			

**(b) Intermediate Outcome Indicator(s)**

Indicator	Baseline Value	Original Target Values (from approval documents)	Formally Revised Target Values	Actual Value Achieved at Completion or Target Years
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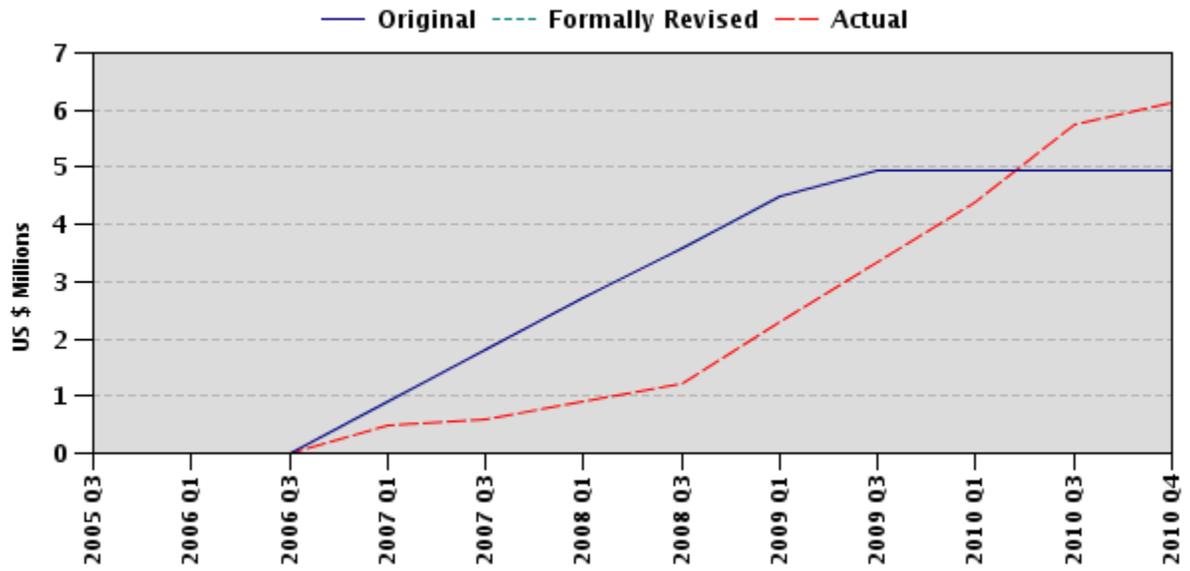
**G. Ratings of Project Performance in ISRs**

No.	Date ISR Archived	DO	IP	Actual Disbursements (USD millions)
1	08/27/2008	Moderately Satisfactory	Moderately Satisfactory	1.67
2	12/16/2008	Moderately Satisfactory	Moderately Satisfactory	2.39
3	06/23/2009	Satisfactory	Satisfactory	3.91
4	11/04/2009	Satisfactory	Moderately Satisfactory	4.77

## H. Restructuring (if any)

Not Applicable

## I. Disbursement Profile



## **1. Project Context, Development Objectives, and Design**

### **1.1 Context at Appraisal**

1.1.1 After three decades of conflict and political instability, Afghanistan was, and remains, one of the poorest and longest suffering countries among the member states of the World Bank. At the time of the appraisal (2004), 18 million of the 23 million (75%) people in Afghanistan lived in rural areas. An estimated 75% of these rural dwellers did not have access to safe and reliable water supply and 89% to adequate sanitation facilities. Moreover, many of the existing wells were found to dry up due to drought. The mortality rate of children under 5 was as high as 25%. Half of these deaths were caused by preventable water-borne diseases. Household economic surveys indicated that spending on health care was second only to food.

1.1.2 The history of water supply and sanitation (WSS) efforts in Afghanistan shows that NGOs have been taking the lead in their provision. In 2003, through its Ministry of Rural Rehabilitation and Development (MRRD), the Government had just begun to take a more proactive leadership role in sector development by coordinating sector stakeholders and building on the existing successful and locally developed rural water supply practices. Through consultative workshops with key stakeholders, MRRD had developed a “Rural Water Supply and Sanitation Policy/Strategy” for Afghanistan.

1.1.3 The policy emphasizes basic WSS service for all, improved health through the integration of health and hygiene education with WSS, community cost-sharing, and ownership and management including Operations & Maintenance (O&M). The role of the Government is defined as policy development, national planning, coordination, and monitoring and evaluation (M&E). Direct service delivery eventually will be outsourced to the private and NGO sectors. The thrust is to carry out demand-driven water supply and sanitation services. The emphasis is on empowering the community members, who will be responsible for planning, designing, and implementing with the assistance of partner organizations; and for subsequent O&M. The MRRD prepared a development program comprising 3 scenarios for universal coverage: fast track: 5 years; medium-pace track: 7 years; and longer term track: 10 years. The funding need for this subsector was estimated at US\$205 million (2004 figures).

1.1.4 The MRRD had submitted a project proposal for US\$19.90 million for funding from the Afghanistan Reconstruction Trust Fund (ARTF). The rationales for ARTF funding are to (a) help streamline the appropriate approach to scale up service delivery in the sector, (b) initiate partnerships between NGOs/private sector and the Government; (c) support the Government’s efforts to take a more programmatic approach to sector development to eventually lead to a sector-wide approach (SWAp).

1.1.5 At the time of appraisal, the linkage between the RWSS Project and the ongoing NSP was a topic of debate within the Bank. Initial funding for the NSP had been provided by the community-driven development (CDD) component of the Emergency

Community Empowerment and Public Works Project (ECE&PWP), which became effective in June 2002. NSP provided block grants to communities for priority investments in village level social and productive infrastructure.

1.1.6 However, at appraisal, two issues stood out. It was unclear whether the RWSS sector was a national priority since it was not named in the Cabinet Paper on National Priority Programs. The MRRD and the Ministry of Finance proposed that the Rural Water Supply and Sanitation Project be a standalone project within the new rural and urban (drinking) water national priority program.—The rural and urban water national program never took off. Nevertheless, the Government confirmed that rural water supply indeed was a national priority.

## **1.2 Original Project Development Objectives (PDO) and Key Indicators** *(as approved)*

### **1.2.1 Project Development Objectives**

- (i) Improve the health of rural communities in Afghanistan by increasing awareness through integration of health and hygiene education with the provision of safe and sustainable water supply and sanitation services
- (ii) Strengthen and build the capacity of government (central and provincial) for sector development and that of NGOs, the private sector and the communities to scale up provision of sustainable water supply and sanitation facilities

### **1.2.2 Key indicators to monitor achievements of the development objectives are:**

- (i) Percent increase in number of households with improved access to water points
- (ii) Percent increase in number of households with improved access to hygienic sanitation facilities
- (iii) Percent decrease in the prevalence of diarrheal disease morbidity among children under five years
- (iv) Percent increase in the number of individuals who practice hand-washing with soap at critical junctures
- (v) No. of Community Development Councils (CDCs) and/or elected water supply and sanitation user groups formed/ involved in project planning and implementation
- (vi) Increased capacity of Government agencies (central and provincial) to monitor the sector and manage contracts
- (vii) Increased capacity of the local NGOs and private sector involved in social capital mobilization and in the construction of water points and sanitary latrines (total number of units /year).

### **1.3 Revised PDO (*as approved by original approving authority*) and Key Indicators, and Reasons/Justification**

1.3.1 The Additional Financing for the ARTF Rural Water Supply and Sanitation Project approved in 2008 made no changes to the original PDOs. However, key indicator number (iii) of the original project– “percent decrease in the prevalence of diarrheal disease morbidity among children under five years” was dropped due to the difficulty of obtaining reliable data and the underlying issue related to attribution.

### **1.4 Main Beneficiaries**

1.4.1 The primary beneficiaries of the project in general were the rural population of Afghanistan who lacked access to safe and adequate drinking water facilities. More specifically, the beneficiaries were people in identified districts in the eight selected Provinces.<sup>2</sup>

1.4.2 The other beneficiaries included Ministry of Rural Development and Rehabilitation and its Provincial Units in the project Provinces, NGOs, and Construction Partners who received the project support to develop their capacity to implement and scale-up demand driven and integrated water supply and sanitation program in the country.

### **1.5 Original Components (*as approved*)**

1.5.1 The original project had three major components: strengthening the capacity of national and local government for service delivery, providing safe water and sanitation facilities to the unserved population of Afghanistan, and implementing sectoral studies.

1.5.2 **Component (a): Strengthening and capacity building of government agencies, NGOs, private sector, and the communities (\$1.28 million).** This component included technical assistance (TA), the establishment and financing of the recurrent costs (on a declining scale) of the project implementation unit (PIU), monitoring and evaluation (M&E), Management Information System (MIS) and training to enhance the capacity of (a) MRRD to develop national rural water supply and sanitation sector plans; implement sector policies and strategies; monitor and evaluate the sector; carry out more effective sector coordination and facilitate sector development; and streamline effective and efficient approaches to service delivery; (b) NGOs to assist communities to create awareness regarding health, hygiene, and sanitation education; community mobilization; (c) private sector to assist the communities to construct rural water supply and sanitation facilities; and (d) communities to take charge of their water supply and sanitation facilities and assume full O&M responsibility.

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<sup>2</sup> Badghis, Baghlan, Jawzjan, Kabul, Kunduz, Samangan, Sari pul, and Takhar.

**1.5.3 Component (b): Selection and construction of water points and construction of sanitary latrines including the provision of community-level health and hygiene education (\$3.28 million).** The component included (a) the software aspects of the project which comprise social mobilization, capacity building, awareness-creation, training, and supervision of construction activities; (b) the hardware aspects, which consist of construction of approximately 950 water points with hand pumps, approximately 15 gravity flow piped schemes with stand posts; protection and rehabilitation of springs and existing water points, and construction of 3 demonstration latrines per water point constructed; creation of demand for, and construction of, sanitary latrines in each of the participating households as well as development of an O&M plan; and (c) community-based O&M system based on existing good practices in Afghanistan.

**1.5.4 Component (c): Studies (\$0.44 million).** This component comprised funding various studies that would help identify appropriate approaches to deliver safe drinking water and sanitary latrines; develop a strategy for carrying out an effective national campaign for health and hygiene education as well as develop measures to regularly monitor water quality. The studies would include:

- (a) Assessment of design parameters for service delivery to small rural towns;
- (b) Assessment of service delivery options for *Kuchis* (nomads) by consultants with long experience in working with Afghan nomads, preferably pre-war, to ensure sufficient insight into nomad lifestyle;
- (c) Study to determine a strategy for a national health, hygiene, and sanitation campaign, including the most effective means of developing coordination among different government line ministries and other stakeholders, including piloting the strategy;
- (d) Study, cognizant of regional experiences, to develop feasible sanitation strategy/ approaches appropriate to Afghanistan to expeditiously expand coverage, including a pilot program;
- (e) Water quality monitoring; and
- (f) Surveys and studies leading to appropriate technology and sector development.

## **1.6 Revised Components**

1.6.1 The ARTF Management Committee approved an additional financing of US\$2.65 million on August 26, 2008. The Additional Financing (AF) supported changes to components (a) and (b) of the original project. The AF would fund 420 additional water points, 1260 latrines, hygiene promotion efforts in 14 districts in the same provinces, and water tankering in 3 provinces in the project area.

## **1.7 Other significant changes:**

1.7.1 The first amendment to the ARTF Grant Agreement was to provide a procurement method for community contracting. This amendment enabled contracting

through CDCs for gravity flow water supply schemes and minimized implementation delays by expediting selection of contractors.

1.7.2 The second amendment to the Grant Agreement was done on September 3, 2008 under the Additional Financing to allow Provincial Rural Rehabilitation and Development (PRRDs) (in addition to support organizations, or SOs) to facilitate implementation of schemes to ascertain which model of facilitation was more cost effective: through SOs or through PRRDs.

1.7.3 The water tankering component was dropped in mid-2009 as MRRD had secured the funding to buy tankers from other sources. It was decided that the US\$300,000 allocated for this component would be used to purchase a drilling rig. Since the bids for the drilling rig were nonresponsive, the money was not spent.

1.7.4 The AF of \$2.65 million included dedicated funds from USAID of US\$0.4 million for Musa Qala District in Helmand Province for the construction of 225 water points, 400 toilets, and hygiene promotion programs in 12 villages under a separate agreement with MRRD. As the implementation arrangement was not very clear (entrusted to DFID's PMU to implement), these activities did not take off. MRRD requested USAID to reallocate the funds to purchase water-supply-related hand pump equipment and tools for improved O&M. These materials have been procured and so, most of the grant money has been used.

## **2. Key Factors Affecting Implementation and Outcomes**

### **2.1 Project Preparation, Design, and Quality at Entry:**

2.1.1 *Adequacy of government commitment:* The Government, through MRRD, remains committed to the rural water supply and sanitation sector. It demonstrated its commitment by developing a National Rural Water Supply and Sanitation Policy in 2004 through a stakeholder participatory approach and subsequently revising it in 2007. In fact, the need for water supply is so great that there often was a tension within the Government between bringing about the needed reforms in the sector versus the urgency of delivering water points. However, the urgent desire to provide services often was prevented by the cumbersome internal processes and procedures. The capacity to deal with this was wanting.

2.1.2 *Support to Government's programmatic approach:* The project design supported the Government's programmatic approach to sector development. The latter adopts an integrated approach to water supply, sanitation, and health hygiene education by seeking the active involvement of the community members, who would own the assets and be responsible for O&M of the facilities. Improvements to the poor health conditions due to water-borne diseases in rural Afghanistan through health and hygiene education, sanitation, and provision of safe water are a real need. Furthermore, the project aimed to build the sector capacity of various agencies; this capacity building, too, is needed and relevant. The project design took into consideration the early experiences under the NSP

and opted for the use of Community Development Councils (CDC) for delivery of services wherever they existed. Only where they were not formed did the project opt for the formation of Water Supply and Sanitation User Committees (WSSUC).

2.1.3 *Project development objectives and key project indicators:* The clearly articulated project objectives were focused on outcomes and relevant to the sector and the country's needs. The key project indicators were relevant to the objectives. However, the indicator related to the health improvements was somewhat ambitious because its attribution solely to the project interventions was difficult to assess. Therefore, under the AF, this indicator was dropped.

2.1.4 *Project components:* The three project components were relevant to achieve the project objectives. The design aimed to strengthen the capacity of the RWSS Department in MRRD so that it could lead sector development and do away with the multiple Project Implementation Units (PIUs)—a PIU for a funding agency—in the sector. This aim was relevant and needed; but its implementation proved to be ambitious. Capacity of the PRRDs, support organizations, private sector, and the CDCs or WSSUCs was needed and provided for in the project. Construction of water and sanitation facilities with health and hygiene education is relevant to improve the health condition of the rural areas as well as the basic service level, which was quite modest and limited. In areas that lacked tested experience, the project design proposed studies to develop better understanding and thus propose more robust implementation modalities.

## **2.2 Implementation:**

The following are the main factors affecting implementation of the project.

2.2.1 *Country situation:* The overall situation of the country did affect the implementation of the project. The project selected provinces and districts that were relatively safer from a security perspective. Nevertheless, the security environment deteriorated, making it increasingly more difficult to visit project sites during implementation support missions.

2.2.2 *Availability of project manager:* The start-up of the project was slow. The project was declared effective on February 26, 2006. In fact, MRRD had selected a Project Manager in early March 2006. However, due to security concerns, the selected candidate has opted out. Finally MRRD was able to hire the first Project Manager, who started work on August 3, 2006.

2.2.3 *Change in implementation arrangement:* (a) Under the project, an Implementation Manual (IM), which defines the standards, approaches and guidelines for implementation of the project, was developed. All sector stakeholders were encouraged to use the manual to harmonize their approaches. Although the project envisaged working through CDCs using the NSP model, this method of community contracting was not provided in the Grant Agreement. The Grant Agreement was amended on December 18, 2006 to allow community procurement. This amendment helped to accelerate project implementation.

A memorandum of understanding (MoU) signed among MRRD, MOF, and Da Afghanistan Bank (DAB) on March 8, 2008 allowed the CDCs to use their accounts for Rural Water and Sanitation (Watsan) projects. With the MoU as a basis, the community contracting manual was further revised to introduce new procedures for the transfer of funds to CDCs.

(b) The original project envisaged the hiring of SOs as facilitating partners (FPs) with the PRRDs responsible for monitoring the FPs. During the course of the project, MRRD entrusted the FP responsibility to the PRRDs. Instead of using SOs, the PRRDs hired individual social mobilizers directly to conduct the software aspects of the project. The workload was divided between these two models. Despite substantial delays, both delivered the project targets,

*2.2.4 Project planning and coordination:* Project planning and coordination remained centralized at the National Office. Joint planning meetings were rarely held to review progress and resolve issues. Furthermore, frequent staff changes at the managerial level (PIU) during 2008–09 affected the planning and coordination activities in the project.

*2.2.5 Payments delays:* A major factor that exacerbated delays was the centralized system of approving and making payments. Time-consuming approval and payment processes, and delays in payments to contractors, SOs, CDCs, project staff, and consultants were factors that negatively affected project implementation. The implementation delays ranged from 3–4 months and, in some cases, even more. As a result, the SO contracts (at no additional cost) and time for construction of works needed to be extended. Due to the slow start and the slow implementation, the original closing date of the project was extended. In December 2009, prior to the closure of the project, payment of invoices worth \$1.76 million was pending.

*2.2.6 Procurement:* Despite the fact that several options for strengthening the capacity of procurement were available, procurement within MRRD was weak throughout the project period. In some cases, the Government's own procurement guidelines were followed (works tender in Darzab District in Jawzjan Province). This caused substantial confusion and delays. The inability of the bid evaluation committees to understand the procedures caused unnecessary delays in the finalization of contract awards– for works, purchases of equipment for PRRDs, and renting of vehicles.

## **2.3 Monitoring and Evaluation (M&E) Design, Implementation, and Utilization**

*2.3.1* A Management Information System (MIS) has been developed within the Watsan department of MRRD. The MIS was designed largely to monitor the physical and financial progress of the projects. It can generate quantitative information for most of the project indicators. The existing MIS is able to monitor the project progress satisfactorily. Although the submission of monthly and quarterly progress reports generally was delayed, over the project period, the quality improved. No independent evaluation was conducted for this project.

## 2.4 Safeguard and Fiduciary Compliance

2.4.1 Given the nature and size of the water supply and sanitation schemes implemented under the project—the project has net positive social and environmental impacts.

### 2.4.2 Social and Environmental Safeguards

#### (i) Social Safeguards:

- *Social inclusion* : Participatory planning and implementation through CDCs facilitated by PRRDs and SOs helped ensure the inclusion of minority and vulnerable and marginalized groups.
- *Location of water points*: Some water points were found to be located within the premises or compounds of mosques. These locations prevented women from accessing the water points. The project required that women were to be consulted in determining the location of water points. This requirement was not followed fully as the participation of women in the project processes was weak due to local cultural constraints.
- *Land acquisition*: Land required to construct reservoirs, hand pumps, and stand posts was obtained through private voluntary donations, available government land, or the community paying compensation in accordance with the Bank's guidelines for Land and Asset Acquisition, Entitlements and Compensation. However, these transactions were poorly documented as prevailing *Pakhtunwali* and *Afghniyat* practices<sup>3</sup> for such transactions require no documentation. No strategy was developed to improve the documentation.

#### (ii) Environmental Safeguards:

- *Environmental impacts*: At appraisal, the possible negative environmental impacts from the project were identified as (a) erosion and water logging in gravity flow schemes, and poor disposal of wastes; (b) ground water pollution due to improper and poorly built latrines, and (c) consumption of contaminated water. To address these issues, the following actions were taken: (a) waste disposal pits were constructed for hand pumps and stand posts. Concrete drains were provided under the project for water points, and, in some cases, communities contributed to the construction of drainage beyond the concrete drains provided under the project; (b) well-designed pit latrines were constructed at least 15 meters (m) away from the nearest drinking-water wells; and (c) the project promoted the installation of hand pumps over the open wells, as the latter are found to be contaminated with fecal coliform. In addition, to reduce the risk of water contamination at source and household

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<sup>3</sup> *Pakhtunwali* and *Afghniyat* – traditional practices.

levels, health and hygiene education was given to 59,384 households (38% more than those covered by water points and sanitary latrines) through 5 visits per household per year with the help of 1,116 trained hygiene promoters.

- *Water quality testing:* Under the project, after drilling, the water quality was to be tested for 5% to 10% of the water sources. Some such tests were carried out in Kabul province, where a laboratory is available; but no tests were done in the other provinces, which lack laboratory facilities.

### 2.4.3 Financial Management

- Project accounting, payments, financial statements and responsibility for submission of audited financial statements are centralized within the Ministry of Finance (MOF). The government-wide Public and Financial Management (PFM) guidelines, which are used for all IDA and ARTF projects, were assessed with the Public Expenditure and Financial Accountability (PEFA), PFM performance measurement framework in 2005 and at the end of 2007. These were found to be better than the average of low-income countries, particularly on the Accounting, Recording and Reporting dimensions.
- Records of the project's funds receipts and disbursements from inception until closure were maintained at the MOF Special Disbursement Unit (SDU). The disbursement records also were maintained at the line ministry (MRRD). The records for this project, as for all other emergency projects in Afghanistan, were maintained manually at the SDU from inception until March 2005, when the SDU started using the Afghanistan Financial Management Information System (AFMIS) for all projects as well as the financial transactions of line ministries financed under this project. Supporting documents were maintained satisfactorily for all payments.
- Funds flow to all implementing agencies was controlled centrally by the MOF (SDU). An assessment of the process reveals that it was managed appropriately from the beginning of the project. Initially, financial reporting was poor. Monthly and quarterly financial reports—including the mandatory financial monitoring reports to be submitted quarterly to the Bank—were not prepared regularly and did not contain all the required information. However, financial reporting improved considerably over time. The financial monitoring reports (FMRs) were prepared and submitted regularly from the 4<sup>th</sup> quarter of SY1385 (2006–07). Annual audited financial statements were submitted regularly, although later than the mandated submission deadline.
- The audit opinion of the Control and Audit Office of Afghanistan was qualified (unclean) for SY1385 and unqualified (clean) for SY1386 and SY1387. Satisfactory responses were provided on the issues raised in the SY1386 audit report. The SY1387 audit report was due on September 22, 2009, but was submitted late on December 20, 2009. There was one issue of

differences between the Financial Statements and the FMR. This was communicated to the MRRD on February 22, 2010, and their response has been received. There were no other key issues reported in the management letter.

- Given that the financial management systems in place were weak when the project became effective, it can be concluded that FM capacity has been built steadily over the life of the project. A financial management review was done in April 2010, which included a transaction review of the expenditures up to March 31, 2010 of the project. The review had no key issues.

#### **2.4.4 Procurement**

- Procurement of goods, works and services at the national level as well as by CDCs was consistently monitored and supported to ensure compliance with the Bank's guidelines and the provision under the community procurement method as specified in the Grant Agreement amended on December 18, 2006. Procurement at the community level adhered to the guidelines given in the community procurement manual developed by the PIU and cleared by the Bank on May 6, 2008. Procurement plans and schedules were submitted as required.
- The procurement procedures followed were transparent and competitive. However, in several instances, procurement procedures were delayed due to confusion created by the requirements of the Bank Guidelines versus Government Procurement Procedures and Practices. Such delays were observed with respect to works contracted in Darzab District of Jazjan Province and purchases of equipment by PRRDs. The bid evaluation committee's lack of understanding of the required procedures caused delays in the finalization of award of tender for works and purchasing of items such as equipment for the PRRDs and renting vehicles through shopping procedures.

### **2.5 Post-Completion Operation /Next Phase**

#### **2.5.1 Sustainability of Water Assets**

- The operation and maintenance strategy for water assets was built into the project design. The project succeeded in putting in place community-based maintenance systems by appointing and training caretakers/scheme mechanics (478 across 456 project villages) at the CDC level supported by District Mechanics attached to PRRDs. These systems were supported through community contributions and technical support from PRRDs.
- The Sector Study findings suggest that the Caretakers System for water points was functional in 72% of cases. Furthermore, CDCs took the lead in 44% of cases in carrying out major repairs through community contributions. The lead

time for repairs fell from 4 weeks to 1 week. These achievements show that the community-based maintenance system, piloted under the project, is working. Continued support will be required to make these community-based maintenance systems a part of the long-term O&M strategy.

### **2.5.2 Capacities at Central Government and PRRDs**

- The PIU in Kabul and the PRRDs demonstrated improved capacity and performance during the Additional Financing. Considerable work also was being done in-house on refining the RWSS policy further and streamlining the sector approach in the country through consultations and setting standards and guidelines. Lessons of experience from the project show that, with limited investment, the capacities of central- and province-level institutions can be enhanced. However, to ensure continuity, such efforts need to be backed up with adequate and secure funding. This funding did not come through under the project, and the PIU is already closed due to lack of financial support.

### **2.5.3 Follow-on Project**

- MRRD submitted a request to the Bank (July 12, 2009) to fund a follow-on project. The Bank is in dialogue with MRRD on the need to carry out necessary sector diagnostic studies so as to establish an adequate knowledge base to underpin the formulation of a follow-on operation.

## **3. Assessment of Outcomes**

### **3.1 Relevance of Objectives, Design, and Implementation**

3.1.1 The objectives of the project—(a) improving the health of rural communities through integrating health and hygiene education with water supply and sanitation, and (b) strengthening the capacity of central and provincial governments, the NGO and private sectors are highly relevant. The significance accorded them by the project is in line with the priorities set out by the Government of Afghanistan in its National Development Strategy (ANDS) and with MRRD’s policy on rural water supply and sanitation (first Policy draft 2004, revised in 2007, and still being modified). The latter adopts a demand-responsive approach that aims to build the capacity of community-based institutions.

3.1.2 The project succeeded in demonstrating that, despite the fact that it faced centralized operational challenges, the decentralized approach of implementing community-based sustainable water, hygiene, and sanitation services works. To more effectively scale up the delivery of water supply and sanitation services to the unserved population of Afghanistan, the government needs to further decentralize its centralized operations.

## 3.2 Achievement of Project Development Objectives

3.2.1 *Project Development Objective 1: Improve the health of rural communities in Afghanistan by increasing awareness through integration of health and hygiene education with the provision of safe and sustainable water supply and sanitation services.*

3.2.2 Despite the challenging security situation and the difficult reconstruction context, activities planned at appraisal and the additional activities agreed when the additional funding became available were delivered. The hardware results achieved by the project, although with substantial delays, were close to the agreed targets (86% for water points, 98% for sanitation facilities) and surpassed the number of families targeted for hygiene education. The project also developed a community-based maintenance system that was found to be functional in 72% of cases, thus indicating sustainable use of the assets created. In view of the above, the achievement of Project Development Objective 1 is rated as **Satisfactory**.

3.2.3 Due to lack of reliable data at appraisal, baseline values for the key indicators were not available. Due to delays in project start and the resulting pressure to construct water points, the PIU did not focus on collecting baseline information. MRRD's impact Knowledge, Attitude, Practice (KAP) Surveys showed increases in the number individuals practicing hand-washing with soap (55% increase), but the resultant health benefits, could not be quantified. The qualitative achievements of this objective therefore are difficult to assess.

3.2.4 The project delivered the following outputs, which contributed to achievements of the project Development Objective:

**Table 3.1 Performance Indicators**

Performance indicators	Original Grant Project Targets	Additional Grant Project Targets	Targets Total	Achieved at Closure	Achievement (%)
No. of water points installed	950+15	420	1385	1190	86
No. of sanitary latrines constructed	2850	1260	4110	4017	98
No. of families reached through hygiene education	31777*	11305*	43082	59384	138
Increase in individuals practicing hand-washing with soap (%)	Not Established	Not Established		55%+	55
No. of caretakers trained	856	420	1276	1285	100

*Notes:*

\* = Targets not formally set in PADs but estimated by MRRD.

+ = Based on MRRD's KAP surveys conducted in the field and averaged for all 8 project provinces.

3.2.5 The delivery of water points, hygiene, and sanitation in an integrated way offered opportunities to rural communities to maximize safety of water at source and household levels. The interventions on hygiene education brought significant change to hygiene practices, as evident from MRRD's KAP Surveys. The project succeeded in the construction of targeted demonstration latrines although only 1 technical option of 4 was implemented. There is no clear evidence to show the use of these latrines and the generation of demand. Although there was a provision for scaling up latrine construction by using the Sanitation Revolving Fund mechanism, the PIU did not pursue this effectively.

3.2.6 The project succeeded in addressing sustainability issues by demonstrating an approach for setting up community-based maintenance system at the community level, which increased prospects for sustainability of water points.

*3.2.7 **Project Development Objective 2: Strengthen and build the capacity of government (central and provincial) for sector development and that of NGOs, the private sector and the communities to scale up provision of sustainable water supply and sanitation facilities.***

3.2.8 MRRD's ARTF Project Implementation Unit (PIU) attached to the Water, Sanitation and Irrigation Program (WatSIP) Department and Provincial units demonstrated commitment and provided the required technical support to the project. Institutional model of independent project implementation (without the support of SOs) by PRRDs in 4 provinces demonstrated enhanced capacity within PRRDs. The 2006 amendment of the ARTF Agreement to allow community procurement helped reduce the significant burden of centralized contract management. The quality of inputs and reporting provided by the staff improved in the later part of the project.

3.2.9 The PIU, however, suffered and had to face many challenges on account of the lengthy administrative procedures followed by MRRD and the Ministry of Finance. In addition to these, inadequate in-house technical support on procurement and finance kept the senior project staff busy in following up administrative issues rather than dealing with technical project issues. This splintering of effort negatively affected monitoring and technical support to the project. Project planning, coordination with provinces, procurement, and funds disbursement remained weak throughout the project life despite the continued concerns raised by Supervision Missions.

3.2.10 However, PIU's capacity to manage contracts improved significantly during the project period. Thirty-five works contracts during Additional Financing were completed in 16 months, compared to 43 contracts in the Original Grant Project in 33 months. No contracts were cancelled during Additional Financing, compared to 10% contracts (4 of 43) under the Original Project. One of the main objectives of the project was to strengthen the capacity of the Rural Water Supply and Sanitation Department, (initially known as WatSan, but more recently called the WatSip) to assume leadership in the sector. While the Department became more involved at the later stage than at the beginning of the project, much remains to be done to fulfill this aim. To cite an example,

there are various factors such as frequent turnover of counterpart staff due to poor salary and incentive structures. One aim of the project was to rationalize the individual PIUs for donor-funded projects by doing away with such PIUs and making the RWSS (Watsan) Department assume greater *responsibility* in the sector. This aim was met to some extent. The number of PIUs at the start of the project had dropped near the end. This decline also may have been due to default as the donor projects closed or may have been because the RWSS Division was gradually assuming greater leadership in the sector.

3.2.11 Nevertheless, given a very difficult country and environment, the achievement of the project Objective is rated as **Moderately Satisfactory**.

### 3.3 Efficiency

3.3.1 At the appraisal of the original project and also at the time of Additional Funding, economic analysis was not carried out due to the lack of reliable data. Given the lack of information available and in the absence of any ex-post analysis, a sample analysis of cost inputs and findings of ex-post analyses of similar water supply interventions in NSP was used.

3.3.2 A comparison of cost norms at appraisal and actual cost incurred for water points indicates significant reduction in spending on water points during Additional Financing. The costs incurred on water points in Additional Financing were 25% less than those in the original project and 20% less than the cost norm of the AF appraisal.

	Original Grant ( <i>Cost in \$</i> )		Additional Funding ( <i>Cost in \$</i> )	
	Water Points	Latrines	Water Points	Latrines
At appraisal	1500 (950+15)	50 (2850)	2894 (420)	78 (1260)
Actual*	3080	NA	2310	60+

Notes:

1 Figures in bracket indicate physical nos.

2 NA = Disaggregated costs for latrines not available

3 \* = based on MRRD's Estimates, + cost of the material supported through the project

3.3.3 An ex-post economic analysis of the water program in NSP was made in September 2008 by an independent consultant, and the same was used here to evaluate the benefits of water supply interventions. The technical options and implementation approach in NSP and those implemented in the ARTF-WatSan project were similar; hence, it is considered that the findings of the ex-post economic analysis of the NSP are still valid and can be referred to. The analysis<sup>4</sup> used a sample of 68 subprojects<sup>5</sup> across the country that benefitted approximately 11,168 rural families spread over 91 villages.

<sup>4</sup> Ex-Post Economic Analysis of National Solidarity Programme, S.Selvarajan, September 2008.

<sup>5</sup> 13102 m length of pipes, 745 m<sup>3</sup> water storage, and 304 shallow/deep wells/hand pumps installed.

3.3.4 *Value of time saved:* Before the NSP interventions, approximately 120 days were used annually per family (one-third of them using donkeys) to transport water. After the NSP interventions, this figure dropped to 35 days per family. The time used per trip to get water has come down substantially to just 14 minutes—one-fifth of the time taken before the project. The saved labor days are from both male and female adults and children, some of whom have used the saved time to become employed both on farm and off farm and/or engaged in self-income-generating activities, such as carpet weaving at home. Approximately 7% of the population reported water-borne diseases affecting them at least 6 times in a year prior to NSP interventions. Now, only 2% of the population is reporting water-borne related illness. Frequency of such illness per person also has come down to just twice in a year.

3.3.5 *Returns to investment:* Quick analyses of 68 water supply subproject sample reveals that subprojects with an investment cost of less than Af 1.5 million have yielded higher economic rates of return (ERRs) (above 30%) besides benefiting more families (200–300). These rates are either comparable or even better than the high-investment subprojects (above Af 1.5 million). The comparison between small and big water supply infrastructure investments favors small investment projects, from both the efficiency and equity points of view.

### **3.4 Justification of Overall Outcome Rating**

#### **Rating: Moderately Satisfactory**

3.4.1 The project objectives were highly relevant to the government’s program and the sector policy. The project was able to deliver WSS benefits to 76,137 rural households. The project strengthened the capacity of government institutions at the center and provincial levels, and build the capacity of NGOs, private sector, and the participating communities. The project offered a holistic approach to deliver safe and sustainable WSS services by integrating it in health and hygiene education. The WatSIP Department and the PRRDs have begun to take a leadership role in the delivery of WSS services. This role, of course, was achieved with delays because administrative support was not effective.

### **3.5 Overarching Themes, Other Outcomes and Impacts**

#### **(a) Poverty Impacts, Gender Aspects, and Social Development**

3.5.1 The planning processes of the project focused on inclusion and participation of women and, depending on local circumstances, women’s participation was promoted. However, women’s participation in the project processes remained continually weak. Women were more accessible as individuals at the household level than as a group at the community level. Hygiene education programs targeted women during visits to households and made them aware of the project interventions as well as of household hygiene practices. The project mobilized Community Health Workers in pairs of 1 woman and 1 man in collaboration with Ministry of Health to improve access to women

in villages. These couples reached 59,384 households during the project life and influenced behavioral change among 55% of individuals from the project villages.

### **(b) Institutional Change/Strengthening**

3.5.2 The project succeeded in implementing a decentralized approach through CDCs, local government, and central Government. PRRDs independently managed the social mobilization aspects of the project in 4 provinces and delivered the project outputs, indicating promising potential for replicating the same approach in the future/ other similar programs.

### **(c) Other Unintended Outcomes and Impacts (positive or negative)**

3.5.3 The project experience helped the MRRD to test and develop approaches and standards in a demand-driven and integrated water supply and sanitation program and integrate them with the policies being developed to streamline and move on to the sector wide approach. These approaches and standards now are being promoted among other donors and NGOs implementing Watsan programs in the country.

## **3.6 Summary of Findings of Beneficiary Survey and/or Stakeholder Workshops**

3.6.1 The MRRD organized a stakeholders' workshop to get feedback on the project achievements, performance of Bank and MRRD, and other project-related issues. The workshop was organized on April 3, 2010 and was attended by senior officials from MRRD, WatSIP Department, and PRRDs from 8 project provinces; and representatives of CDCs, Supporting Organizations, and UNICEF. Findings of the Workshop are presented in appendix 6 and summarized below.

- The project remained most relevant and successful in addressing the needs of water and sanitation in provinces. The project helped build the capacities of CDCs, PRRDs, and District Development Assemblies (DDAs) over the last four years; and future projects can be taken up using a similar institutional model.
- Province-level planning should be encouraged to reflect local situations in planning and to enhance ownership of the project at the lower level.
- The implementation schedule of 18 months for water supply schemes is adequate provided that procurement and financial delays are avoided at the national level.
- Inclusion issues need to be reviewed closely as (a) Supporting Organizations tend to work close to province headquarters, whereas donors prefer to go to remote villages; and (b) flexibility of technical norms to include scattered small groups of families (which otherwise are excluded under the norm of 1 water point for 25 families).
- Appointment of Caretakers at the CDC level has helped CDCs improve the maintenance of water points.
- Community contracting through CDCs has been successful and cost effective.
- Procurement procedures need to be simplified.

## **4. Assessment of Risk to Development Outcome**

### **Rating: Substantial**

#### ***4.1 Weak Institutional Capacity***

4.1.1 MRRD is yet to develop its capacity in technical areas such as geophysical investigations, water quality monitoring, and disinfection of water sources. No clear strategies were developed to address these areas. Lack of availability of specialists in these areas and of availability of sufficient equipment are additional issues.

4.1.2 PRRDs demonstrated their capacity to manage subprojects. However, their continued reliance on the national office affected their effective capacity to support the project. Slow pace of reforms further constrained their capacity building and will continue to undermine their growth toward emerging as decentralized local government institutions.

4.1.3 Availability of qualified technical staff has been an issue as the government environment is not attractive due to low salaries and poor working environments. There also are security concerns that demotivated staff to work at the local level. Most of the staff working on the project are on contract and funded by donors. Sustained funding would be required to support their salaries, and there is a risk that the staff may leave as soon the funding support is withdrawn. The PIU already closed because financing for the project ceased on the closing date of the project.

#### ***4.2 Sustainability***

4.2.1 The National Policy developed by MRRD makes CDCs fully responsible for the O&M of water assets. However, the policy lacks provisions for the required back-up technical support or the O&M financing to CDCs in case of major repairs or rehabilitation of existing water points. Institutional mechanisms and capacity at the province or districts to support such maintenance or rehabilitation is almost nonexistent due to lack of tools, staff, and funding. There is significant risk that unattended repairs may lead to abandoning of water points. Furthermore, the procurement of hand pumps was handled by CDCs with limited or no quality control from the project institutions and there are reports that the quality of hand pumps procured was inferior. All these factors significantly undermine the sustainability of water points created in the project.

#### ***4.3 Security***

4.3.1 Increased security risks in the country will continue to affect project staff movements and the MRRD's effective capacity to provide services.

## 5. Assessment of Bank and Borrower Performance

### 5.1 Bank Performance

#### (a) Bank Performance in Ensuring Quality at Entry

Rating: **Satisfactory**

5.1.1 The Bank's performance in ensuring quality at entry is rated as Satisfactory, based on a cumulative analysis as listed below.

Criteria	Rating	Justification
Strategic Relevance and Approach	Highly Satisfactory	Project objectives were highly relevant and closely aligned with Government's priorities of demand-led water and sanitation. Project continued using decentralized approach of strengthening local institutions advocated by government.
Technical, Financial, and Economic Aspects	Moderately Satisfactory	Project has innovative approach of integrated delivery of water, hygiene, and sanitation and at entry. It was developed based on the limited baseline data, experiences, and strategies available in country. The overarching goal was to deliver basic services to unserved rural population. No economic analysis carried on at appraisal, and no ex-post economic analysis at the closure.
Poverty, Gender and Social Development Aspects	Moderately Satisfactory	Participatory planning processes were inclusive, were monitored by SO, and were found satisfactory. Women's participation, although limited, was targeted individually through the hygiene education programme. The Project intended to study service delivery options for Kuchi nomad tribes, the poorest and most vulnerable population in Afghanistan, but it couldn't be taken up due to poor responses to EoIs.
Policy and Institutional Aspects	Satisfactory	At entry, Project preparation happened in parallel with policy development. The project preparation therefore, included most of the policy agreements reached at the Government level. Project prioritized institutional building at local level (provinces) and that of CDCs.
Stakeholder Consultations	Satisfactory	MRRD carried out several stakeholders' consultations on policy and implementation issues that improved their sense of ownership during implementation.
Implementation Arrangements	Moderately Satisfactory	Project adopted institutional model from NSP and ensured satisfactory technical and facilitation support to CDCs through PRRDs and SO. In acknowledgment of weak capacity, PIU at national level was set up. Operational effectiveness of national level arrangement was not sufficiently assessed at time of appraisal.

Monitoring and Evaluation Arrangements	Satisfactory	Monitoring indicators were relevant and strongly linked to the PDO. Project reporting was streamlined to capture data on these indicators. KAP Surveys were additionally included to capture data on behavioral change in hygiene practices.
Risk Assessment	Satisfactory	At entry, appraisal clearly identified risks and suggested mitigation measures. Measures were monitored continuously throughout the project life.

**(b) Quality of Supervision**

*(including of fiduciary and safeguards policies)*

Rating: **Satisfactory**

5.1.2 The Bank supported the project extensively through fielding multidisciplinary supervision teams throughout the project period. Unfortunately, field visits diminished in the later part of the project due to increased security concerns. World Bank support has been supportive, opportunistic, yet flexible to adapt to local conditions in country.

5.1.3 Bank missions focused closely on implementation issues identified through field visits and followed up with the MRRD to resolve them. The missions’ approach remained to increase the pace of implementation by streamlining procurement and financial procedures, monitoring and related capacity building issues, and strengthening overall project management and coordination at national and province levels to ensure increased facilitation support to CDCs for implementation of the project. In some cases, where feasible, the Bank allowed flexibility in technical options, such as using piped schemes instead of hand pumps, based on contextual site conditions to ensure that water services were delivered to the project communities.

5.1.4 The Bank also took the opportunity, based on the willingness and preparedness of MRRD, to further test the decentralized approach by implementing the project through two institutional models: one with facilitation through SOs and PRRD; and the other exclusively with PRRD. The models were tested for more than a year (June 2008–December 2009). However, the results were inconclusive regarding indicating the way forward on institutional arrangements for future projects, primarily due to insufficient documentation of the performances of these models.

5.1.5 The Bank flagged harmonizing RWSS and the NSP from the beginning of the project. More conceptual work should have been done on this issue during the project period (while implementation through CDCs was tested under Additional Financing). Hardware components had many challenges and required more attention from the missions. Software issues such as inclusion of vulnerable and remote communities, use of demonstration latrines, and effectiveness of hygiene education appeared to receive less attention. More learning could have been captured and integrated to strengthen the inputs on software issues of the project.

**(c) Justification of Rating for Overall Bank Performance**

Rating: **Satisfactory**

5.1.6 Despite adverse security conditions, the Bank continued to monitor closely and had organized implementation support missions regularly that helped the PIU to achieve its targets while testing community driven approaches. This has given adequate confidence to the ministry to decide on moving forward with a sector wide approach (as in the new policy paper). The Ministry was also encouraged to conduct studies to learn lessons (Sector Study in 2008-9). The Ministry is now more confident to implement much larger programs and have drawn up plans to increase coverage of both water and sanitation in next fifteen years. Due to these reasons and as other ratings are looking positive, overall rating is given Satisfactory.

**5.2 Borrower Performance**

**(a) Government Performance**

Rating: **Moderately Satisfactory**

<b>Criteria</b>	<b>Rating</b>	<b>Justification</b>
Government Ownership and Commitment to Achieve Development Objectives	Satisfactory	Government remained highly committed to achieve project objectives and continuously monitored project at ministry level.
Provision of Enabling Policy Environment	Satisfactory	Government swiftly moved to develop National Framework of Policies on Rural Water Supply and Sanitation. Developed first draft in 2004 with additional revisions that integrated experiences from the project. Policies fully supported decentralized approach and empowered CDCs to plan and implement water and sanitation program.
Adequacy of Stakeholders Consultations	Moderately Satisfactory	Government continued (but in limited number) stakeholders' consultations by anchoring and facilitating National Water and Sanitation Group and kept refining its draft policy based on the learning from the sector.
Readiness for Implementation	Moderately Unsatisfactory	Government set up PIU at national level and strengthened PRRDs in provinces. PIU's operational effectiveness was affected due to centralized decision making processes within the ministry, which delayed approvals and funds disbursement.
Fiduciary (Financial Management, Procurement)	Moderately Satisfactory	Financial management steadily improved over project period. Compliance with key finance covenants was delayed. Funds disbursement delays were substantial and continued throughout life of project, affecting implementation. Procurement capacity remained weak throughout project due to weak technical capacity within PIU and in provinces, confusion on procedures to be followed, and lengthy approval processes.

Adequacy of Transition Arrangement	Moderately Unsatisfactory	High dependence on donor funding and limited core budget made it difficult to plan any but sustained transition arrangement, especially at national level.
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**(b) Implementing Agency or Agencies Performance**

Rating: **Moderately Satisfactory**

5.2.1 The project was implemented through PIU (ARTF) set up within the WatSan Department, but more recently WatSIP Department, of MRRD. The department could lead the project satisfactorily in the beginning with the help of the PIU, which had experienced staff. However, the PIU was not able to maintain its effectiveness due to frequent turnover of senior counterpart staff in the department. As the project moved into real implementation with several contracts running simultaneously, the approvals and payments got embroiled in lengthy administrative procedure. These caused payment delays and thus affected the implementation of the works on the ground. Despite recommendations to strengthen the technical staff (procurement), the PIU continued to manage issues with the available staff and spent more time on administrative issues than on the project issues. At times, the WatSIP Department lacked leadership to resolve issues faced by PIU.

5.2.2 CDCs showed willingness and commitment to the new integrated approach of water, hygiene, and sanitation, and commitment to maintain the water points. Some CDCs in remote areas took proactive role in identifying competent construction partners and managed to complete the works. CDCs also mobilized community contributions (44% cases) for repairs and kept the caretaker system functional (72% cases). Overall, CDCs’ performance was far beyond satisfactory and supported the project with commitment and strength.

**(c) Justification of Rating for Overall Borrower Performance**

Rating: **Moderately Satisfactory**

5.2.3 It is clear that MRRD demonstrated strong commitment to achieving the project objectives and at the same time made concerted efforts to develop the sector. However, the deteriorating security situation, and unavailability of skilled management staff constrained it from accelerating implementation in the beginning although this picked up in the later part of the project. MRRD also promoted CDCs based implementation. As such, the rating lies borderline between Moderately Unsatisfactory and Moderately Satisfactory but considering the constraining environment within which it has worked, the rating given is Moderately Satisfactory.

## 6. Lessons Learned

Some lessons learned from this project are:

**6.1 Integrated delivery of water, hygiene, and sanitation with a focus on sustainability.** Integrated delivery of these services is highly relevant for Afghanistan, where the coverage is poor and mortality among children is high due to water-borne diseases. Scaling up these services is equally important and urgent. However, in Afghanistan, unless the capacity of Government and other institutions is built to operate effectively and the decentralization approach continues to be strengthened, scaling up will not happen. Furthermore, the demonstrated success of community-based maintenance systems under the project needs to be consolidated and scaled up.

**6.2 Technical capacity to be further enhanced in the sector.** There is a need for the ministry to make continued efforts to develop strategic partnerships with other agencies; for NGOs and donors to develop a coordinated funding mechanism for the program; and for sustained sector development activities. While the ministry is expected to make these efforts, strategies and technical capacity on key sector issues such as developing a database on sector indicators, geophysical investigations to locate ground water sources, procuring quality hand pumps, monitoring water quality, disinfecting water sources, and designing complex piped schemes must be developed and supported with sustained funding by the donors/ other funding partners.

**6.3 Conflict between emergency and long term sustainability.** When a country is transiting from an emergency reconstruction phase to a well-advanced development phase, the challenge is to balance quick delivery of services and sustainability. Similarly, in the case of the ARTF RWSSP, the challenge was to balance the conflict between sustainability and the need to provide services quickly to the provinces. Unless this transition is clearly communicated by the Government, emergency reconstruction will be given higher priority than sustainability.

**6.4 Upfront recruitment process of key staff.** Delayed project start-up could have been avoided if recruitment of key staff, such as the project manager, had been done upfront. The long lead time is important for countries whose security situation is not stable.

**6.5 Bank management needs to hold modest expectations.** Risk is inherently high in the post-conflict period in Afghanistan. Thus, Bank management's expectations need to be adjusted in line with what can be reasonably achieved through such process-oriented projects. Implementation procedures should be simplified, flexible enough to accommodate operational effectiveness of institutions and specific implementation needs.

**7. Comments on Issues Raised by Grantee/Implementing Agencies/Donors**

**(a) Grantee/Implementing agencies**

Nil

**(b) Cofinanciers/Donors**

Nil

**(c) Other Partners and Stakeholders**

Nil

## Annex 1. Project Costs and Financing

### (a) Project Cost by Component (in US\$ Million equivalent)

Components	Appraisal Estimate* (US\$ millions)	Actual/Latest Estimate (US\$ millions)	Percentage of Appraisal
Strengthening and capacity building of government agencies, NGOs, private sector and the communities	1.97	2.009	102%
Selection and Construction of Water Points and construction of sanitary latrines	5.24	3.320	63%
Studies	0.44	0.771	175%
<b>Total Baseline Cost</b>	7.65	6.100	79.74%
Physical Contingencies	0.00	0.00	0.00
Price Contingencies	0.00	0.00	0.00
<b>Total Project Costs</b>	7.65	6.10	
Project Preparation Costs	0.05	0.00	.00
<b>Total Financing Required</b>	7.70	6.10	79.22%

\* Combined for Original Grant and Additional Financing

### (b) Financing

Source of Funds	Type of Cofinancing	Appraisal Estimate (US\$ millions)	Actual/Latest Estimate (US\$ millions)	Percentage of Appraisal
Trust Funds		0.00	0.00	0.00
Afghanistan Reconstruction Trust Fund		7.65	6.10	79.74%

## Annex 2. Outputs by Component

Components	Outputs
Strengthening and capacity building of government agencies, NGOs, private sector and the communities.	<ul style="list-style-type: none"> <li>● MRRD Developed National Rural Water Supply and Sanitation Sector Policy</li> <li>● Supporting Organizations in 8 provinces established 297 CDCs and 13 Water User Groups</li> <li>● CDCs (297) and Water user Groups (13) assumed full responsibility for O&amp;M of 1190 water points and 10 gravity piped schemes.</li> </ul>
Selection and Construction of Water Points and construction of sanitary latrines and provision of community-level health and hygiene education	<ul style="list-style-type: none"> <li>● No. of Water Points Installed : 1190</li> <li>● No. of Sanitary Latrines Constructed : 4017</li> <li>● No. of families reached through hygiene education : 59384</li> <li>● No. of Caretakers trained : 1199</li> </ul>
Studies (In Original project)	<ul style="list-style-type: none"> <li>● Sector Assessment Study completed in August 2009</li> </ul>

**Annex 3. Economic and Financial Analysis**  
*(Including assumptions in the analysis)*

N/A

(No ex-post economic analysis was carried out for the project and recorded in the project document for the original and additional ARTF allocations. As such, economic analysis data relating to NSP's water program was used in the main report.)

## Annex 4. Grant Preparation and Implementation Support/Supervision Processes

### (a) Task Team members

Names	Title	Unit	Responsibility/ Specialty
<b>Lending/Grant Preparation</b>			
Tashi Tenzing	Sr. Sanitary/Environmental Engineer/Mission Leader	SASDU	Task Team Leader
Toshiaki Keicho	Sr. Urban Environment Specialist	SASDU	Environment
Christophe Bosch	Sr. Water and Sanitation Economist	SASDI	Engineering
Asta Olesen	Sr. Social Development Specialist	SASDI	Social Development and Gender
Charles Delfiex	JPA	SASDU	Consultant
Mohammad Qahir Haidari	Operations Officer	SASDU	Co-TTL
Manoj Agrawal	Financial Management Specialist	SARFM	Finance Management
Hasan Quamrul	Procurement Specialist	SARPS	Procurement
Asger Christensen	Sr. Operations Officer	SASRD	Advisor
Amer Zafer Durrani	Sr. Transport Specialist	SASDT	
Karine Fourmond	Water Supply and Sanitation Specialist	SASDU	Engineering
<b>Supervision/ICR</b>			
1. Tashi Tenzing	Sr. Sanitary/Environmental Engineer	SASDU	Task Team Leader and Team Member
2. Karine Forumond	Water Supply and Sanitation Specialist	SASDU	Task Team Leader
3. Srinivasa Rao Podipireddy	Senior Waster Supply and Sanitation Specialist	SASDU	Task Team Leader
Muhammad Wali Ahmadzai	Financial Management Analyst	SARFM	Finance Management
Abdul Mohammad Durani	E T Consultant	SASDI	Consultant
Nagaraju Duthaluri	Senior Procurement Specialist	SARPS	Procurement
Deepal Fernando	Senior Procurement Specialist	SARPS	Procurement
Mariam Haidary	Program Assistant	SACAF	Assistant
Masoomullah Hamdard	E T Consultant	SASDI	Safeguards
Obaidullah Hidayat	E T Consultant	SASDI	Safeguards
Abdul Wali Ibrahim	Operations Analyst	SASDU	Operations Mgmt.
Asila Wardak Jamal	Consultant	SASDI	Consultant
Arun Kumar Kolsur	Procurement Specialist	SARPS	Procurement
Asha Narayan	Financial Management Analyst	SARFM	Finance Management
Mohammad Yasin Noori	E T Consultant	SASDI	Consultant
Kenneth O. Okpara	Sr Financial Management Specialist	SARFM	Finance Management
Asta Olesen	Senior Social Development Specialist	SASDI	Social and Gender
Mohammad Arif Rasuli	Sr Environmental Specialist	SASDI	Environment
Soma Ghosh Moulik	Sr. Institutional Development Specialist	SASDU	Sanitation

Rahimullah Wardak	Procurement Specialist	SARPS	Procurement
Nargis Yousaf	Financial Management Analyst	SARFM	FM Analyst
Vidya Mahesh	Program Assistant	SASDU	
Vijay Gawade	ICR Consultant	SASDU	Consultant

**(b) Staff Time and Cost**

Stage of Project Cycle	Staff Time and Cost (Bank Budget Only)	
	No. of staff weeks	US\$ Thousands (including travel and consultant costs)
<b>Lending</b>		
FY05	11	13.41
FY06	13	15.22
FY07	20	22.60
FY08		0.12
<b>Total:</b>	44	51.35
<b>Supervision/ICR</b>		
FY05	0	0.00
FY06	0	0.00
FY07	0	0.00
FY08	24	68.31
FY09	27	65.57
FY10	29	73.46
<b>Total:</b>	80	207.34

**Annex 5. Beneficiary Survey Results**  
*(If any)*

N/A

## **Annex 6. Stakeholder Workshop Report and Results**

MRRD organized stakeholder's workshop to get feedback on achievements of project, performance of Bank and MRRD and other project related issues. The workshop was organized on April 3, 2010 and was attended by senior officials from MRRD, WatSIP Department, and Provincial Rural Development Departments from 8 project provinces, representatives of CDCs and Support Organization and UNICEF. The workshop discussions are summarized below.

### **Participants:**

- Engineers from 7 provinces (Kabul, Badghis, Samangan, Baghlan, Kunduz, Saripul, Jawzjan) out of 8 project provinces
- Support Organizations: NCA (Jazzman) and CRA (Taka)
- CDC : Kalakan and Ferza Districts of Kabul Province

### ***Relevance of the project Approach***

- The project remained most relevant and successful in addressing the needs of water and sanitation in provinces. The project helped build the capacities of CDCs, PRRDs and DDAs over the last 4 years and future projects can be taken up using similar institutional model. However, worsening security situation in the country may have negative impact on scaling up of the programme in future.

### ***Project Planning***

- Project Planning was done and centralized at National level. Province level Planning will reflect local situation and will enhance ownership of the project at the lower level.

### ***Community Participation and Inclusion***

- Inclusion issues need to be reviewed more closely as the Support Organizations chose to work around province headquarters and did not prefer to go to remote villages. Small hamlets with 4-5 families could not be covered as these did not fit with the norm of 1 water point for 25 families and were found excluded.
- Communities were either not informed or had less information on the project. They need to be adequately informed on the project and the processes to be followed.

### ***Project Design and Implementation Issues***

- Project implementation schedule of 18 months is sufficient provided procurement and financial delays are avoided at the National level.
- On technical norms, more flexibility in technical options should be given. Bore wells were largely promoted but priority should be given to piped water schemes where feasible.
- Lack of geophysical investigations and instruments resulted in trial and error method for locating bore wells. This method is time consuming time and effort intensive. In some cases, it has resulted in failure of bore wells. Some of the

available geophysical instruments were suitable for boring up to a depth of 200m while in some provinces bore wells were feasible at a depth of 300m.

- There is a need for Field Test Kits for monitoring water quality with sufficient supply of chemical reagents. Such field test kits would be useful in selecting the safe sources and also to ensure compliance to environmental safeguard of checking water quality to confirm safety of a source.
- Several donors and NGOs offer incentives for latrines and in some cases up to 100% of the cost of the latrines. The approach has raised expectations of communities for higher incentives. The participants also raised the issue that incentive provided in the project (\$80) for latrines needs to be enhanced to cover the cost of superstructure also as many families could not complete the toilet (due to poor economic conditions).
- Hygiene message on using soap has to be changed to provide alternative as many poorer families can't afford to buy soap. Hygiene promoters deployed were less and has its effect on their reach and intensity. Hygiene promoters should be hired from communities.

### ***Sustainability***

- Appointment of caretakers has helped CDCs to monitor the operations of water points continuously and undertake repairs. The CDCs require some funding support for repairs of water points.
- PRRDs are better placed to provide support for Operation and Maintenance provided they are strengthened with adequate staff and resources (mobility and office equipment etc)

### ***Institutional Arrangements***

- Overall, the country is facing shortage of qualified engineers and even if they are available, they are not willing to work on low salaries of \$200-300 (they expect approximately \$1500 which are offered by donors).
- PRRDs claim to do the job in 3 months which SO took 9 months to do it. PRRDs also can do the work cheaper than SOs.
- There has to be capacity building programs for PRRDs. PRRDs considered that the National Management should have been strengthened with subject experts.
- SOs—they engaged a few staff who was given multiple responsibilities (BRAC in Kabul province). SOs working on several programs in the provinces share their staff on these programs. This has impacted the degree of responses and facilitation carried out in the ARTF Watsan programme.

### ***Procurement***

- Contractors quoted high prices for remote locations which were not considered in the project estimates. Estimates need to be prepared based on local conditions.
- Estimates were not updated prior to inviting bids. In Jawzjan province, estimates of 2007 (but were not revised later) used to invite tenders in 2009, to which no one responded and finally, PRRD's engineers had to execute the work.
- Local contractors should be engaged for cost effective and timely execution of projects. The policy of engaging contractors from National level has not yielded

good results as these contractors were not familiar with local situation and in some cases, did not have the required technical staff (in one case, doctors were recruited?)

- Contractors who had no equipment or experience were engaged and they subcontracted the works to others. Qualification of contractors should be checked prior to their engagement on the project.
- Community Contracting through CDCs has been a successful. However, CDCs require technical support in some cases which could be provided by PRRDs. Such contracting has also increased ownership among communities who have done the works at lesser costs compared to implementing it through the contractors. (Example quoted was Af 3.0 million worth of works implemented in Af 2.2 million through CDCs)
- PRRDs could have been given some responsibilities of procurement which could avoid delays. Even, procurement by third party could have been a good option.
- There have been enormous delays in the payments of contractors, CDCs and even salaries of the project staff. The reasons cited were non-availability of funds in the Bank. More staff in MRRD to handle processes, procurement model on the lines of NSP to be adopted and sufficient funds to be made available in bank accounts on time.

### **Monitoring**

- CDCs role in monitoring to be further strengthened
- Closer monitoring of construction activities needed as estimated quantities and actual quantities varied in some cases.
- PRRDs need mobility support for effective and regular monitoring of the programme.

### **Performance of Bank**

- Procurement procedures were found to be long and complicated and there is a need to simplify them.
- Timely replenishment of the funds would help avoid delays in disbursements.



## **Annex 7. Summary of Grantee's ICR and/or Comments on Draft ICR**

### **Introduction**

The rural population covers approximately 85% of the population while most of the investments in Afghanistan are made in the cities and towns. The lopsided development will attract more people from the rural areas to go to the towns that are already developing and not having enough jobs to support the growth of the cities and the country. Therefore, the investment in the rural sector is important to make the living more comfortable through the provision of basic services of which water is initially the most important factor for creating comfort especially for women and children. The WASH sector effects on the livelihood of the rural population and should be linked with inputs from other programs and projects.

The ARTF project was developed to build capacity through the experience of the execution of project in selected provinces through various approaches. The collecting of the assessments was done through NGOs initially but other approaches and options were tried out later. The project gave an insight of the possibilities for a government body to work with various approaches and find a best working option that would fit the circumstances.

The objectives of the project were to improve the health of the rural communities and this would be achieved through integration of hygiene education and provision of sustainable water supply and sanitation services. An additional objective was to strengthen and build the capacity of the government and others in the WASH sector.

RuWatSIP is a department within MRRD and follows the administrative procedure as laid out developed and based on the Government of Afghanistan laws. The project was part and parcel of the systems set-up within MRRD and depending on payment on the Ministry of Finance accepted procedures.

### **Project Performance**

The initial approach through the NGOs was based on previous projects as done in MRRD but as the Government of Afghanistan became more mature and developed laws, the MRRD had to adjust the previous approaches to conform to the laws of Afghanistan. The initial project approach could not work effectively and another approach through the use of the provinces and the communities was developed that fulfilled the requirements of the RuWatSIP department and was in line with the developed laws.

The beneficiaries of the project were the rural disadvantaged population and were supported through construction of infrastructure and dissemination of hygiene messages to improve the health situation. The effects of the projects would be on shorter distances to collect water for the women and children who normally are responsible for collecting

water and the positive health effect through less diarrheal episodes and therefore the family spends less cash on health provision and less time in taking care of sick persons.

The program had positive results as shown in table 1.

**Table 1: Progress of the ARTF RuWatSIP Project**

Performance Indicators	Target	Revised Target	Achieved	Progress
Pipe Schemes	15	10	10	100%
Water Points	770 + 420	1,190	1,190	100%
Demonstration Latrines	2757 + 1260	4,017	4,017	100%
Hygiene Education	31,777 + 11,305	43,082	59,384	138%
Caretakers trained	856 + 420	1,276	1,285	100%

### Factors affecting implementation

The factors affecting the implementation were contracting capacity, sector capacity, project specific restrictions based on procurement and tendering, provincial and capacity on Kabul level, senior staff contracts, partners and private sector, and community capacity.

- a. Contracting capacity for contractors in the rural sector proved to be weak for the small contractors that can work in remote areas. The contractors that accept such works are having limited resources, few spares for their machines and the quality can suffer if not supervised on a daily basis.
- b. Sector capacity was underestimated and former project approaches could not function because of changes in contracting systems that did not allow short cuts as made previously. The NGOs were used to larger and more concentrated contracts then the project could provide.
- c. Project specific restrictions were based on changes in procurement, tendering procedures and administrative restrictions.
- d. Capacity on Kabul and province level was not developed in a concerted and focussed approach and therefore the staff was left to learn on the job.
- e. The recruiting of the senior staff delayed the project by almost a year and after the first manager left, and the second accepted manager took also a long time to identify.
- f. The partners that were initially approached had other expectations that the project could not fulfil, but the project could not change as the NGO law, other laws and administrative approaches from the donor restricted a flexible approach. The contractors interested in small rural contracts are having capacity restrictions in equipment, capital and all-round experience.
- g. Community – the community capacity has been build up through the NSP program and has accepted approaches and support from the community members. The approach through the Community Development Councils (CDCs) proved to be a viable and reliable approach whereby also the future use of CDCs could accelerate WASH coverage through the Government of Afghanistan systems as well as the sustainability of the services.

## **Lessons Learned**

A large number of lessons were learnt during the project implementation and a number are mentioned and highlighted. The following lessons stood out: a) Use of CDCs should be further enhanced and provincial offices have an important role to play, b) WatSan projects must have hygiene education as the main activity that support the hardware, c) geo-physical investigations are required to find safe water and for effective investment, d) selection of contractors should be based on field and administrative capabilities, e) Project should cover whole districts, f) Operation and Maintenance system must be supported country wide, g) Scaling up process should be pioneered together with loans providers and improved income generating activities, h) Other technical lessons learned must be applied and knowledge preserved through a knowledge system that can be accessed widely.

The project performance was dependent on the managers running the project and their experience in administrative matters, project experience and as well based on in-country experience, therefore selection and induction requires attention. The manager selection should depend on administrative experience, project experience, sector experience and country experience.

## **Recommendations**

The new ARTF project should be starting as soon as feasible not to lose momentum and loose the experienced personnel. The project should enable the RuWatSIP, through appropriate capacity building, to take a more leading role in the planning and investment on a sector-wide approach which will culminate in investment in those areas that have been left behind in development and safe guarding the investments that have been made in the rural WASH sector.

The follow up project will have to ensure that a good functioning Management Information System will be put into place to support the MRRD in planning, controlling and monitoring activities of all sector partners. The emphasis should be on learning and a positive approach through capacity building and discussions of the findings of the monitoring activities. The sector should move from coordination to cooperation and supporting each other's activities.

The project planning should be done carefully and with full participation from all the organizations to be involved so that procedures required to execute the project and the details of the planning are well known to all staff involved. The decision making and getting of permission to work according to the plans should be well laid out to minimise confusion and build on trust.

The provincial offices have to be enabled to play a greater role, but require capacity building and need to be empowered; they have to play a strong role in supporting the community to maintain a systematic O&M process for the services.

## **Conclusion**

The rural water sector has been project driven and WASH policy of 2004 gave direction, but the overall sector planning is lacking, therefore the sector requires institutional strengthening and capacity development that requires the MRRD through RuWatSIP to do overall planning, management and monitoring in the sector. The ARTF project was a starting point and from the lessons learned RuWatSIP can partner with the other sector active stakeholders to develop a national program based on a sector wide approach and having links with other ministries like Ministry of Public Health, Ministry of Energy and Water and the Ministry of Agriculture, Livestock and Irrigation.

**Annex 8. Comments of Cofinanciers and Other Partners/Stakeholders**

N/A

## **Annex 9. List of Supporting Documents**

Afghanistan Reconstruction Trust Fund Grant Agreement, December 15, 2005  
Project Appraisal Document– Original Grant Project (\$5 Million)  
Project Appraisal Document—Additional Financing (\$2.65 Million)  
Project Completion Report—MRRD  
Supervision Mission Reports (Aide Memoires, Implementation Status Reports)  
List of documents submitted by MRRD for Implementation Completion report (ICR) and results for Watsan ARTF (TF: 055447)  
Procurement Plans  
Sector Assessment Study Report

