



PARTNERS IN
INTERNATIONAL
HEALTH

WOORD EN DAAD BASIC NEEDS PROGRAMME



Evaluation Report, final version



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FINAL VERSION MAY 2009

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WOORD EN DAAD'S PREFACE

Woord en Daad developed its evaluation policy in 2006. According to this policy, each year a program evaluation will be done. In 2007, the Emergency Relief programme was evaluated, in 2008 the Education programme and in 2009 both the Basic Needs programme and the Job and Income programme.

This report is the result of the evaluation of the Basic Needs programme from 2005 – 2008. The process of the evaluation was prepared and steered by the Department Advice and Research of Woord en Daad, which is responsible for implementation of the evaluation policy. Dr Bert van de Putte served as an independent external referent during the process. The evaluation itself was carried out by Joanne Harnmeijer MD MSc from ETC Crystal.

It turned out that the Basic Needs programme is actually a very wide range of projects and programmes in different sub-sectors. This has complicated the evaluation process.

Woord en Daad focuses strongly on learning outcomes of evaluations and is therefore glad that this study has given inputs for learning and improvement. Woord en Daad's response to this evaluation report addresses each of the recommendations and strategic points mentioned in the report and is published as the first part of this document. In this way, we hope and wish to be accountable not only for actual program outcomes, but also for program improvements and further policy development.

On the basis of the experience of the programme evaluations until now, Woord en Daad will develop a new policy for Planning, Monitoring, Evaluation and Learning as part of its policy plan for the period 2011-2015.

As an organisation, we are glad with this evaluation process and want to thank all who invested their time and energy in it. For any positive conclusions with regard to implementation and outcomes of projects, Woord en Daad wants to congratulate its partner organisations. Moreover, we hope this report will be useful for learning and exchange for all who read it.

Jan Lock MSc
C.E.O. Woord en Daad

WOORD EN DAAD'S RESPONSE TO THE EVALUATION

July 7, 2009

Method

Staff of Woord en Daad has read the evaluation report individually. After that the report was discussed in a meeting and this document was written in concept. A round of written comments completed the process which led to the final version of this document.

The conclusions and recommendations were also discussed and validated in a strategic policy meeting with partners in Nairobi. In that meeting new strategic directions have been formulated and agreed upon. This response reflects the outcome of the Nairobi conference.

In all chapters of the evaluation report, a section is included "In conclusion (analysis and discussion of the findings)". We react to all of these sections. In additions, we react to the final conclusions and recommendations.

General

Due to the broad scope of the BN program (in fact consisting of several not closely related sub-programs) and due to time limits of the evaluation, the outcome of the evaluation is of a general nature and not specific (enough) for the sub-programs. Its conclusions and recommendations are more process related and less on the content of the program(s). The evaluation has helped us in focusing and prioritizing sub-programs and at the same time striving for coherence while remaining flexible (for context specific interventions).

Response by chapter

Chapter 2. IMPLEMENTATION BY THE PARTNER ORGANISATIONS

Paragraph 2.6

1. We need to study the OECD/DAC criteria and the Paris Declaration and see what the implications are for our program.
2. Projects as a routine: we are currently in a process where partners (re)define their programs and determine what the strategic direction of the program is/should be, define accordingly appropriate knowledge development (exchange, pilot activities, research) and ways to transform this knowledge into better practices. Better context analyses are part of this.
3. Formulation of projects as "black boxes": this happens indeed and we need to act on this together with the partners. What could help here is to improve our thinking on "after project period", "sustainability" or something like that.
4. The same is true for the definition of "infinite – finite – once only": it is useful; we don't see this as a separate evaluation criterion, but need to consider this within the framework of sustainability. Woord en Daad cannot be infinitely responsible for programs. In fact the interventions of Woord en Daad should be seen as "transition periods" where Woord en Daad – financed projects help make the difference from undesired situation to a more desired, and sustainable, situation. This is the framework in which we see "sustainability" and "impact".
5. Utilisation is indeed a good criterion for measuring relevance. We will take this into account when assessing projects, as one of the determinants of relevance. Utilisation may come clear from user fees (utilization by users) and from government contribution (utilization by government).

Chapter 3. IMPLEMENTATION BY WOORD EN DAAD

Paragraph 3.4

1. Shortcoming: *"The ability to identify when and where external input would be instrumental for BN projects to improve"*. This, in our opinion, calls for three measures:
 - a. a well defined policy focus;
 - b. an adequate proposal assessment according to the policy focus; and
 - c. a knowledge program to address shortcomings from A and B.

The Nairobi conference has resulted in defining the new policies of Basic Needs and a few well-defined focuses, rather than for many less-defined focuses. The assessment procedure

will be defined later. The knowledge program is in the making. So we are already on track with improving on this issue.

2. *"POs ... regularly prompted to reflect on their performance and get into the habit of doing so":* this is first and foremost a responsibility of partner organizations. Woord en Daad can only stimulate them to commit themselves to this responsibility, and provide the means to fulfill the responsibility. Context/stakeholder analyses are of help here.

Chapter 4. WOORD EN DAAD RELATIONS WITH PARTNER ORGANISATIONS

Paragraph 4.4

1. *"The evidence is that the ICCO Alliance MFS has allowed less leeway (less 'freedom') for WenD to pursue a more equal relationship with its POs than is the case in the J&I and Education Programmes."* We have seen this in practice and we have reflected on how this evolved. The formulation of the BN program for the period 2007 – 2010 was done largely in the (narrow) framework of the ICCO alliance program and less on the basis of a broader WenD policy. This had to do with time restraints and uncertainties in the development of the alliance.

For the new policy period 2011 – 2015 the BN program(s) is/(are) much more grounded in a broader WenD policy framework. New partnerships and funding (like participation in a new ICCO alliance) should fit the criteria agreed upon in Nairobi, which equally applies for all programs.

However in some alliances a limitation of this leeway will be inevitable. Woord en Daad will carefully deliberate this, on a case by case basis, and act accordingly.

Chapter 5. BASIC NEEDS RELATED POLICIES AND PROGRAMMING

Paragraph 5.4

1. *"A possible solution would be to have the BN Programme go up one level and have an overall theme such as 'food security'..."* and *"All considered this evaluator is not certain that a thematic restriction would be a wise move to make even though the over-complexity and over-diversity of the BN Programme would suggest that WenD should take on fewer thematic domains."* We agree with the evaluator that it is impossible to define all thematic domains where Basic Needs is active in, seeing its role as enabler for the other programs. Not to forget its activities on disaster prevention and preparedness. Herein we have already chosen the following line of action. We need to have our own priorities well defined, so that in the majority of activities we can support our partner organizations adequately. We therefore continue with two first level priorities: Health and Food Security, the second level priorities HIV/AIDS and drinking water (mainstreaming desired, if mainstreaming not possible specific activities). These should cover the vast majority of the Basic Needs programs. In addition, we will have a "basket" from which other activities can be financed on condition that it solves a problem which is seriously impeding development; that Woord en Daad is the only actor from which any solution can be expected; and specific funding is available for such activity.
2. *"projects may, after all, focus on poverty alleviation, through civil society strengthening;"* In the new policy direction formulated in Nairobi much more attention is given to poverty alleviation through civil society strengthening, and also through advocacy activities.

Chapter 6. CONCLUSIONS AND RECOMMENDATIONS

1. We agree with the evaluator that the natural life time is important when designing and assessing an activity. Yet we don't think that this should be the first determinant. This will be very unclear to partner organizations, who up to now are used to submitting thematically. Rather we think that it should be an important consideration in the "sustainability/after project period" section. See also 2.4, response 4.
2. We have the following responses:
 - a. Formal needs assessments are a must. This is partly solved by the needs assessments done by Woord en Daad and partners this year. Woord en Daad and partner organizations must come to understand and implement the project cycle properly.

- b. We would like to remain with the “*particularly disadvantaged target group*”.
 - c. We agree that reporting on individual level can be used for practical reasons, but hardly for project management. We will have to find, together with partner organizations, new ways to define indicators of success.
 - d. As stated above, we will stimulate more Civil Society and Advocacy projects, and also projects of better quality in these areas (see 5.4 response 2).
3. We would like to use the context analyses of Woord en Daad for situation-specific restrictions for thematic domains. We want to strive to keep the “stable disequilibrium”. See 5.4 response 1 on how we want to keep this.
 4. We want to continuously improve; see our responses under 2.4 on how we want to do this.
 5. The internal complementarity and coherence is important and should start from the context analyses of Woord en Daad, then through partner organization strategy to program level (defining the synergy with other WenD programs/programs of other actors).
 6. We don't agree that project practice has not been inspired by authoritative knowledge. We think that many projects are based on (inter)national standards, although this is not so visible in project documents. We think that the improvement here could be a more systematic search for authoritative knowledge, and the operationalisation of this knowledge.
 7. We agree with using “utilization” as indicator for relevance. However we think that recording other indicators is important too, if not as indicators for success then at least to know the situation and know how to prioritize and focus activities.
 8. Part of this “flow over time” planning has been improved through the introduction of the SMAPs. We think we need to be more critical about this, especially in the “sustainability/after project period” section of the design/assessment. Regarding the comparative advantages, these are being utilized by a lot of programs. This could be strengthened, but only in cooperation with the other programs of Woord en Daad/other actors. It will require more inter-program cooperation within Woord en Daad and the partners. This matrix approach has been adopted within WenD en still needs further improvement (to be efficient and effective).
 9. We agree with and stimulate that partner organizations take on their role in the local civil society, to share lessons and acquire lessons.
 10. We agree with the recommendation of enhancing Woord en Daad's role as enabler. Practically this will involve training of Woord en Daad employees in their new roles, as well as involving other specialized actors.
 11. We agree that continuation of the search for external funding opportunities is important, and will continue to search. This will be also part of the new alliance structure, which WenD and partners are developing.
 12. Regarding MFS, we try to derive lessons from it together with the partners. See also 5.4, response 2.
 13. The filters proposed by the evaluation team are too vague. We think we will need to have some thematic priorities, to focus staff training, research, organizational learning, advocacy in The Netherlands; and for making a profile of the program towards partners and donors. We will also need to comply with the project assessment system of Woord en Daad. Nevertheless the filters proposed are relevant, as seen above where we agree with most of the conclusions and recommendations. Seeing this we don't want to utilize the filters as grid for project development/assessment; but we want to assess each of the recommendations on its own merits, and act accordingly, as we have described above.

General points

1. We need a better description of what we mean with PHC. In short, this is preventive and curative care from community level to first level clinical care.
2. We will integrate the BN activities in one proposal per partner, wherever that is relevant and more efficient for both parties. For certain interventions a combined proposal with education, VTC/JBC or ED may be the best way to go.
3. WenD internal monitoring reports (“Koersrapporten”) will reflect the reality better, to be a stimulus to do better.

SUMMARY¹

Background and objectives of the Basic Needs Programme Evaluation

Woord en Daad (WenD) is a Christian organisation that since 1973 has been working in international development cooperation in over twenty countries. WenD implements three main programmes: Basic Needs, Education and Job and Income (J&I). The large majority of projects and programmes are implemented by Partner Organisations (POs) of WenD, based in the twenty countries spread over three continents.

WenD regularly submits its projects to external evaluations and also programmes are periodically reviewed by independent evaluators. Two programme evaluations were scheduled for 2009: the Basic Needs and the J&I Programmes. This report concerns the Basic Needs (BN) Programme.

Similar to the objectives of the J&I evaluation the objectives of the BN evaluation are to:

1. Enable learning from the BN programme at the level of principles (development). Based on the outcomes of this evaluation, WenD and partners should be able to learn about the performance of the BN programme at policy level. This learning should lead to improvement or further development of policies for this programme.
2. Enable learning at the level of insights and rules (innovation and improvement): based on the outcome of this evaluation, W&D and partners should be able to learn about the overall performance of the BN programme at the implementation level. This learning should lead to innovation and improvement of BN programmes and projects.
3. Provide accountability to all stakeholders involved: through this evaluation, WenD wants to give insight about its BN programme and the lessons learned in it.

The sampling from the portfolio of countries has been done by WenD. In brief, both the J&I and the BN evaluation were to study all relevant projects of the 2005-2008 period in five countries, two of which (Bangladesh and Burkina Faso) were identical. Zambia, Haiti and Guatemala were the additional countries selected for the BN evaluation. WenD also prepared the structure for the evaluations, with four 'levels', and a series of questions to be answered at each level, mostly in the usual format of the OECD DAC criteria. Questions for the two evaluations were phrased at four levels: of policy (level 1); implementation by WenD (level 2); WenD relations with POs (level 3) and implementation by the POs (level 4).

The evaluation questions have been the guidance for the entire narrative of this report, that is: all sections in the report address one or more questions. The evaluators have, however, chosen to build the narrative from its basis, that is: starting from implementation (level 4), and working upwards to the policy level (level 1). This choice was made as it was felt that it is the implementation level, in the end,

¹ At the request of Wouter Rijnveld the summary is more elaborate and thus longer than suggested in the evaluation's Terms of Reference.

where all levels meet. Also, as will be clear from the report, the identity of both WenD and its partners – and thus the partnerships – have their foundation (their ‘raison d’être’) at this level.

Short description of the Basic Needs Programme

“.. in relation to government institutions, CSS sees itself as mostly a ‘gap filler’ (which provides what the government does not provide) and – more and more – as a strategic partner (wanting to have a good cooperation wherever possible).” Source: W&D Report E.J. Brouwer, October 2008, on his visit to CSS, Bangladesh.

Characteristically, it is hard to describe the BN Programme in concise terms. The evaluator has, in fact, dedicated a considerable part of the report to conceptualisation of the Programme in ways that would help to fulfil the evaluation’s objectives, notably the first and second one. Given the absence of an overall framework and/or a set of coherent objectives the evaluator failed to completely fulfil the third objective, of providing accountability. Below a summary of different ways in which the BN Programme could be described.

Firstly, the BN Programme may be introduced in a conventional way, by illustrating the geographical spread and the range of partners involved, plus the volume of money allocated. Table i below refers.

Table i: Expenditure by region and by partner (x €1000)²

Region	Country	Partner	2005	2006	2007	2008*	Total	
Africa	Angola	IESA	15	45			59	
	Botswana	HCC		-16			-16	
	Burkina Faso	CREDO	280	571	827	215	1,893	
	Chad	BAC	13		228	140	381	
	Ethiopia	FHE	20	18			37	
		Hope				8	8	
	Sierra Leone	EFSL			102		102	
	South Africa	Mfesane	104	153	199	105	561	
		Other			-13		-13	
	Sudan	Other		-7			-7	
	Uganda	KDDS		112	101	174	387	
	Zambia	EFZ			50	67	34	151
		GCPDO		122	117	126	21	385
Asia	Bangladesh	CSS	422	413	540	360	1,736	
	India	AMGI	104	89	109	66	368	
		COUNT			35	92	127	
		GSPI	191	124	65	109	490	
		IREF			5	13	19	
		WDI	112	112	123	32	379	
	Sri Lanka	CSI/LoH			14	28	42	
	Thailand	AMGT		5	3	4	11	
Latin America	Colombia	CDA	320	254	288		862	
	Guatemala	AMGG	134	189	187		510	
	Haiti	AMGH	89	63	82	82	317	
		P&A	439	575	562	414	1,990	

² Negative amounts are kept in the Table to maintain consistency with the official figures published in annual reports.

Table i: Expenditure by region and by partner (x €1000)²

Region	Country	Partner	2005	2006	2007	2008*	Total
	Nicaragua	INDEF	28				28
Other		Prisma		4			4
Total			€2,394	€ 2,855	€ 3,664	€ 1,899*	€ 10,812

* Data 2008 incomplete
Source: Woord en Daad, 2008

As the table illustrates a total of 24 Partner Organisations (POs) in three continents have implemented BN programmes, in some 17 countries; in 13 of these countries there has been only one PO. WenD grants have been more or less equally spread over the three regions, ranging from € 3,172,000 in Asia to € 3,929,000 in Africa. The allocations to individual POs have however differed greatly.

Secondly, the BN Programme as it stands may be divided in thematic domains, as in Table ii below. The thematic domains can then be coupled with 'numbers of beneficiaries', or with 'numbers of projects' or with 'expenditure'.

Table ii: Typology of Basic Needs projects and people reached

Type project	People reached		
	2005	2006	2007
Curative Health	143,628	200,136	226,820
Primary Health Care / Specialist Care	857,476	947,841	588,494
HIV / AIDS	122,221	224,413	*
Water / Sanitation	51,500	35,000	40,100
Food	8,762	2,325	2,150
Agriculture	23,000	20,400	20,400
Housing / Community Development	0	13,500	13,884
Capacity building	*	*	*
Other	*	*	*
Total	1,206,587	1,443,615	891,848

* Data either not yet available or not compatible with format
Source: Woord en Daad, 2008, following formats of L.van Schothorst

The above distinctions are, however, not without problems. A main problem, at least for an evaluator, is that the domains overlap. The themes, in other words, are not distinct and one can thus, for example, find water supply (WS) projects under Primary Health Care (PHC), while projects addressing malnutrition do not necessarily resort under 'Food'. Likewise the distinction between curative care and PHC is in some places arbitrary – as when a clinical facility provides both. Despite the large number of thematic domains there are also projects that cannot be placed in any of them. An example is a project to improve family relations by aiming for more equitable and harmonious marital relationships (Dabari zien P 7679006, Burkina Faso): '*Dabari zien est une expression en langue locale Nuni qui veut dire "l'amitié est bien". L'amitié entre l'homme et le femme dans le foyer est ce qu'il faut le plus pour l'épanouissement de la famille voir de la femme dans la société.*' In the WenD database the project is qualified as PHC/specialist care although staff call it the (new) gender project.

Also the number of people reached ('beneficiaries') is an ambiguous piece of information when one wants to collate the above categories. This is both because the time dimension of benefits varies - different efforts and costs are involved over time - plus the fact that the same people may benefit from various projects at the same time.

The above begs the question how the BN projects together form a programme, with a recognisable identity that the projects have in common. A common denominator is that projects have a perceived need as their starting point, and this need is generally identified and defined by the PO itself. For all the curative health projects studied in the sample need identification goes way back in time; for these projects the evaluation period 2005-2008 thus represents only a small segment of their life time.

A third way of describing the BN Programme would then be to take the underlying motive of BN projects as they have been conceived. For this evaluation 'gap-filling' (see quote above, of CSS) is an appropriate starting point as this enables to explore a crucial difference between the various BN endeavours: the nature of the gap, and in particular the potential to 'close the gap' over time. Whereas in the Education Programme and also in the J&I Programme the gap is closed in a predefined way – as summarized in the concept 'from boarder to breadwinner' – this varies across the categories that together form WenD's BN programme. For example, for health services there is no natural end point ('a healthy person') at which an individual client no longer needs the service. Also, given the continuum of clients and their needs the natural focus is on the service itself: once improved, health services must continue to run and serve new clients. This also means that support to this type of programmes cannot easily be phased out: there are practical and moral obligations to continue, both at the institutional level and at the level of the target group, and in some cases even at the level of individual clients.

The evaluator eventually divided the portfolio in three strata. Table iii below takes the 2005-2008 BN database of WenD and groups the projects according to their time dimension, which enables to also consider the expectations that are intrinsic to the intervention.

Table iii: Time dimension of Basic Need projects and matching expectations

Time dimension of intervention	Domain and examples	Expectations inherent to intervention
1: Indefinite	Curative care Primary Health Care HIV/AIDS	Set by 'what the public has reason to expect', plus national and international norms of good practice ('authority') Variable, no set pattern
2: Finite end	Water / Sanitation Food Agriculture Housing / Community Development	Set by project
3: One-off	Campaigns such as an annual 'AIDS march'	Set by the event; a routine may set in, over the years

Only a small portion of the BN projects studied (medical care for adoption children in Guatemala) could be linked to the other thematic WenD programmes, of Education and J&I. It may be that a ‘paper evaluation’ such as the one at hand fails to spot linkages that are in fact there. Yet it is remarkable that the alleged place of the BN Programme as a precondition – or at least an enabler - for the other programmes has not been apparent in the project documents.

Concluding we can say that the BN portfolio is extremely diverse and under-defined and is best described as a conglomerate of projects that have been conceived, over the course of time, in response to wellbeing needs as POs perceived them. This has made the Programme hard to evaluate in the conventional way. The evaluator has therefore sought an alternative. Starting from the OECD-DAC evaluation criteria she has looked for evidence of attempts to make projects *more* relevant, *more* effective, *more* efficient and thus: *more* sustainable.³ For this she conceived a frame, which she tested for a sample of projects.

Table iv: OECD criteria summarized for the purpose of self-evident validation

Domain and examples	validation self-evident by		
	authority (best practice)	use and users (access)	apparent difference in competence ⁴
Intervention	<ul style="list-style-type: none"> • external (national and international norms) and/or • internal (self-made, locally appropriate models) 	<ul style="list-style-type: none"> • current plus future 	<ul style="list-style-type: none"> • different levels (providers and ‘beneficiaries’) • with interaction between them
	<ul style="list-style-type: none"> ▪ over time, resulting in models; models can be ‘people’ ▪ that sustain (new) use and (new) users ▪ preferably demonstrating win/wins by links with other programmes (Education; J&I) 		

The above frame in principle is useful across the thematic BN domains, including what we have labelled the projects that are by nature infinite - the health care interventions. In these projects there is less room for experiment as such projects must operate within standards of national and international good practice. Table v gives an example of such a ‘test’ for one particular project:

³ Also see Riddell, R.C, (2007) *Does Foreign Aid Really Work?* OUP Oxford

⁴ Adapted from Bebbington, A. (1999) Capitals and Capabilities; A framework for analysing peasant viability, rural livelihoods and poverty in the Andes. [World Development](#), 1999, vol. 27, issue 12, pages 2021-2044.

Table v: Sample from WSS domain

Original problem: concentration of arsenic in tube wells in Bangladesh⁵

Intervention: water service and monitoring unit 22 water filters (p 1670005)

Partner: CSS

Potential validation by:	Relevance discussion
1. authority (best practice)	<p>(Excerpt from progress report 2008): <i>'As per the latest test results, the quality of the water is equivalent to the standard set by WHO and Bangladesh Drinking Water Guideline set by BSTI. The yearly test on all parameters (including arsenic and iron) has been performed and can be declared as safe.'</i></p> <p>The validity of supplying drinking water that has arsenic levels within international standards is undisputed. The authority of best practice is, however, disputed as CSS is still struggling with the technology.</p>
2. use and users (access)	<p>(Excerpt from progress report 2008): <i>'The main challenge that the unit faces is to make local people understand the usefulness of the unit. This is due to the beliefs of the people on natural water which to them is very much safe. The only way to communicate with them properly is to demonstrate them the current condition of natural water throughout the country and the world which is quite terrifying.'</i></p> <p>The validation by use and users is in this case problematic. Users are not prepared to make the extra effort even though <i>'The results are eventually shown to the local people by the entrepreneurs to encourage them to drink safe water. To perform such act, free safe water is dispensed to poor people, school children and others'</i>.</p>
3. apparent difference in competence	<p>Difference in competence would need to lie at several levels: of the suppliers, of CSS, and at the level of users. It is obvious that this would require a joint and sustained effort with bigger national and international actors such as water supply companies and Unicef.</p>
Conclusion	<p>Relevant endeavour, but begging the question if project design is appropriate, given the size of the problem and the fact that there is no established, fool-proof technology as yet. Would typically require large capacity and social marketing experience.</p>

Main findings

On Relevance the evaluator concluded that:

- The aptitude to think in terms of (future) time: 'what happens when this project is finished and how should we therefore adjust our design' has been weak throughout the sampled portfolio, with the exception of GCPDO (Zambia) where interventions are *designed* with a view on the future.
 - Projects of knowledge transfer would have gained in relevance if they would have been designed to continue in a suitable 'after-care modality', with minimum external (i.e. project staff) input. This could at the same time have served an objective of civil society building and even policy influencing as the target population would have been largely left to their own devices. Examples are the HIV/AIDS projects in Haiti where

⁵ http://en.wikipedia.org/wiki/Arsenic_contamination_of_groundwater

peer educators and religious leaders could have been trained for competence to continue with minimal additional support, had this been part of the design.

- An overall comment is that in the way the projects are described their relevance is phrased in terms of a certain problem, with the project proposed – usually knowledge transfer or ‘education’ - as a solution. This solution is however only rarely convincingly argued to be the solution that will be both necessary and sufficient for the problem at hand.
 - An example is the notion of educating female sex workers in Bangladesh on the seriousness of sexually transmitted infections, with a focus on HIV. Given that all women, remarkably, tested negative for HIV this could have prompted a different educational approach, of celebrating this fact and instigating measures both for them *and* their customers to *remain* HIV negative. Such measures could then conceivably advertise condom use as a good practice at the *institutional* level (one brothel possibly working towards a collective of ‘responsible brothel owners’) where it currently is left to individual sex workers to try to negotiate condom use.⁶ Projects should, in other words, recognise opportunities for (increased) relevance, by considering the (combinations of) levels they ought to address in order to optimise their relevance. In the example of the sex workers a link with local authorities can be expected to be a necessary ingredient for the concept to work as a model proper.
- In the sampled portfolio there is no evidence of ‘intentional complementarity’ with endeavours of other actors. Likewise there is only rarely evidence (at least: in the documents) of a drive to arrive at models of best practice, based on own experience. This is particularly regrettable where the time frame has not been a constraint and there has in fact been room to learn by trial and error.

On Effectiveness the evaluator assessed that:

- In the majority of projects studied the emphasis has been on knowledge transfers, with (too) little emphasis on use of the particular knowledge, over time: behaviour changes that can be expected to be maintained after project completion. This is a particular concern when projects that are by nature infinite are discontinued – which is something that WenD has had to consider for some of its long term projects.
- There is no documented evidence of a search for models of best practice, which the evaluators attribute to a lack of external nourishment by authoritative knowledge. At the same time it appears that both WenD and partners have been open to expert opinions – as is apparent, for example, from readiness to accept expert advice on the issue of community based health insurance, in Bangladesh.
- Related to the above the tendency has been for BN projects to operate for years on end in the same way, with little – or late - adjustment based on lessons learned en route. What has been lacking, particularly in projects that have run for years and years, is the readiness for POs and project implementers to be continuously alert, themselves, on potential to do better, given the

local constraints and opportunities. At the same time there has been openness to learn from lessons provided in external evaluations.

- The quality of the external evaluations has varied a lot and has, it seems, itself been a function of the clarity of the Terms of Reference. A very specific question to the GCPDO evaluator then led to a specific and robust reply, which enabled further ('more') effectiveness of the project.⁷

A tentative conclusion is that POs that have had to operate in difficult contexts, but that nevertheless have managed to see positive results of their efforts, have generally managed to sustain their competence and exploit it in new endeavours. It appears that it is not so much the external constraints that prevent POs from being effective, but the lack of visible progress, which risks to become a self-fulfilling prophesy. If so, it follows that POs and their projects do best in challenging circumstances that they are able, just, to overcome.

On Efficiency of long term projects, notably of curative and PHC services, the evaluator found that:

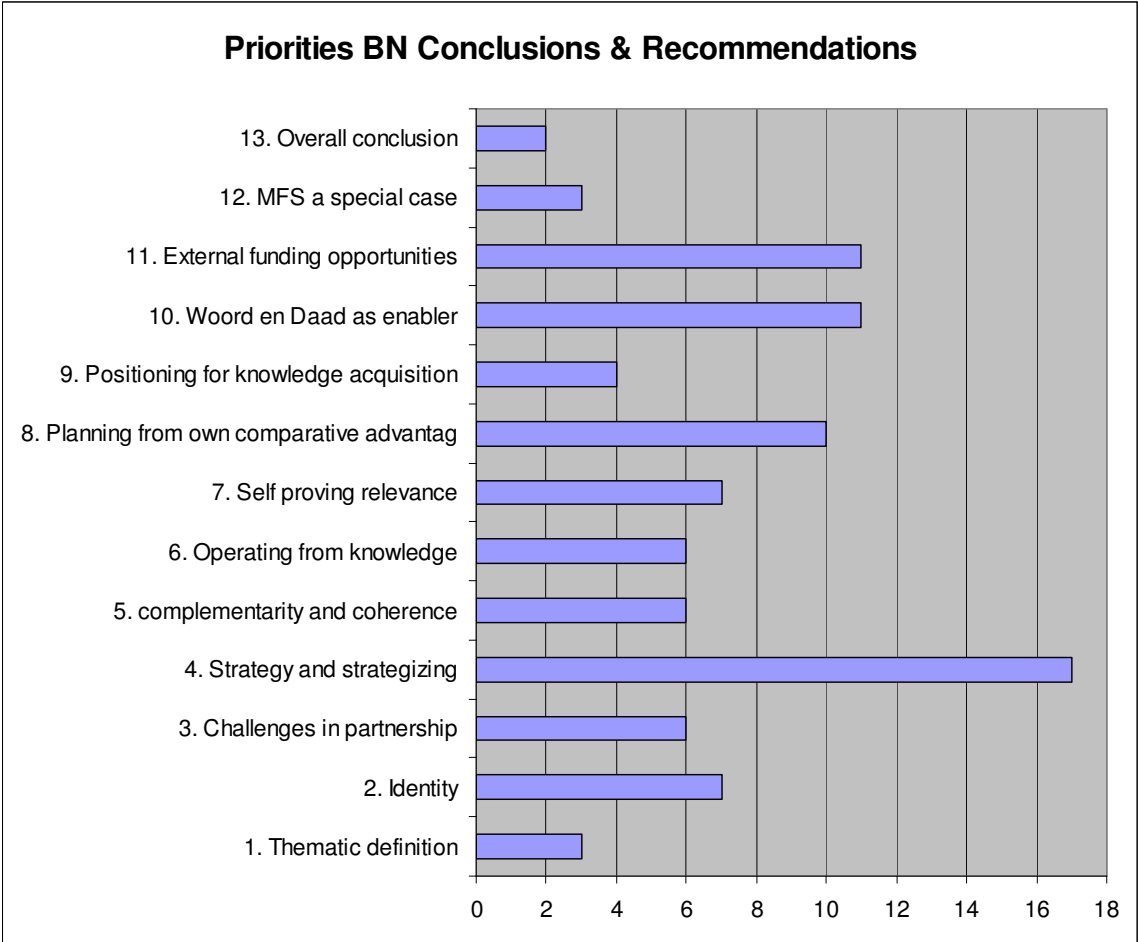
- Cost-effectiveness has come from tailor-made solutions to local situations, which are under-privileged, even by the local standards.
- The POs are in a continuous dilemma, of offering essential services that are affordable, just, for the target population. They are 'helped' in this by the fact that alternative services underperform or are absent altogether.
- The balance they strike is precarious: customers naturally say they want more and more sophisticated services (as in Haiti and Bangladesh), but in reality are not necessarily prepared to accept the financial consequences, and of course remain free to switch to alternative services.
- The solutions found are 'special' where they manage to add preventive services to curative ones, and have the preventive services – which are free of charge – cross-subsidised by the curative ones.
- The above combination has also served complementarity with mainstream services (campaigns; immunisations); this complementarity tends to be under-reported.
- The service arrangements are too small in volume to warrant schemes such as community-based health insurances.
- The prospect for more substantial cost recovery generally appears poor.
- The WenD contribution has for curative services typically been a supplement that has helped services to remain operational and improve on critical elements. The evaluation team has no information on the proportion of own income through user fees (or other constructions such as public private partnerships) vis à vis the size of the WenD grants.
- The contribution of WenD has for all POs been of vital importance. For some POs WenD has been the only source of external funding.

⁶ Source: Project document on Lessons Learnt, p1671005

⁷ The question was: 'Establish why the GCPDO family holistic approach support program [...] was successful for 50% of the households that were supported since 2001 to 2005, and why the other 50% could not achieve self-sustainability, after 5 years.'

Main Conclusions and Recommendations

During the March 2009 WenD global partner conference in Nairobi 13 conclusions and their matching recommendations for the BN Programme were discussed and validated. The validation results can be looked up in Annex 3. The participants gave the following scores in terms of what they saw as priorities.



The six conclusions and recommendations with the highest scores – 2, 4, 7, 8, 10 and 11 – are singled out in this summary. Readers are referred to chapter six for the full list.

Conclusion 2: on IDENTITY

- **Acting on perceived needs: a mix of compassion and opportunity**

A common denominator of the BN projects is that they have a perceived need as their starting point. This need has of old been identified and defined by the Partner Organisation (PO) itself, on the basis of compassion, but also with a sense of opportunity as to how the need could be addressed, by the PO. Remarkably, the evaluator has not seen evidence of formal needs assessments – neither for the old projects nor for the more recent ones.

- **Mutual relation between (combination of) projects and identity**

The identity of POs is anchored in the programmes they have chosen to implement. We could say that the PO has taken on a certain role by filling the need(s) and the other way around: the provision of services in underserved areas has provided POs with a recognisable identity.

The joint and continued efforts of WenD and POs largely centre on the implementation level. It is here that the partnership proves itself, over time. The WenD/PO partnership as well is thus as it were coloured by the project portfolio which in turn gives energy to the partnership.

- **A particularly disadvantaged target group**

Although most development aid targets poor people the evidence is that POs and thus WenD target people that are particularly disadvantaged also in view of local norms. Although this is evident in for example WenD's website the evidence gets diluted in reporting formats, which for obvious reasons cannot distinguish 'poor' from 'poorest of the poor' (that is: for the external users of such reports). The choice of target group is important, though: it is part of the identity of both POs and WenD and a motivating force of their partnership. It also is important where projects do not manage to convey their 'real effect', that is: the distance between the poor baseline prognosis without assistance, and the actual effects with assistance. (A similar argument applies for the other WenD programmes.)

- **A tendency to target and report at the individual level**

WenD's other programmes, of Education and J&I target at the level of individual beneficiaries. BN projects are likewise largely defined in terms of numbers of individual beneficiaries even though this level is not always the most appropriate to report on achievements in the BN programme. This emphasis may be there for practical reasons such as a donor's format. Conceptually it tends to obscure other dimensions of project relevance: of potential to maintain results and/or achieve incremental results, over time, at different levels. It therefore also is unsuitable to prompt designs that address all three MFS intervention strategies.

II

OUR RECOMMENDATION is to prioritise projects that can capture both a PO's identity and the 'real effects' at the level of the target population, at appropriate levels. This will require that advocacy becomes an inherent part of project design. (details in: MFS A SPECIAL CASE).

Conclusion 4: on STRATEGY AND STRATEGISING

- **The OECD-DAC criteria - specific application for WenD and POs**

In this evaluation absolute judgements on the OECD DAC criteria could seldom be made. Even so it has been possible to judge if WenD and POs are apparently striving to make their projects *more* relevant, *more* effective, *more* efficient and thus: *more* sustainable.

This approach has its merits also for Woord en Daad as it induces a continuous quest for improvement. Factors that have operated against this aptitude or 'mindset' have been⁸:

- Time itself - as when projects have become a routine, with too few new challenges, and too few new achievements.
- A tendency to conceive projects as 'black boxes' with a finite end described in defined numbers – of people, of crops, of supplies - without also considering a future dimension of necessary 'maintenance' and aiming for this maintenance to be 'just right' (that is: minimal and yet sufficient) for the purpose at hand.
- Similarly, a tendency to overlook opportunities of self-proving relevance (and effectiveness, efficiency and sustainability) by designing for projects that prove themselves in their utilisation. In other words: not to consciously use 'successes' as prompts for models that can be replicated. (The recently approved food security project in Burkina Faso is an exception.)

IV

OUR RECOMMENDATION is for WenD and POs to conceive their projects such that project design and implementation are informed (and remain informed) by best practices and thus: to consciously build in a continuous quest for improvement.

Conclusion 7: on SELF PROVING RELEVANCE

- **Aiming for self-proving relevance, by design**

A project result that as it were is 'self-proving' is utilisation by beneficiaries of that what has been offered (services, notably). Another such result is evidence of a certain (desirable) competence (skills and knowledge which reduce the need for future project investment). The latter can be aimed at at different levels. The evidence is that both POs and WenD have not included this type of foresight in project design.

VII

OUR RECOMMENDATION is to consider 'utilisation' as success indicators at the level of outcome for all BN projects, including the health care projects. Health care projects must only in rare cases report at impact level as results at this level cannot be attributed to them. In addition 'competence' can be reported on at different levels, and can include impact level, the more so where competence can demonstrably be used to maintain or expand project results, over time, at reduced cost – the idea of a model refers.

Likewise it may be considered to prioritise BN projects that offer this opportunity.

⁸ Post-scriptum: In the Nairobi discussion it became evident that some POs consistently strive for models of good practice that will also influence mainstream services. Staff from CDA, Colombia, convincingly argued this. (CDA had not been part of the study sample and this evidence was therefore missed during the evaluation.)

Conclusion 8: on PLANNING FROM OWN COMPARATIVE ADVANTAGE

- **Another type of knowledge: the benefit of experience-based foresight**

Conceptualising in terms of 'levels' and 'flow over time' has been weak and this weakness has been aggravated by overly rigid project formats. This is evident in:

- Describing projects that are by nature indefinite as if they were finite, with end-results that cannot be maintained; models of cleanliness are an example.
- Lack of foresight on what would be realistic results that can be maintained, with the least possible effort of external agencies and external funding.
- Lack of 'smart use' of 'natural allies' and own human resources, over time

VIII

OUR RECOMMENDATION is to prioritise BN projects that offer the opportunity of what we called a 'circular' design, by using own human resources. This is in fact an extension of the above idea, of utilising competence that is specific for one's own comparative advantage. Examples would be 'use' of religious leaders, over time; other examples would be use of competences built in earlier project phases, or use of models when these have proven themselves over time, for advocacy.

Conclusion 10: on WOORD EN DAAD AS AN ENABLER

- **Exclusive relationship**

WenD has concentrated, firstly, on its own partnership with POs, and secondly (and increasingly so) on shaping POs into a viable network, with WenD in a new role. This is evident from numerous pieces of evidence, of partner conferences, and of brainstorming events on WenD's future positioning.

- **Finding the balance that is right**

The downside of the above could be that too little energy has been invested in supporting POs to take up their due role in relevant local contexts.

The link with WenD is useful and appreciated, not least because it provides an opportunity for joint reflection and strategising. It is insufficient, however, for continuous knowledge acquisition and search for (locally adapted) best practices, particularly where WenD programme staff can also not be expected to be knowledgeable (in the above defined way) in all thematic domains and sub-domains.

X

OUR RECOMMENDATION is for WenD to enhance its position as an enabler by aiming for tailor-made relationships with its POs. Such tailoring will include finding a balance that encourages POs to also take part in other networks. Networks may or may not include regional PO networks, but should be such that membership encourages POs to at all times stand corrected by best practices and relevant authorities, and vice versa: such that others, including authorities, stand to benefit from POs' examples of good practice. Network membership should come at acceptable cost; in particular, transaction costs should diminish over time. (Also see above)

Conclusion 11: on EXTERNAL FUNDING OPPORTUNITIES

WenD has actively supported selected POs to tap alternative sources of funding. This has been a learning process for both WenD and POs: it has made POs more aware of their comparative strengths and weaknesses and has generally boosted confidence even where initial attempts were unsuccessful. WenD has moreover been in a position to fund projects, nevertheless, when other donors declined (Bangladesh, Burkina Faso). This has been a special feature of WenD partnership and has also helped POs to get projects granted by funders other than WenD, eventually.

A negative effect for WenD has been that the multitude of reporting formats are not easily merged into reports that are informative for WenD itself. Positive has been that POs have learnt the ropes of writing proposals and of living up to donor demands.

XI

OUR RECOMMENDATION is for WenD and individual POs to continue the approach of seeking alternative funding opportunities. This may require an exercise of identifying strengths and comparative advantages of individual POs and matching these with (potential) funding opportunities. POs, in other words, should be helped to define their expertise in the form of marketable products. (This, again, is a logical extension of the concept of SMAPs.)

An overall recommendation of the evaluator was to use conclusions 2-12 as 'filters' so as to better define the BN Programme and yet safeguard the need-oriented nature of the BN Programme. It is true that the current SMAP criteria go a long way in offering similar criteria. What could be improved is their operationalisation. The proposed sequential (progressive) filter could offer this. The thematic choice is then as it were embedded in the above choice. This will give freedom to have tailor-made and thus different (combinations of thematic) choices, depending on the PO and its context. Conclusion 13 summarizes:

Conclusion 13: SINCE FILTERS ARE NEEDED THEY MIGHT AS WELL BE STRATEGIC

WenD's focus on thematic domains and also on 'numbers' (of clients, of services, and so on) is understandable as this is how donor agencies phrase their conditions and formats.⁹ WenD and its POs must of course operate in these *external* constraints. For *internal* strategising, however, WenD and POs would do well to formulate their own conditions and preferences, which is also necessary as the current BN Programme is underdetermined: there simply are too many needs, of too many needy people. WenD must thus apply 'filters'.

XIII

The evaluation team recommends to make these filters strategic – i.e. in keeping with identity and comparative advantage - rather than thematic. Specifically, a *sequence* of filters is proposed, starting from the evaluator's list of conclusions, i.e. beginning with 'IDENTITY' and working downwards to end with 'FUNDING OPPORTUNITIES'. In this way it should be possible to honour the core strengths of identity and partnership, but at the same time remain sensitive to local specifics of the situation in which individual POs work. Funding proposals are then written within the constraints of applying the above 'filters'. Without necessarily mentioning these filters they will be self-evident in the quality of design.

Post-scriptum: In the Nairobi discussion it became evident that WenD staff of the Basic Needs Programme were keen to have an overall prioritisation of Basic Needs thematic domains rather than a prioritisation depending on POs' individual contexts. Even though the conclusions and recommendations of this evaluation would still be relevant their combined use as a screening tool would then have a more limited application.

⁹ The current discourse led by Partos argues otherwise for the next MFS round. It aims, among other things, to ensure that applicants' strategies are rewarded while the sectoral pigeon holes ought to diminish in importance.

ACKNOWLEDGEMENTS

This evaluation has been 'special' in several ways: it has, firstly, been conducted at a distance from the implementation level. This has meant, secondly, that the evaluator was more than is usual dependent on documents and (telephone) interviews – the latter with staff of partner organisations with whom the evaluator had not been acquainted before. Thirdly, there was a large choice of documents from which data for the evaluation could be selected. It was up to the evaluator to make the choice.

This could thus easily have become an exercise in which the evaluator's selection of data would have been a biased choice. What has helped to counter-act this inherent risk was the readiness of Woord en Daad staff and also of partner organisation representatives to correct (or confirm) the evaluator's impressions until at some point a picture emerged that seemed to be 'close enough to the truth' to be both workable and helpful. That is: new data at some point no longer made a big difference to this picture, even though missed surprises cannot be ruled out.

Annex 2 lists the informants of this evaluation. The evaluator wishes to thank all of them for dedicating their time and sharing their insights. Fortunately some telephone interviews have been enriched by personal meetings during the March 2009 Nairobi conference.

A big thank you goes to Woord en Daad staff Wouter Rijnveld for gently yet firmly guiding the exercise from start to completion. Luuk van Schothorst and Ellen van den Hil provided a much-needed and appreciated 'sounding board'; I am particularly grateful for their readiness to share both strong and weak points of the Basic Needs Programme and to let me be part of their search for improvement. Office manager Frieda Mooij secured a vpn connection which made it possible to log in from anywhere and avoid printing of the countless documents. Diny Boet took care of all appointments such that the MDF team members and myself had our interview sessions at the Woord en Daad office coordinated.

Reinier van Hoffen en Anke van Well, both of Prisma, generously reserved time for a personal interview. Reinier in addition kindly followed up by mail and among other things shared details of Prisma assessments. This served as a form of external comparison for Woord en Daad – very useful, given that other contextual comparisons were missing.

Last but not least I would like to thank team-mates Frans van Gerwen and Sjoerd Zanen, both of MDF, for their positive attitude in performing as a team. In this team each member admittedly had to do his or her own thing, but also had to be mindful of cross-linkages and shortcuts between the programmes under evaluation. This formula has been both rewarding and labour-intensive.

Amsterdam, May 2009

ACRONYMS

AMG-G	Advancing the Ministries of the Gospel, Guatemala
AMG-H	Advancing the Ministries of the Gospel, Haiti
ART	anti-retroviral treatment
ARVs	anti-retrovirals
BN	Basic Needs
CBHI	Community Based Health Insurance
CSS	Christian Service Society, Bangladesh
CREDO	Christian Relief and Development Organisation, Burkina Faso
DAB	Direct Poverty Alleviation
EFZ	Evangelical Fellowship of Zambia
GCPDO	Great Commission for People Development and Orphans (GCPDO)
ICCO	Interchurch Organisation for Development Co-operation, Netherlands
J&I	Jobs and Income (Programme of Woord en Daad)
OVC	Orphans and Vulnerable Children (mostly in a HIV/AIDS context)
OVI	Objectively Verifiable Indicator
P&A	Parole et Action (Haiti)
PHC	Primary Health Care
PLWHA	People living with HIV/AIDS
PO	Partner Organisation
SMAP	Strategic Multi-Annual Plans/Planning
ToR	Terms of Reference
WenD	Woord en Daad
WS	Water Supply

1. INTRODUCTION AND METHODOLOGY

1.1 This evaluation

Woord en Daad is a Christian organisation that has worked in international development in about twenty countries, since 1973. The organisation has distinguished three programmes: Basic Needs, Education and Job and Income. A fourth programme, Emergency Relief and Rehabilitation, has recently been merged with the Basic Needs Programme. The large majority of projects and programmes are implemented by Partner Organisations (POs), based in the twenty countries.

Woord en Daad formulated its evaluation policy relatively late, in 2006. The approach is that of a pyramid the foundation of which are regular monitoring systems and informal knowledge of POs and project officers. The middle layer is formed by project evaluations carried out by POs in conjunction with Woord en Daad. Programme evaluations – such as the one at hand – form the top.

Two such programme evaluations have been scheduled for 2009: of the Basic Needs (BN) and of the Job and Income (J&I) Programmes. Both concern the period 2005-2008. The two evaluations are aimed to serve as inputs in a new policy framework, which will in turn contribute to a new MFS proposal for the period after 2010. In addition the tail end of the 2008 evaluation of the Education Programme has overlapped with the current evaluations.

The March 2009 global partner conference has been the occasion for all three evaluations to share their preliminary findings before finalising the reports. The Nairobi meeting was preceded by a validation meeting at the Woord en Daad office in which staff gave comments and demanded clarifications, on some points. During the same meeting a coordinated approach was drafted with a view to set up the relevant Nairobi sessions such that they would optimise feedback from partner organisations (POs) for all three evaluations and would generate an informed and committed response.

For practical reasons and also to get cross-linkages the two 2009 evaluations, though separate, have been planned and implemented in conjunction, by a three member team, consisting of Sjoerd Zanen en Frans van Gerwen of MDF, and Joanne Harnmeijer of ETC Crystal. The report at hand, of the Basic Needs evaluation, is authored by Joanne Harnmeijer. Annex 1 refers for the Terms of Reference of this evaluation.

1.2 Methodology

The team of MDF and ETC Crystal produced an Inception Report in November 2008. The actual work started mid December 2008 and was spread over a period of some ten weeks, for a total of 25 budgeted working days for each of the evaluations. The evaluations have had to rely on documents supplemented by interviews with WenD staff, plus telephone interviews with staff POs – no field visits

have been made. This has been quite a challenge. Through a vpn link the evaluators had access to the WenD computers and thus to all electronically filed data, on all projects. In addition evaluation reports, policy briefs, visiting report of WenD staff as well as studies were made available, altogether amounting to a sizeable volume of information.

Box 1: Sample of projects representing evaluation *

For level 4, of implementation, a sample of projects is selected. This sample is selected as follows:

1. A few countries are selected across the two program evaluations, in such a way that regions are chosen where as many program elements as possible from the two programs are being available. This is meant to help answering the questions about integration between program elements. **All projects** within these programs in these countries are included in the sample. These countries are **Burkina Faso and Bangladesh**.
2. This sample will be completed by selecting an additional number of projects in such a way that the following aspects are sufficiently represented in the total sample:
 - All regions
 - Bigger and smaller projects
 - The following types of projects:
 - Primary health care projects
 - Curative health care projects
 - Specialist health care projects
 - HIV and Aids projects
 - Water and sanitation projects (seen from a health perspective rather than a technical water and sanitation perspective)
 - Food security projects (seen from a health perspective)
 - Agricultural and community development projects

For this purpose, the projects in **Haiti, Zambia and Guatemala** are included in the sample.

The total sample contains 41 projects (138 'project agreements': a single project may have several project agreements, e.g. one for each year. In total, the BN program has 316 project agreements in these years). In total, €6,982,000 of the €10,812,000 is covered by the sample.

* Source: Terms of Reference of this evaluation – see Annex 1 for full text

The sampling of countries has been done by WenD; Box 1 above provides the details. In brief, both evaluations were to study all relevant projects of the 2005-2008 period in five countries, two of which (Bangladesh and Burkina Faso) were identical. Zambia, Haiti and Guatemala were the additional countries selected for the BN evaluation. WenD also prepared the structure for the evaluations, with four 'levels', and a series of questions to be answered at each level, mostly in the usual format of the OECD DAC criteria. Questions for the two evaluations were largely identical at all levels: of policy (level 1); implementation by WenD (level 2); WenD relations with POs (level 3) and implementation by the POs (level 4).

The evaluation questions have been the guidance for the entire narrative of this report, that is: all sections in the report address one or more questions. The evaluators have, however, chosen to build the narrative from its basis, that is: starting from implementation (level 4), and working upwards to the policy level (level 1). This choice was made as it was felt that it is the implementation level, in the end, where all levels meet. Also, as will be clear from the report, the identity of both WenD and its partners – and thus the partnerships – have their foundation (their 'raison d'être') at this level.

The problem of comparison and contextualisation from paperwork only has in this evaluation been addressed in several ways. Firstly, the evaluator has maintained a time perspective: is there evidence that projects in their design and implementation have looked beyond the typical project boundaries and (therefore) stand a chance to have lasting effects. Secondly, generally accepted principles of good practice – such as the Paris Declaration principles - have provided a lens.¹⁰ Thirdly, the assessment by Prisma of WenD proposals submitted for financing through the MFS Programme of the ICCO Alliance has served both for a set of relevant and externally defined criteria of good practice and for the purpose of comparison with other Christian organisations.¹¹

Last but not least the material itself formed its own 'lens', eventually, as it increasingly proved possible, through reading and listening, to come to grips with the apparent lack of commonality in the collection of diverse projects that together make up the BN Programme. The evaluator is hopeful that the results of this inductive approach will also serve Woord en Daad in its attempts to structure the Basic Needs Programme.

1.3 A note on health services

Part of WenD's BN Programme has of old consisted of health service projects. Health services all over the world have a certain structure, with tasks, (sub)systems and indicators that are predefined. The structure includes a referral system from one echelon to the next. There is a certain base level of minimum services – the essential (or basic) health care package. Development aid in this sector must work in this context. It can of course be complementary to basic services but will have limited effects in their absence. This applies in particular to maternal health which requires a functional referral system. Since the arrival of ARVs HIV/AIDS services have also become medicalised; care for seropositive persons requires a health service system of some sophistication.

As also is the case for education services the need for decent health services is permanent; access to medical care as well is a universal human right. The level of participation that can be expected in health care projects has its limits, especially where it concerns the long run. For obvious reasons health care support in the form of regular health services rarely satisfies the criterion of sustainability although there are creative (partial) solutions such as health insurances and public-private partnerships. In recent literature the sustainability criterion is less emphasised with attention shifting to proven good practices of aid effectiveness, notably the (5) principles of the 2005 Paris Declaration. A further advantage of these principles is that they provide a lens for designing and assessing projects and programmes in context rather than as 'black boxes'.

The emphasis of projects in the health sector can be on the community level and prevention – notably vaccinations, nutrition, water supply and sanitation. These projects are labelled as primary health care.

¹⁰ http://www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html

The emphasis can also be on intramural care, with a curative health label. The two – curative care and PHC – are interdependent: both are necessary. Even so health services are only part of the conditions that are necessary for 'wellbeing'. They are, in other words, necessary, but in themselves insufficient to achieve dramatic improvements in health status. Depicting such projects as 'black boxes' with their own attributable effects on health status indicators thus is a misrepresentation of reality. Yet well chosen projects can make a difference. Technically this can only be demonstrated if the well-known *ceteris paribus* condition is fulfilled: only if *all else* has remained equal can added value of a specific intervention be shown.

¹¹ Some 16 Netherlands based organisations, including WenD, submit their proposals to Prisma; all are screened in a similar way and are subject to the same reporting formats. WenD takes part in two Basic Needs domains: health and HIV/AIDS.

2. IMPLEMENTATION BY THE PARTNER ORGANISATIONS

2.1 Introduction; historical overview

“.. in relation to government institutions, CSS sees itself as mostly a ‘gap filler’ (which provides what the government does not provide) and – more and more – as a strategic partner (wanting to have a good cooperation wherever possible).” Source: WenD Report E.J. Brouwer, October 2008, on his visit to CSS, Bangladesh.

The BN Programme may be introduced in a conventional way, by illustrating the geographical spread and the range of partners involved, plus the volume of money allocated. Table 1 below refers.

Table 1: Expenditure by region and by partner (x €1000)¹²

Region	Country	Partner	2005	2006	2007	2008*	Total
Africa	Angola	IESA	15	45			59
	Botswana	HCC		-16			-16
	Burkina Faso	CREDO	280	571	827	215	1,893
	Chad	BAC	13		228	140	381
	Ethiopia	FHE	20	18			37
		Hope				8	8
	Sierra Leone	EFSL			102		102
	South Africa	Mfesane	104	153	199	105	561
		Other			-13		-13
	Sudan	Other		-7			-7
	Uganda	KDDS		112	101	174	387
	Zambia	EFZ		50	67	34	151
		GCPDO		122	117	126	21
Asia	Bangladesh	CSS	422	413	540	360	1,736
		India	AMGI	104	89	109	66
		COUNT			35	92	127
		GSPI	191	124	65	109	490
		IREF			5	13	19
		WDI	112	112	123	32	379
	Sri Lanka	CSI/LoH			14	28	42
	Thailand	AMGT		5	3	4	11
Latin America	Colombia	CDA	320	254	288		862
	Guatemala	AMGG	134	189	187		510
	Haiti	AMGH	89	63	82	82	317
		P&A	439	575	562	414	1,990
Nicaragua	INDEF	28				28	
Other	Prisma		4			4	
Total			€2,394	€ 2,855	€ 3,664	€ 1,899*	€ 10,812

* Data 2008 incomplete

Source: Woord en Daad, 2008

¹² Negative amounts are kept in the Table to maintain consistency with the official figures published in annual reports.

As the table illustrates a total of 24 Partner Organisations (POs) in three continents have implemented BN programmes, in some 17 countries; in 13 of these countries there has been only one PO. WenD grants have been more or less equally spread over the three regions, ranging from € 3,172,000 in Asia to € 3,929,000 in Africa. The allocations to individual POs have however differed greatly.

The BN Programme as it stands is divided in thematic domains. The thematic domains are then coupled with 'numbers of beneficiaries', or with 'numbers of projects' or with 'expenditure'. Tables 2-4 refer for these basic data.

Table 2: Typology of Basic Needs projects and people reached

Type project	People reached		
	2005	2006	2007
Curative Health	143,628	200,136	226,820
Primary Health Care / Specialist Care	857,476	947,841	588,494
HIV / AIDS	122,221	224,413	*
Water / Sanitation	51,500	35,000	40,100
Food	8,762	2,325	2,150
Agriculture	23,000	20,400	20,400
Housing / Community Development	0	13,500	13,884
Capacity building	*	*	*
Other	*	*	*
Total	1,206,587	1,443,615	891,848

* Data either not yet available or not compatible with format

Source: Woord en Daad, 2008, following formats of L.van Schothorst

As is also emphasised by WenD staff the number of people reached ('beneficiaries') is an ambiguous piece of information when one wants to collate the above categories. In water supplies and housing it reflects actual access to (new) services while in other categories it is multi-interpretable. The high number in the PHC category, for example, has included participants in one-off 'mass campaigns'. In the HIV/AIDS bracket the nature of the interventions varies as does the target group, plus confidentiality is an issue such that numbers of people are not always telling for the actual interventions. Yet virtually all project proposal formats demand that numbers are filled in.

Table 3: Size of grant by type of BN project; number of projects approved

Type of project	Average grant, x 1000 €; projects approved (n)			
	2005 (n)	2006 (n)	2007 (n)	2008 (n)*
Curative Health	33 (22)	30 (22)	31 (26)	43 (4)
Primary Health Care / Specialist Care	34 (27)	38 (30)	44 (19)	79 (11)
HIV / AIDS	17 (15)	29 (19)	34 (32)	28 (18)
Water / Sanitation	25 (7)	10 (3)	65 (6)	114 (1)
Food	20 (6)	26 (6)	16 (9)	13 (4)
Agriculture	51 (3)	93 (2)	48 (1)	-
Housing / Community Development	-	50 (2)	90 (3)	45 (4)
Capacity building	3 (4)	9 (2)	3 (3)	13 (1)
Other	17 (2)	-	25 (2)	-
Overall average x 1000; (n) approved	€28 (86)	€33 (86)	€36 (101)	€44 (43)*

* Data 2008 incomplete;

Source: Woord en Daad, 2008

The above table illustrates, firstly, the large number (86-101) of BN grants that have been approved and handled each year. Secondly, the average size per grant has been small across the board: in the period 2005-2008 only 25 (8%) of the 320 entries in the WenD BN database has exceeded €100,000. This suggests that the BN projects have been tailored to the availability of money more than to the nature of the thematic domain. The table below reflects the division across the various BN themes, illustrating that expenditure in some domains – curative health, PHC and ‘food’- has been relatively stable while other domains – HIV/AIDS and Water Supply – have seen some growth.

Table 4: Expenditure by type of BN project

Type project	Expenditure, x 1000 €		
	2005	2006	2007
Curative Health	729	656	808
Primary Health Care / Specialist Care	909	1153	845
HIV / AIDS	260	555	1094
Water / Sanitation (WSS)	174	29	392
Food	122	159	148
Agriculture	154	187	48
Housing / Community Development	-	100	270
Capacity building	13	17	10
Other	33	-	50
Total	2,394	2,855	3,664

Source: Woord en Daad, 2008

The distinction in thematic domains, however, is in practice less straightforward than it seems. A main problem, at least for an evaluator, is that the domains overlap. The themes, in other words, are not distinct and one can thus, for example, find water supply (WS) projects under Primary Health Care (PHC), while projects addressing malnutrition do not necessarily resort under ‘Food’. Likewise the distinction between curative care and PHC is in some places arbitrary – as when a clinical facility provides both. The domain of HIV/AIDS on the other hand could only claim to be a domain if the other domains were appropriately addressed in it. The distinction in themes, handy as it may be for funding purposes, thus poses a problem for an evaluator.

It is clear that the BN Programme of WenD can be described in many ways. For this evaluation ‘*gap-filling*’ (see quote above, of CSS) is an appropriate starting point as this enables to explore a crucial difference between the various BN endeavours: the nature of the gap, and in particular the potential to ‘close the gap’ over time. Whereas in the Education Programme and also in the Jobs & Income Programme the gap is closed in a predefined way – as summarised in the concept ‘from boarder to breadwinner’ – this varies across the categories that together form WenD’s BN programme. For example, for health services there is no natural end point (‘a healthy person’) at which an individual client no longer needs the service. Also, given the continuum of clients and their needs the natural focus is on the service itself: once improved, health services must continue to run and serve new clients. This also means that support to this type of programmes cannot easily be phased out: there are practical and moral obligations to continue, both at the institutional level and at the level of the target group, and in some cases even at the level of individual clients.

An example of obligations at the level of individual clients is the commencement of antiretroviral treatment to persons infected with HIV: these persons have a reasonable expectation that they will be taken care of, also in future, once that first step is taken. And vice versa: most service providers would find it unethical to discontinue such services. The future thus as it were informs providers' current actions: of only starting certain services if and when there is a reasonable certainty of continuity. The same principle applies to other interventions, at other levels. More precisely, each type of intervention induces its own type of expectations on what clients can 'reasonably' expect, and thus carries certain obligations. At a more abstract level there will always be an obligation to make investments 'worthwhile', also in future, and thus apply the necessary foresight in the design phase. In other words, the time dimension that is intrinsic to the BN domain ought to be a serious consideration in project conceptualisation and design.

Table 5 below takes the 2005-2008 BN database of WenD and groups the projects according to their time dimension, which enables to also consider the expectations that are intrinsic to the intervention (subsequent sections will elaborate).

Table 5: Time dimension of Basic Need projects and matching expectations

Time dimension of intervention	Domain and examples	Expectations inherent to intervention
1: Indefinite	Curative care Primary Health Care HIV/AIDS	Set by 'what the public has reason to expect', plus national and international norms of good practice ('authority') Variable, no set pattern
2: Finite end	Water / Sanitation Food Agriculture Housing / Community Development	Set by project, mostly
3: One-off	Campaigns such as an annual 'AIDS march'	Set by the event; a routine may set in, over the years

Indefinite: A large part of the WenD funded BN projects falls in the category 'indefinite' and forms part, at least in principle, of a country's health care system. The annual amount of support received from WenD is on average relatively small (Table 3 refers). This may work out for a combination of reasons: firstly, projects are part of a larger endeavour, with other sources of income; secondly, projects are supported for years on end; thirdly, projects are by nature only intended to fill a small gap – a gap that the partner organisation can manage to fill. A recent development is that of conceiving projects in incremental phases and have them fit in the frame of Strategic Multi-Annual Plans.

Finite end: The second category interventions have an end-point that is determined and defined in terms of a 'project'. The annual amount of support is in the same order as for those in the first category although there is a trend for projects to be better funded over the years, particularly where external donor money has become available. As in the first category the gap filled by these projects appears to have been chosen in conformity with the capacity of the PO and the funding that has been made available.

One-off: One-off projects have been few, although it could be argued that various prevention-oriented projects in the PHC domain fall in this category.

The distinction in the above three categories is useful to illustrate several points relevant to the BN portfolio:

- BN interventions vary in their 'natural lifetime'
- The long-term interventions operate in the context of more or less 'given' expectations of good practice; the gap they fill is part of a (larger) system
- The HIV/AIDS projects form a special case
- The projects proper – those with a finite end – are in a better position to 'score' as there are in general no inherent expectations and attribution of achievements will be more straightforward than for the first category.

On closer scrutiny the long list of BN interventions – 320 (!) entries for the period 2005-2008 - can be significantly reduced by grouping projects that belong together – either because they are interdependent (and/or they occur in one and the same place, for the same target population), or because they follow each other in time (one and the same model is run by the same PO, in different project locations), or for a combination of these reasons. (WenD has in fact urged POs to present such projects as coherent entities in the newly introduced Strategic Multi-Annual Plans). The groupings often are a combination of thematic domains. For example:

- In Bangladesh Projects 1670001 through to 1670005 and 1683001 all concern one and the same hospital. The main project (1670001) includes 'PHC activities around the hospital'. The nurses training (167003) naturally has a training purpose but also serves the hospital which would not be able to run without the student nurses. The 'poor fund' (167004) serves to exempt poor clients from paying the fees for hospital services while 'investments' (1683001) have over the years helped the hospital to upgrade its infrastructure and equipment.
- In Haiti Projects 2170005 through to 2170009 of P&A are four PHC projects that follow a similar model, of serving areas that lack regular health services. Two of these therefore also provide curative care. Similarly the two curative care projects of AMG Haiti also provide preventive services.
- In Guatemala there are in fact two locations (clinics) where the BN projects – PHC, curative care and nutrition - take place.
- In Burkina Faso the current natural resource and environment project (7680011) is a merger of several other projects (various project numbers, including a forestry project) in the same area (Sissili). It is classified as 'agriculture' but is in fact a food security project.
- In Zambia the GCPDO projects originally served the primary target groups of Orphans and Vulnerable Children (OVC) living in targeted areas at sub-district level in one province. The target group has then expanded to include individuals infected by the HIV virus and has finally settled on the areas themselves, given that in such high prevalence areas the entire society can be considered as 'living with HIV/AIDS'. Here the label HIV/AIDS covers a range of

different interventions, including water supplies and agriculture, although the PO's core business has been and remains to secure education of OVCs.

Despite the large number of thematic domains there are also projects that cannot be placed in any of them. An example is a project to improve family relations by aiming for more equitable and harmonious marital relationships (Dabari zien P 7679006, Burkina Faso): *'Dabari zien est une expression en langue locale Nuni qui veut dire "l'amitié est bien". L'amitié entre l'homme et le femme dans le foyer est ce qu'il faut le plus pour l'épanouissement de la famille voir de la femme dans la société.'* In the WenD database the project is qualified as PHC/specialist care; staff call it the (new) gender project.

The above raises the issue how the BN projects together form a programme, with a recognisable identity that the projects have in common. A common denominator is that projects have a perceived need as their starting point, and this need is generally identified and defined by the PO itself. For all the curative health projects studied in the sample need identification goes way back in time; for these projects the evaluation period 2005-2008 thus represents only a small segment of their life time. Box 2 refers for a typical example, dating back to 1981.

**Box 2: De la vision du projet aux réalités sociales et politiques de l'époque
(On the project vision in view of the social and political realities at the time)**

Excerpt of evaluation report of two clinics, AMG Haiti, October 2007

'Le "projet Béthesda », réalisé dans la zone de Bel air, spécialement à la Rue Saint Martin, est un rêve qui a été caressé depuis plusieurs années par le feu pasteur Cénopha POINT DUJOUR selon les responsables managériaux actuels du projet. Il a en effet été mis sur pied en 1981 du côté de Port-au-Prince et un an plus tard du côté des Gonaïves.

L'institution qui s'est chargée de mettre sur pied cette activité, AMG, a été créée à la fin des années 1970, puis reconnue officiellement vers 1984. Ce pasteur ayant vécu dans la zone depuis sa migration de Grande Saline où son œuvre évangélisatrice a commencé, il a fait en sorte que la communauté bénéficie d'un besoin qui n'était pas totalement comblé par les institutions de l'époque : les besoins de santé. La majorité des gens qui ont participé à la mise en œuvre du projet était des gens de la zone ou de la communauté. Selon les informations recueillies du responsable managérial actuel du projet, on ne sait pas avec certitude s'il n'y avait pas d'autres institutions dans la communauté qui offraient des services du genre au moment de sa mise en œuvre. Toutefois, ce projet allait être original à plusieurs égards : d'abord les gens allaient bénéficier de ce service à prix modique (5gdes pour le dossier), et en plus ils recevaient les médicaments nécessaires gratuitement.'

The impression is that BN projects operate in a self-defined niche, where 'someone' – often a PO's founding father, and later a PO's senior staff - has at a certain point in time seen both an opportunity and a need. This has been so in the past, but still appears the way of the present time – a recently started project for female sex workers in Bangladesh, for example, has a similar origin. We could say that the PO has taken on a certain role by filling the need(s) and the other way around: the provision of services in underserved areas has provided – or reinforced - the PO's identity. The POs as it were

derive their identity from the endeavours they choose to undertake. The division in thematic domains does not do full justice to this concept as the themes prove fluid and often are combined, in one location and/or for the same target group. The project concept is also not entirely suitable as POs characteristically stay where they are: continuity is a hallmark of the interventions studied in the evaluation sample.

Only a small portion of the BN projects studied (medical care for adoption children in Guatemala) can be linked to the other thematic WenD programmes, of Education and Jobs & Income. This is partly because medical care for adoption children is covered under the Education Programme and thus is invisible in the BN Programme. (Guatemala is an exception.) It may be that a 'paper evaluation' such as the one at hand fails to spot linkages that are in fact there. Yet it is remarkable that the alleged place of the BN Programme as a precondition – or at least an enabler - for the other programmes is not apparent in the project documents.

2.2 Relevance

'A sort of check we can have to see whether there is ownership or not is whether people are involved in the process, whether they are willing to put in effort, energy or other type of inputs into a project. Because probably if the ownership is weak the project may also not be so relevant for them.' (S.Verduyn, *Woord en Daad, Partner Conference Bangladesh, November 2008*)

The preceding section has indicated that WenD projects as they are listed in the WenD database are not necessarily distinct entities. A way around this – for the purpose of evaluation – is to judge the extent to which projects are owned by relevant actors. Where projects concern services this would be evident in utilisation of these services. An alternative would be to assess apparent willingness of relevant actors 'to put in effort, energy or other type of inputs' (see quote above) in order to maintain functioning of the service. We realise, however, that 'relevant actors' differ across the range of interventions. For curative and PH care the providers would normally be the main actors. Table 6 refers.

Table 6: Exploration of measures of relevance across the thematic BN domains

Domain and examples	Relevance for whom / evidence	By whose standards
Curative care	Prospective users, including poor people Evidence: <ul style="list-style-type: none"> • utilisation and in particular: • willingness to pay for services 	Various: <ul style="list-style-type: none"> • national standards • international norms • principles such as in the Paris Declaration
Primary Health Care	Idem, but appropriateness of payment dubious since PHC largely free	Idem
HIV/AIDS	Idem, but payment generally out of the question	Variable, no set standards although a body of best practices exists
Water / Sanitation	Prospective users, including poor people Evidence: <ul style="list-style-type: none"> • functioning maintenance arrangements • utilisation 	Variable, depending on local context. National standards usually exist, but are often over-ambitious.
Food	Prospective users, including poor people Evidence: <ul style="list-style-type: none"> • use of service, particularly if this takes effort 	Various: <ul style="list-style-type: none"> • national standards • international norms But also context specific e.g. use of locally appropriate nutrients
Agriculture	Prospective users, including poor people Evidence: <ul style="list-style-type: none"> • uptake of (improved) practices Salient evidence would be if non-targeted households followed suit.	Usually locally defined
Housing / Community Development	Prospective users, including poor people Evidence: project specific	Usually locally defined
Campaigns such as the annual 'AIDS march'	Usually hard to gauge unless follow-up provided	Usually the organisers' reinforced by media

Readers could remark that relevance can be gauged in a more easy way, through (proper) needs assessments. The evaluation team has, however, not found evidence of documented needs assessments prior to interventions. Also it is common knowledge that 'the proof of the pudding is in the eating'. Relevance, in other words, self-demonstrates over time.

Another way to assess relevance would be to demonstrate that the interventions have been conceived, designed and implemented on the basis of relevant best practices – for example, by copying other, well-performing services, within national standards. A variant of the above would be a pilot project that itself was set up to provide a best practice model and was subsequently copied. The health care projects and also the HIV/AIDS projects in Haiti could have followed such a pattern. There is no evidence in the documents provided that this has been the case.

The assessment of perceived relevance is clouded where utilisation of services is co-determined by clients having to pay for services, and thus by the availability of alternative (free or cheaper) services. Vice versa: if services are used despite user fees clients apparently find the services worthwhile, in comparison. All curative care provided by POs in the countries sampled is subject to fees, although every effort is made to keep fees to a minimum, and to exempt poor clients. The evidence is that user fees have been a major determinant for use of the services, and this mostly in a positive way: where assessments have been done, as in Haiti and Bangladesh, users have judged that charges were fair, in comparison.

For other BN projects the issue of user fees is less of a hindrance and utilisation persé does give a good insight in relevance as it is perceived. Here, however, there is in many cases a problem in the sense that the end result of projects has been set externally and this in terms of indicators that are subjective and that in themselves have little predictive value as to how the desired results, if achieved, will be maintained. In other words, evidence is lacking that the interventions have been conceived, designed and implemented on the basis of relevant best practices – for example, by copying other, well-performing services, within national standards. (It is possible that such evidence exists, but is simply not recorded and therefore not visible for the evaluator.)

All in all the evaluation team finds it difficult to assess relevance. Exceptions are all projects that either can demonstrate relevance in terms of accepted best practices (validation by authority), and/or that show perceived relevance in terms of access to services and their utilisation (validation by users), and/or that aim for a certain competence which is apparent in a measurable variable (validation by apparent difference that a project makes; this difference can be at the level of individuals, or groups, or even a whole area). In the latter case the competence should in addition be one that can be sustained without further project efforts or that at least cannot be expected to easily revert to the pre-project situation. Returning to our list of thematic domains we can now assess the various project categories on their potential to score on the above criteria.

Table 7: Potential for measures of relevance across the thematic BN domains

Domain and examples	validation by		
	authority (best practice)	use and users (access)	apparent difference in competence ¹³
Curative care	+	+	+ (of providers)
Primary Health Care	+	+	+ (both provider and target group)
HIV/AIDS	+ (context specific)	+ (eg ART)	+ (idem)
Water / Sanitation	+ (idem)	+	+ (idem)
Food	+ (idem)	+	+ (idem)
Agriculture	+ (idem)	+	+ (mostly target group)
Housing / Community Development	(+)	+	?

13 Also see Bebbington, A. (1999) Capitals and Capabilities; A framework for analysing peasant viability, rural livelihoods and poverty in the Andes. [World Development](#), 1999, vol. 27, issue 12, pages 2021-2044.

It appears that the above simple delineation enables to study relevance of the entire BN portfolio. The delineation also offers scope to screen proposed projects on their relevance. Given that the domain of Basic Needs is in principle endless this may be of help in project identification, and more specifically: in deciding what type of projects to decline. (Chapter 6 will elaborate.) Noteworthy is that the three types of validation are distinct and yet are interdependent. For example, offering a best practice service makes sense only if the service is subsequently used, and thus proves affordable. Also noteworthy is that the authority of best practice must often be generated 'on site' and can then be copied. This is especially so where there are no official standards as yet for best practice or where best practice is highly context specific. This then offers scope for projects to stand out and be replicated, as relevant (local) models of best practice.

While 'utilisation' says something of the past and has as such limited predictive value for future use (a new, competitive service may, after all, prove more attractive) the 'apparent difference in competence, provided it is sustainable' (third column in the table), seems to offer the most robust measure for a project's relevance. Interestingly, this measure captures the essence of the other WenD thematic programmes, of Education and of Jobs & Income, at the level of individual beneficiaries. (Competence or capability may be defined quite widely, as Bebbington (1995) has done. Other authors would use the term 'resilience'). Below we discuss examples of projects in the BN portfolio. The examples are not exhaustive, partly because such discussions on relevance have not made their way into project documents.

Table 8: Sample from PHC / specialist care domain (nutrition)

Original problem: malnutrition in project area (Sissili) in Burkina Faso

Intervention: Centre de Récupération et d'Education Nutritionnelle (CREN) Kayero (p 7670001)

Partner: CREDO

Potential validation by: Relevance discussion	
1. authority (best practice)	Malnutrition is a structural and nation-wide problem in Burkina Faso, as is demonstrated in alarming statistics, especially of chronic malnutrition (stunting) of under-fives. ¹⁴ CREN Kayero is one of a national network of (22) such centres. It operates within the national set guidelines and is reputedly among the top performers. Even so one wonders if (new) international guidelines on Community Based Therapeutic Care (CTC) have been considered. These enable to keep the child and thus the mother at home, by using Ready to Use Therapeutic Food (RUTF). ¹⁵
2. use and users (access)	The appreciation of the CREDO supported CREN is clear in utilisation by clients from far away, up to 400 km. Even so utilisation varies and is co-determined by the time parents can afford to spend away from home. Recently two satellite units have been established, at the recommendation of the 2007 evaluation.
3. apparent difference in competence	Very little information on this. The impression is that this is institutional care by experts, without a long term perspective to avoid further cases of malnutrition. The link with CREDO's new natural resource and environment project (7680011), which is in fact a food security project, in the same area, deserves to be further exploited.
Conclusion	Relevant endeavour, but begging the question if project design has been kept up-to-date with state of the art knowledge. Given the structural nature of the problem – which is bound to get worse with climate change – relevance could be enhanced if CREDO were to profile itself in the national CREN network.

¹⁴ http://www.unicef.org/sowc08/docs/sowc08_table_2.xls

¹⁵ <http://www.concern.net/what-we-do/programmes/health/community-therapeutic-care.php>

On RUTF: <http://hopebuilding.pbwiki.com/New+therapeutic+food+is+miracle+for+starving+children>

Table 9: Sample from WSS domain

Original problem: concentration of arsenic in tube wells in Bangladesh¹⁶

Intervention: water service and monitoring unit 22 water filters (p 1670005)

Partner: CSS

Potential validation by:	Relevance discussion
4. authority (best practice)	<p>(Excerpt from progress report 2008): <i>'As per the latest test results, the quality of the water is equivalent to the standard set by WHO and Bangladesh Drinking Water Guideline set by BSTI. The yearly test on all parameters (including arsenic and iron) has been performed and can be declared as safe.'</i></p> <p>The validity of supplying drinking water that has arsenic levels within international standards is undisputed. The authority of best practice is, however, disputed as CSS is still struggling with the technology.</p>
5. use and users (access)	<p>(Excerpt from progress report 2008): <i>'The main challenge that the unit faces is to make local people understand the usefulness of the unit. This is due to the beliefs of the people on natural water which to them is very much safe. The only way to communicate with them properly is to demonstrate them the current condition of natural water throughout the country and the world which is quite terrifying.'</i></p> <p>The validation by use and users is in this case problematic. Users are not prepared to make the extra effort even though <i>'The results are eventually shown to the local people by the entrepreneurs to encourage them to drink safe water. To perform such act, free safe water is dispensed to poor people, school children and others'</i>.</p>
6. apparent difference in competence	<p>Difference in competence would need to lie at several levels: of the suppliers, of CSS, and at the level of users. It is obvious that this would require a joint and sustained effort with bigger national and international actors such as water supply companies and Unicef.</p>
Conclusion	<p>Relevant endeavour, but begging the question if project design is appropriate, given the size of the problem and the fact that there is no established, fool-proof technology as yet. Would typically require large capacity and social marketing experience.</p>

A similar exercise may be done for HIV/AIDS projects, for example a project for female sex workers in Bangladesh. Here there is no state of the art authority as such projects are relatively new in Bangladesh. The 'users', as narrated in the project document, would be both genders: *'The program is concerning only a particular female group and this is for their own well-being. Obliquely, it helps both the genders since this profession's only consumers are the very deprived manhood. Therefore, less activities regarding the profession will ensure less involvement of both the genders which is the primary goal of any relevant project.'* This description raises many questions, as does the partial solution, which includes a rescue for selected sex workers and their children by offering micro-credit and housing. This is argued as follows: *'The target is very large by number and many are interested to join the program to have a hope for a better future. It is impossible to take everyone under consideration. The assigned coordinator is responsible for selecting the beneficiaries from the target group and bringing them under the program. Selected CSWs cooperate with the program*

¹⁶ http://en.wikipedia.org/wiki/Arsenic_contamination_of_groundwater

spontaneously. A preliminary conclusion would be similar to the ones above: Relevant endeavour, but potential to optimise design and so make the project *more* relevant, notably by aiming for competence at different levels, including the level of (local) policy makers. In its current form the project seems a well-intended but partial stop-gap, with dubious long-term results.

We may conclude on the topic of relevance, that

- The aptitude to think in terms of (future) time: ‘what happens when this project is finished and how should we therefore adjust our design’ has been weak throughout the sampled portfolio, with the exception of GCPDO (Zambia) where interventions are *designed* with a view on the future.
 - Projects of knowledge transfer would have gained in relevance if they would have been designed to continue in a suitable ‘after-care modality’, with minimum external (i.e. project staff) input. This could at the same time have served an objective of civil society building and even policy influencing as the target population would have been largely left to their own devices. Examples are the HIV/AIDS projects in Haiti where peer educators and religious leaders could have been trained for competence to continue with minimal additional support, had this been part of the design.
- An overall comment is that in the way the projects are described their relevance is phrased in terms of a certain problem, with the project proposed – usually knowledge transfer or ‘education’ - as a solution. This solution is however only rarely convincingly argued to be the solution that will be both necessary and sufficient for the problem at hand.
 - An example is the notion of educating female sex workers in Bangladesh on the seriousness of sexually transmitted infections, with a focus on HIV. Given that all women, remarkably, tested negative for HIV this could have prompted a different educational approach, of celebrating this fact and instigating measures both for them *and* their customers to *remain* HIV negative. Such measures could then conceivably advertise condom use as a good practice at the *institutional* level (one brothel possibly working towards a collective of ‘responsible brothel owners’) where it currently is left to individual sex workers to try to negotiate condom use.¹⁷ Projects should, in other words, recognise opportunities for (increased) relevance, by considering the (combinations of) levels they ought to address in order to optimise their relevance. In the example of the sex workers a link with local authorities can be expected to be a necessary ingredient for the concept to work as a model proper.
- In the sampled portfolio there is no evidence of ‘intentional complementarity’ with endeavours of other actors. Likewise there is only rarely evidence (at least: in the documents) of a drive to arrive at models of best practice, based on own experience. This is particularly regrettable where the time frame has not been a constraint and there has in fact been room to learn by trial and error.

2.3 Effectiveness and potential impact

From the preceding discussions it is clear that effectiveness can be judged in multiple ways. In this report we will assess effectiveness according to project objectives; followed, if possible, by evaluation judgements and enriched, where possible, with (other) expert judgements.

2.3.1 Projects of the first category ('indefinite')

A typical set of PHC project objectives, here for the PHC Project (p 1671003) around Khulna Hospital in Bangladesh, of CSS, reads:

'The main objective of the Project is to ensure the quality of life in the rural areas by reducing the mortality and morbidity caused by diseases that can be prevented or easily treated. The specific objectives are to (i) provide PHC services in the villages and thus improve access to basic preventive and curative services; (ii) improve the quality of care from both public and private sector providers, (iii) improve the skills of peripheral health workers through in-service training.'

An external mid-term evaluation in 2007 judged the project successful:

'The Project is rated as successful. It trained around 520 health workers and staffs, most of them are still in their assigned posts. The change in morbidity and mortality pattern contribute significantly to the health of rural people. It helps to aware people in the prevention of common diseases and the importance of hygiene. The Project helped to empower women. As the primary beneficiaries of the PHC policy, women—as mothers and caregivers—are the main recipients of the health education outreach programs. Knowing how to address basic health issues gave them practical skills useful in meeting the health needs of their families, and a resulting sense of confidence and well-being.

Among the factors that contributed to the success of this project, and that can be replicated are:

- the strategy of deployment of health workers in the rural areas
- continuous in-service training and skills upgrading the recruited workers
- development of effective monitoring, supervision and reporting system'

Weaknesses were also marked. The project's evaluator noted, amongst other things, that '*Traditional Birth Attendants attending home delivery either for performing or for referral is very poor.*' This of course does not bode well for future utilisation.

A closely related project is that of a satellite clinic, Gouroumbha, which provides both curative care and primary health care services. Here the intention of CSS, with encouragement of WenD, has been to move into community based health insurance. The advice of external experts was then sought, who came up with a different judgement:

'Our assessment of the situation differs from the initial analysis made by CSS. There is undoubtedly a clear need for an intervention improving access to quality health care services for the population. But at present time, the primary problem relies in the very low performance of (first line) health clinics. Conditions for moving to health insurance may be summarized as follows: (1) existence of minimal quality standards at 1st line and 2nd line health services; (2) financial access to health care identified as a priority problem by the population; (3) a HI approach developed progressively in line with the demands and expectations of both population and health care providers; (4) a design balancing social demands and technical priorities; (5) a long term perspective and (6) consistency with national policies. It appears that most of these conditions are not met. The main expectation of CSS was to provide a

¹⁷ Source: Project document on Lessons Learnt, p1671005

(financial) solution for sustaining the activity of CSS' Reverend Abdul Wadud Memorial Hospital (RAWMH). Yet, the social demand dimension and the integration of such a policy in a wider health system perspective were hardly addressed by CSS.¹⁸

The two descriptions – by the project evaluator and by the external experts – thus differ considerably. Rather than adding a third opinion we may use our criteria developed in preceding sections and study the context in which projects are set, taking the above project as an example. We then find that:

- Projects that are by nature indefinite are phrased as if they are finite. This being so their objectives would need to be adjusted, with more attention for 'after-care' and self-sustained competences (see above). Sometimes an assumption is posed that is not substantiated. An example (Bangladesh): *'One needs 5 years for sustainable behaviour change. After 5 years send the community workers of the rural health centre away.'*
- The health care projects tend to promise they will fulfil objectives that are unrealistic. Examples are effects at impact level, such as reduction of infant mortality, under-five mortality and even maternal mortality – which is notoriously hard to calculate as it is. Such effects, if they would be there, can only in very rare cases been attributed to a health care project (section 1.3 refers). Similarly, it is unrealistic to use such data for project monitoring. A good alternative would be to aim for indicators that reflect utilisation and would in logical framework terms be at output and outcome level.
- Projects that ought to be part of a larger health care delivery system are in fact islands of relative excellence, the reason being that Government services are failing. *'In the CSS intervention areas, all the Community Clinics (CC) closed down following the discontinuation of donor funding. Most Family Welfare Centres are still in operation but many problems with quality are reported (absenteeism, under-the-table payment, unavailability of drugs & treatment, unreliable data reporting...).'*
- A result of the above is that projects such as the one in Bangladesh do not align with the Government system. *'In their attempts to tackle the gaps in the health system, CSS intervenes on a 300.000-persons target area (irrespective of the government health mapping), made of 15 Unions, belonging to three different Upazilas.'*

The 'gap' that such projects aim to fill is thus problematic as the domain is ill-defined (the needs are 'endless'), plus it is hard to live up to expectation – both of the authorities and of the public, and: to do this over time. The last point is illustrated in several evaluation reports of other health care projects. The evaluation of the AMG health care projects in Guatemala, for example, noted: *'To improve the services, users said that it is very important to implement the attention of 24 hours service. It is also necessary to hire more staff because some of the patients have not received attention due to the saturation of people, they also suggested that it is very necessary to have specialists, ultrasound equipment and supply with more medicine the pharmacy.'*

¹⁸ Bart Criel (Institute of Tropical Medicine – Antwerp) and Mathieu Noirhomme, Study on the feasibility of a Community Based Health Insurance in Bangladesh. February 2008

In the case of AMG Guatemala it was apparently possible to implement, in one way or another, several of these requests, aided by a substantial private donation channelled through WenD (Bob Hastings, personal communication, February 2009). Generally, however, the projects are set up to make ends meet, just. When in addition places have been selected that are hardly accessible or that are troubled by structural violence, as in Haiti, this inevitably translates in service levels that are below international standards and that thereby are vulnerable to criticisms.

2.3.2 Finite projects where effect can be shown, thanks to the choice of indicator(s)

Project formats screened by the evaluation team have in common that they focus on numbers of people reached through the various interventions. This is so for formats of WenD itself as it is for the formats which need to be filled out for Prisma (on behalf of ICCO Alliance), the EU (several projects in BN Programme) and USAID/PEPFAR (one project). Yet the thematic domain makes a difference for the precision with which 'numbers' can be determined.

Woord en Daad has an apparent tradition of thinking and reporting in terms of numbers of individuals reached. This is appropriate, broadly, for interventions such as adoption, education and job creation. The individual level is not necessarily the most informative for other sectors and themes. It is often possible to identify indicators at other levels that have more intrinsic appeal than 'numbers of people' and that, in addition, say more about potential for future achievement.

A combination can be most effective where it captures the 'difference with normal', at a level that makes sense, given the intervention. A good example is given in a GCPDO project in Zambia's Eastern Province: 'shortening of the hunger season, for households targeted by the project'. Box 3 below compares food security before and after GCPDO interventions in project areas.

Box 3: Food Security Situation before and After GCPDO Interventions by Area*

	Before GCPDO intervention	After GCPDO intervention	Gain in months
Mndemba	6 months (May-Oct.)	8 months (May-Dec.)	2
Mwase	4 months (May-Aug.)	6 months (May-Oct.)	2
Ndake East & West	6 months (May-Oct.)	12 months (May-April)	6
Maleledwe	11 months (May-March)	11 months (May-March)	0
Mpingozi	7 months (May-Nov.)	10 months (May-Feb.)	3
Champhoyo area	7 months (May-Nov.)	10 months (May-Feb.)	3
Diwa area	4 months (May-Aug.)	8 months (May-Dec.)	4
Nkhanyu area	4 months (May-Aug.)	8 months (May-Dec.)	4

*Source: Banda, M. (2007) GCPDO evaluation. Table 4.

GCPDO has defined food security as 'a household that is able to feed itself for a period of up to 12 months or over'. As the evaluator noted, 'Generally the household food security situation in the areas is still less than 12 months'. The example helps to demonstrate several issues that are relevant for Monitoring and Evaluation of effectiveness of WenD endeavours:

- The indicator chosen has 'instant' appeal, not only for the target population, but also for external stakeholders, including funding agencies. It is in that sense more than just SMART; it also is emotive. Partly this is because:
- It applies exclusively to the target population proper: those who are food insecure. And it does this at the right level: households in affected areas.
- It prompts learning. For example – why do some areas show greater gains than others? can we maintain these gains?

Most of all:

- It indicates a reasonable ideal – food security – but it also enables to demonstrate the difference a project can make when it enables to 'get closer' to this ideal, even if the ideal is not fully reached (as in the example).
- It indicates a certain competence that has predictive value: households targeted may still need assistance in subsequent years, but this assistance can be assumed to be less intensive than before ('after care' - section 2.2 refers).

Strictly speaking one would in addition want evidence that the improvement is not a result of other factors. And ideally one would want evidence that the improvement is there to stay: that households have become less dependent on future aid, and have, in modern parlance, become more *resilient* to any stress that the future may hold.

2.3.3 Finite projects where effect must be long-term to be relevant

In the bracket of finite WenD projects there are multiple projects that aim for short term results. Or more precisely: that have expressed their results in numbers, without considering the need to maintain numbers, in future (section 2.2 refers). In some cases this amounts to investments going to waste. In other cases harm may be done. (Also see section 2.1 on the moral obligation to apply foresight for interventions that cannot be stopped without causing harm.)

It is, for example, dubious to formulate as an objective that 'opportunistic infections in about 80% of 400 PLWHA or chronically ill are reduced' (project 7971001, in Zambia) *unless* there also is assurance that this will remain the case in future. (People infected by the virus will at some point start to suffer opportunistic infections, for which they can be treated pro-actively. This requires both a certain competence of the health care system and a patient who is well informed and able to seek treatment, on a regular basis, even if he or she is feeling well. The latter point is especially difficult where patients have other pressing priorities and often lack the means for transport to the health facility.) This typically is an indicator that has a future dimension: to be effective projects *must* seek to establish ways that help such clients to adhere to treatment, also in future.

2.3.4 Finite projects where potential for self-sustenance is self-evident

The emphasis on achievement of targets appears to have had as a side-effect that *over*-achievement has been disregarded, or at least has not been read as a prompt that more effects could be had, possibly at less project effort, and thus with a likelihood of sustainability. Examples of such signs of uptake –use of knowledge, of new practices, of inputs such as improved seed – have been apparent in the agriculture projects, both in Burkina Faso and in Haiti. Remarkably, this success came for both projects after they had changed their approach from that of teaching from a fixed centre to a more community-based approach. The potential to act on data and thereby make subsequent projects more effective may be illustrated by data generated in the evaluation of the agriculture project implemented by P&A in Haiti. It concerns an area where malnutrition is rife. P&A has run a PHC plus malnutrition clinic for many years. The medical doctor in charge has recently noticed significant reduction in malnutrition cases – a change which he attributes to the agriculture project (Dr Serge Destin, personal communication, February 2009). Table 10 refers for the findings of the evaluation, which corroborate those of Dr Destin.

Table 10: Apparent reduction of malnutrition when interventions are combined

Children 1-5 years	before 2004	with health project	with health + agriculture project
healthy	0%	1%	14%
light malnutrition	3%	42%	50%
advanced malnutrition	80%	47%	31%
severe malnutrition	17%	10%	5%

Source : Evaluation of project Appui Agricole, Plaine de l'Arbre, 2008

This type of evidence would of course need to be reinforced and validated by further study. The point made here is that such data serve to 'give a hunch' and thereby focus further research, and, hopefully: *more* effective projects. The example also brings up another point: Partners of WenD are in the fortunate position that they run multiple types of programmes and thus have a certain leeway to combine interventions that *together* can be assumed to be more effective – the principle of incremental value, sometimes simplified as complementarity. (Subsequent chapters will elaborate.)

2.3.5 Another way to do justice to effectiveness and impact

The evidence is that WenD and its POs seek the difficult niches and the weakest target groups: the 'poorest of the poor', often in remote places – places where regular services do not reach. This is evident in the adoption programme (education plus) which goes to great length to select, among the deserving, those who would stand no chance without external support. Testimonies on the WenD website are convincing, as are projects in the BN Programme. Examples of explicit pro-poor BN interventions are GCPDO projects for OVC, the project for sex workers in Bangladesh and health care projects in distant places in Haiti. Noteworthy is that there is another dimension than just alleviating poverty: the apparent drive to make amends for social injustice and help people who have been handed a bad deal, through no fault of their own.

In the opinion of the evaluators indicators of success should somehow capture the 'real' difference between life as it would have been without support and life as it has evolved in reality, with support. This 'real' difference tends to get hidden in the indicators as they stand where these do not account for the poor base level prognosis. The difference is most easy to visualise at the level of individuals: the selected child becomes a boarder and eventually a breadwinner. (Note: this is a bigger 'gap' to overcome than for a child who would have been a boarder in any case.) Box 4 gives an example of such a 'real gap' to be overcome at the level of society at large.

Box 4: Slipping standards; the right to education

Excerpt from 2007 GCPDO evaluation report, by M.Banda

'The problem of OVCs was so acute that the community had a negative attitude over these children. [...] OVCs were considered as children who were not supposed to be at school and meant for working at home or look after cattle.'

The evaluator Mr Banda thus observed that 'OVCs not or no longer going to school' in Zambia's Eastern Province has become 'normal' - a fact of life which the children need to accept. Most readers would agree that it is worthwhile as a matter of principle to try and reverse such 'norms'. Challenging the new norm could be conceived and written up as an achievement. It could also be elaborated as policy influencing, at the local level, and possibly beyond. In fact, if policy influencing 'at the appropriate level' would not be part of project design an otherwise successful project would be a missed opportunity. (The discussion on sex workers in section 2.2 refers; chapter 5 will take the notion of policy influencing further.) Another example, of acid burning (Bangladesh), may be translated in these terms.¹⁹

2.3.6 Some general comments on effectiveness of BN projects

Some general comments are in order for the entire portfolio of BN projects:

- In the majority of projects studied the emphasis has been on knowledge transfers, with (too) little emphasis on use of the particular knowledge, over time: behaviour changes that can be expected to be maintained after project completion. This is a particular concern when projects that are by nature infinite are discontinued – which is something that WenD has had to consider for some of its long term projects.
- There is no documented evidence of a search for models of best practice, which the evaluators attribute to a lack of external nourishment by authoritative knowledge. At the same time it appears that both WenD and partners have been open to expert opinions – as is apparent, for example, from readiness to accept expert advice on the issue of community based health insurance, in Bangladesh.

¹⁹ Reference: Report working visit Evert-Jan Brouwer to CSS, Khulna/Dhaka, 21-29 October 2008

- Related to the above the tendency has been for BN projects to operate for years on end in the same way, with little – or late - adjustment based on lessons learned en route. What has been lacking, particularly in projects that have run for years and years, is the readiness for POs and project implementers to be continuously alert, themselves, on potential to do better, given the local constraints and opportunities. At the same time there has been openness to learn from lessons provided in external evaluations.
- The quality of the external evaluations has varied a lot and has, it seems, itself been a function of the clarity of the Terms of Reference. A very specific question to the GCPDO evaluator then led to a specific and robust reply, which enabled further ('more') effectiveness of the project.²⁰

A tentative conclusion is that POs that have had to operate in difficult contexts, but that nevertheless have managed to see positive results of their efforts, have generally managed to sustain their competence and exploit it in new endeavours. It appears that it is not so much the external constraints that prevent POs from being effective, but the lack of visible progress, which risks to become a self-fulfilling prophecy. If so, it follows that POs and their projects do best in challenging circumstances that they are able, just, to overcome.

2.4 Efficiency

A form of external comparison is possible through WenD's participation in the ICCO Alliance, in the sectors of health and HIV/AIDS. Of the budgets of 23 proposals submitted in 2007 17 (74%) were judged to be 'sufficient' as compared to 68% (65 out of 95) of the budgets submitted by the other (15) Prisma members. ('Sufficient' has been the highest of three scores.) Although this budget assessment does not specifically assess cost-effectiveness Prisma staff are in a good position to compare budgets and their aimed for results, between the Christian member organisations. The evaluators have not seen a single Prisma assessment that judged WenD projects as overly expensive.

2.4.1 Projects of the first category ('indefinite')

The impression gained from project documents on this type of project is that they have been geared to available budgets. It appears that at all times a balance has had to be struck between the care and prevention that would be ideal, and the care and prevention that is possible, in the circumstances. An external validation of efficiency could come from a comparison of unit costs of project facilities and other available services. Such data are not available. Table 11 below is an indication of per capita expenditure for the curative care projects. (Chapter 2 refers for the underlying data; the data are approximations because the number of beneficiaries is an estimate.)

Table 11: Per capita WenD expenditure for curative care projects

Type project	Expenditure, in €		
	2005	2006	2007
• Curative Health	5.1	3.3	3.6

²⁰ The question was: 'Establish why the GCPDO family holistic approach support program [...] was successful for 50% of the households that were supported since 2001 to 2005, and why the other 50% could not achieve self-sustainability, after 5 years.'

It is clear that the WenD grants have generally been a supplement to other income – user fees, but also income from unrelated sources, such as donations from other sources or, in some cases, a profitable enterprise (CSS' fishing enterprise is an example). It follows that the judgement on efficiency must come from the judgement of the 'gap' that external grants helped to finance, for the *entire* service to perform. This judgement is made year by year where POs apply for funds, usually within the boundaries of available funds as communicated by WenD.

The 'real' judgement on cost-effectiveness, however, comes from the actual users, who apparently prefer the service over other services as is evident from their willingness to pay for them. This argument then needs to be linked to who these real users are – a topic which has thus far been considered in this report. All evidence then points in one direction, which is that the majority of services indeed is located in places that are underprivileged – and this for a combination of reasons: distance, access and poverty being the main ones. Staff interviewed by the evaluation team on this topic (Haiti, Guatemala) corroborated this and confirmed that in their opinion the sites were originally well chosen and still are the preferred sites, given that the POs specifically target those who are both poor and have little or no access to regular services. Another characteristic is that there often is no absolute absence of alternative (mainstream) services, but that these services are judged to be non-performant – lacking drugs and laboratory reagents, even as staff and buildings may be there.

Given that the WenD contribution covers only part of the actual cost, and that the services apparently manage to be sustained, the discussion on cost-effectiveness shifts to a more specific question: is the WenD contribution sufficient to keep services affordable for poor clients? Specifically, do POs manage to find the *balance* that is just right: to attract deserving clients, and offer services of an appropriate quality, in comparison to national and international standards? The answer on the first part of this question is a guarded 'yes', based on the fact that services are generally situated in places that attract (only) local populations, in poor to very poor areas. The answer on the second part of the question to some extent also lies in the degree of utilisation: clients themselves at least think the services offer value for money, or they would not use them and pay for them.

It seems all too easy to recommend that curative services should expand and become more sophisticated – as evaluators of the health care projects in Haiti and Guatemala have done. And that services in addition ought to become more self-reliant, by further increasing the user fees, and thus decrease the share paid in by WenD – as WenD for some time has insisted on. This has in fact been attempted by all POs interviewed. The reality is, however, that with the clientele targeted there is a limit to the charges that clients find affordable. Clients in all but the direst circumstances (emergencies, notably) maintain the freedom to 'vote with their feet' and go somewhere else. The 'art' thus is for POs, with help of WenD, to strike a balance that is right. This balance for obvious reasons is situation-specific and remains vulnerable to external changes over time, notably options of more attractive alternative services.

AMG clinics in Haiti then work towards a situation in which users will pay 40% of the costs; they currently generate 35% (Mr Jean Wilner Paul, administrator, personal communication). AMG clinics in Guatemala have achieved a 50% cost recovery, up from 38% some 6 years ago; senior staff reckon this is as far as cost recovery can go, under the circumstances (Bob Hastings, Director, personal communication). For Khulna Hospital (CSS, Bangladesh) the discussion on user fees has likewise been ongoing. The evidence is that the hospital's profit-making eye department cross-subsidises the other services, but that even so there is an annual income deficit. For CSS the hospital is an important part of its identity and it is apparently prepared to accept the losses, up to a point. User fees then are adjusted as a last resort, to lessen the gap.

Another aspect is noteworthy, which is that selective Primary Health Care services are added to primarily curative services in combinations that suit the circumstances. Common examples are under-five care and antenatal care – usually through training of 'matrones' / Traditional Birth Attendants. And the other way around: that some curative care is offered in what essentially are PHC projects. Because of their modest size and (often) special location these 'projects' are tailor-made solutions, dictated by common sense more than by national standards. Even so POs interviewed stated they were operating within Government standards and regulations and were for some supplies – such as vaccines and pharmaceuticals – benefiting from Government procurement.

The above brings out the issue of complementarity with other services, which also is a form of efficiency. The fact that PO services exist and have buildings, staff and equipment, can be utilised to the advantage of mainstream services. The immunisation programmes - typically the responsibility of Ministries of Health – are an example. In Bangladesh these programmes use the structures of CSS (and other NGOs) as an operational basis to work from. But the complementarity goes further: while government staff may do the actual vaccinations, it is CSS that does the (important) part of mobilisation: informing the public and encouraging and facilitating a good turn-out. Because they are 'matters of course' such complementary activities are not always portrayed in POs' reports as achievements.

We thus find on efficiency that:

- Cost-effectiveness comes from tailor-made solutions to local situations, which are under-privileged, even by the local standards.
- The POs are in a continuous dilemma, of offering essential services that are affordable, just, for the target population. They are 'helped' in this by the fact that alternative services underperform or are absent altogether.
- The balance they strike is precarious: customers naturally say they want more and more sophisticated services (as in Haiti and Bangladesh), but in reality are not necessarily prepared to accept the financial consequences, and of course remain free to switch to alternative services.

- The solutions found are 'special' where they manage to add preventive services to curative ones, and have the preventive services – which are free of charge – cross-subsidised by the curative ones.
- The above combination has also served complementarity with mainstream services (campaigns; immunisations); this complementarity tends to be under-reported.
- The service arrangements are too small in volume to warrant schemes such as community-based health insurances.
- The prospect for more substantial cost recovery generally appears poor.
- The WenD contribution has for curative services typically been a supplement that has helped services to remain operational and improve on critical elements. The evaluation team has no information on the proportion of own income through user fees (or other constructions such as public private partnerships) vis à vis the size of the WenD grants.
- The contribution of WenD has for all POs been of vital importance. For some POs WenD has been the only source of external funding.

2.4.2 Projects of the second category ('finite')

The discussion on efficiency of what we have labelled 'finite projects' may be structured in a specific way, in accordance with the schedule proposed in section 2.2 (Table 7). Here we could specifically assess if projects have aimed for new competences, by making efficient use of their own and POs' innate strengths. These strengths can be:

- existing models of best practice, possibly through lessons learned by trial and error and/or adaptation to local contexts
- use of existing human resources that are inherent to the partner organisation and that make interventions low-maintenance in terms of future costs
- exploitation of the time factor
 - continuity of POs, of church organisations and their leaders
 - use of beneficiaries as living examples of new competences ('models')
- the POs' natural authority²¹
- complementarity with other (types of) interventions
- a combination of the above, with potential to make a visible difference.

We are thus not so much looking for efficiency in terms of unit costs, but rather for over-all efficiency in terms of optimal use of available resources, notably human resources, given the nature of the partner organisations and the (other) programmes the POs undertake.

²¹ As remarked in a parallel evaluation, of the Education Programme, this natural authority differs: '*In all cases POs are formally recognised by the government. However, actual acceptance of Christian organisations differs from one context to the other [...] influencing the way in which POs can work [...].*'

Given that for most POs the child adoption cum education programme is the main programme one would expect to see 'smart complementarity' with these programmes in the BN programme. Likewise one would welcome linkages with the Jobs & Income projects in ways that would demonstrate added value ('win-wins'), both for the J&I clients in terms of job security and income, and for the population targeted by the BN project. Preferably complementarity would be part of a search for (self-sustaining) models.

The evaluation team has not found indications of the above in the available documents:

- BN interventions tend to be written up as 'stand-alone projects'. During interviews, however, it became clear that linkages often do exist, although here as well there is little evidence of *strategic* use of *comparative* advantages. Religious leaders then could be a strategic resource as could be the large number of adoption children at some (later) point in their life.
- BN interventions do work with 'models' - 'model families' and 'model schools'. These models are the result of PO standards on for example cleanliness (Bangladesh, Burkina Faso). The models have little if any *predictive value for future behaviour*: they are not by nature self-sustained and unlikely to self-replicate. They thus require undue maintenance.

As it is, project proposals are not conceived and drafted in dimensions of levels of competences of different target groups, and their interactions (flows) over time. Yet the potential is clearly there. A randomly drawn example, in Box 5 below:

Box 5: Levels of competence of different target groups ; scope for maintenance of competence *

'Résultat 3 : bonne influence des leaders d'opinion sur les jeunes

- Nombre des professeurs formés qui ont un bon comportement et qui transmettent un bon message
- Nombre des leaders religieux formés qui ont un bon comportement et qui transmettent un bon message
- Nombre des pairs-éducateurs formés qui ont un bon comportement et qui transmettent un bon message
- Nombre des parents formés qui ont un bon comportement et qui transmettent un bon message
- Nombre des Counsellors formés disposés à transmettre le message
- Nombre des jeunes touchés par le message des professeurs, leaders religieux, pairs éducateurs, parents et Counsellors'

* Source: Proposal of an HIV/AIDS project (P 2171007)

Although there is in principle nothing wrong with the above the list is 'flat' as it is not apparent in what way the PO distinguishes itself in achieving this, as compared to other potential implementers. This distinction could come from ways in which the above competences, once achieved, are more likely to be maintained, given the modality the PO can offer. Specifically: how the competence of religious leaders, teachers, parents, counsellors and peer educators will self-sustain over time, for example by interaction between them over time and/or in new settings and/or in new and improved 'models'.

The evaluation team is aware that project proposal formats and reporting formats are generally not conducive to reflect this type of *strategising*. Yet, given the need for the BN Programme to better define itself and decide on its priorities, it would be advantageous to be more explicit on the ways in which POs distinguish themselves as compared to others and thereby can be the option of choice, for some types of interventions.

Returning to sections 2.3.3-2.3.5 on effectiveness, we pose that POs may have comparative value in:

- Finite projects where effect must be long-term (comparative advantage given continuity of POs' natural allies, the churches)
- Finite projects where potential for self-sustenance is self-evident (comparative advantage given potential to use 'own' human resources and demonstrate self-evident use that prompts new use, making the intervention efficient and sustainable)
- Finite projects that demonstrate an unusual difference, as compared to 'normal' (comparative advantage given POs' natural authority and dedication in terms of Christian values).
 - Here the link with policy-influencing, at the appropriate levels, seems crucial. Examples are emotive topics where 'new norms' need to be set and/or where 'old norms' have started to slip – extreme poverty, child labour, under-age sex workers, PLWHA; OVC; acid burn and other cases of gender based violence. Sections 2.2 and 2.3 refer.

2.5 Sustainability

'Commitments are in principle on a basis of temporary support. Partners will be stimulated to drive for professionalism and self-reliance. [...] The Alliance will stimulate partners to tap local funds, so that organisations can keep functioning even as the Alliance withdraws.' (Source: ICCO Health Proposal for MFS funding 2007-2010)

In the year 2007 of 22 BN proposals submitted to Prisma (ICCO Alliance) 12 (55%) were judged to score 'sufficient' on the criterion of sustainability. Other Prisma members did somewhat better: 75 (71%) of their 105 submissions had the same score. (Prisma used three scores; 'sufficient' was the highest score.)

The discussion on sustainability of BN projects is both difficult and important. The difficulty may be illustrated by the results of a so-called impact evaluation, which WenD arranged for in 2007, at a time when a package of BN interventions had been running starting from 1986, in Gros Morne, Haiti. The results were disappointing. As Wouter Rijnveld of WenD summarised the evaluation's main conclusions:

1. 'The principle to work with local committees has been leading and works well.
2. The principles of local autonomy and responsibility did not work out well (and are not always kept consistently). In several cases, a passive dependent attitude has developed and people have not really taken their development in their own hands.

3. There is very little overall improvement of the situation – the situation has only become worse, due to external factors such as Jeanne in 2004 and before that the embargoes of 1987/88 and 1991-94. In the midst of these crises, P&A has well run and managed many projects.
4. Insofar comparisons between target group and control group are made, these show in some cases that the target group is advantaged above the control group, but in a number of cases, this is reversed, e.g.: control group knows more about scholarships of P&A; attend postes de rassemblement more often, practised family planning much more often (85 vs. 31%).'

The evaluation team fully appreciates that unexpected events can be a set back for the sustainability prognosis of a project, particularly when the project takes place in the type of places that WenD has selected. What is less acceptable is that some project effects are portrayed as *if* they would be sustainable when in fact this is highly unlikely (section 2.2 refers). There are very few interventions in the health sector that can be entirely discontinued, and still produce results. As discussed before at the very least some form of after-care will be required, but projects *can* be designed to make this after-care minimal. WenD and its POs are in a favourable position to do so, given the relative independence from institutional funding and the POs long time perspective. (Section 5.1 elaborates.)

Also, as discussed in section 1.3 effects at impact level cannot be attributed to a health care project, even though improved health care will have contributed. Aiming for results at the level of output and outcome (utilisation of services) – and results that moreover can be maintained, with minimum project efforts – generally is the option of choice.

It is for this reason that criteria as proposed under the section on relevance may be heeded. The above Haiti example shows that there still may be calamities against which no project design will hold. Even so it is worth trying as neglecting such principles of relevance is a recipe for unsustainable projects. To do this in a systematic way will require conceptualisation of projects both in terms of levels and in time. A start has already been made in the form of Strategic Multi-Annual Plans. (Section 3.1 will elaborate.)

2.6 In conclusion (analysis and discussion of the findings)

It is clear from preceding sections that the discussion of the OECD DAC criteria appropriately starts with the discussion on relevance. Just like it does not make sense to look at impact when one is not sure of functioning and utilisation of services, relevance is the basis underlying dimensions of effectiveness, efficiency and sustainability. Even when absolute judgements in terms of the OECD DAC criteria can seldom be made it still is possible to judge if POs are striving to make their projects *more* relevant, *more* effective, *more* efficient and thus: *more* sustainable.²²

²² Also see Riddell, R.C., (2007) *Does Foreign Aid Really Work?* OUP Oxford

'Striving to do more and/or better' has proven to be more feasible for some thematic domains than for others. Factors that have operated against this aptitude have been:

- Time itself - as when projects have become a routine, with too few new challenges, and too few new achievements.
- A tendency to conceive projects as 'black boxes' with a finite end described in defined numbers – of people, of crops, of supplies - without also considering a future dimension of necessary 'maintenance' and aiming for this maintenance to be 'just right' (that is: minimal and yet sufficient) for the purpose at hand.
- Similarly, a tendency to overlook opportunities of self-proving relevance (and effectiveness, efficiency and sustainability) by designing for projects that prove themselves in their utilisation. In other words: to insufficiently use 'successes' as prompts for models that can be replicated. (The recently approved food security project in Burkina Faso is an exception.)

Strong factors that are there, potentially, but that could be better exploited, are what we have called 'innate strengths' of the Partner Organisations, in partnership with Woord en Daad. It appears that the frame proposed in the section on relevance is useful as a screening procedure for the BN portfolio. The frame, however, needs super-imposed dimensions of 'time' and 'level'. Table 12 below illustrates.

Table 12: OECD criteria summarised for the purpose of self-evident validation

Domain and examples	validation self-evident by		
	authority (best practice)	use and users (access)	apparent difference in competence ²³
Intervention	<ul style="list-style-type: none"> • external (national and international norms) and/or • internal (self-made, locally appropriate models) 	<ul style="list-style-type: none"> • current plus future 	<ul style="list-style-type: none"> • different levels (providers and 'beneficiaries') • with interaction between them
<hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> ▪ over time, resulting in models (note: people can be models!) ▪ that sustain (new) use and (new) users ▪ preferably demonstrating win/wins by links with other programmes (Education; J&I) 			

The above frame in principle is useful across the thematic BN domains, including what we have labelled the projects that are by nature infinite - the health care interventions. In these projects there is less room for experiment as such projects must operate within standards of national and international good practice.

23 Adapted from Bebbington, A. (1999) Capitals and Capabilities; A framework for analysing peasant viability, rural livelihoods and poverty in the Andes. [World Development](#), 1999, vol. 27, issue 12, pages 2021-2044.

3. IMPLEMENTATION BY WOORD EN DAAD

3.1 Introduction; historical overview

WenD as a matter of principle leaves the initiative for proposals to its partners. However, given the frequency of interaction and the fact that staff know each other proposals by POs seldom come as a surprise. Usually proposals are the result of collegial discussions – during field visits, with follow-up by email and telephone. During the 2005-2008 period this routine has not changed. What has changed, at least in the BN Programme, is that POs are successfully ‘weaned’ from WenD in their capacity and self-confidence to produce proposals for external funders. This has been a gradual process, at a speed that has varied between POs.

The set of requirements introduced by WenD’s participation in the 2007-2010 MFS Programme of the ICCO Alliance has brought an acceleration of the demands that WenD has had to convey to its partners. This has influenced proposals in several ways: POs have had to think and act in terms of new criteria; in a more coherent way, with projects as exponents of strategic choices, in line with POs’ mission and vision; and all this with a future perspective.

The above process is at mid-stage with some evidence of improvement of project proposals as a result. Partners interviewed by the evaluators have generally welcomed the process particularly where WenD has taken time and effort to present the above during partner conferences and get feedback from POs. The fact that effort in the current time (to draft Strategic Multi-Annual Plans - SMAPs) pays off in future (when reference can be made to existing SMAPs without repeating details) is increasingly appreciated.

3.2 Woord en Daad as an enabler

The main impression of WenD’s support to partner organisations is that of an enabler. This is apparent in the speed of response, but particularly in the nature – the tone – of the communications. Delays have been there, but have for the BN Programme often been due to the fact that proposals had to be moulded to be in conformity with external demands, notably of Prisma (ICCO Alliance), but also of the EU (several proposals) and of USAID (one proposal).

An overview of time lapses between arrival of a proposal and the decision made on it serves to show that lapses have been ‘reasonable’, by and large.

Table 13: Time lapse by region, 2005-2008

Region	Average lapse, in weeks				
	2005	2006	2007	2008	Average
Africa	5.2	11.6	7.7	12.7	8.9
Asia	14.1	15.4	16.1	16.1	15.3
Latin America	17.8	7.9	17.6	6.6	14.1
On average, in weeks:	12.3	12.3	13.3	14.2	12.8

Over the years the influence of donors has increased. This can also be gauged from the volumes of money involved. Table 14 refers.

Table 14: Estimate of income BN Programme, 2005-2008 *

Income x €1000	2005	2006	2007	2008
Institutional grants				
TMF Basic Needs, block grant ICCO	1.560.164	1.435.116	-	-
Prisma MFS Health	-	-	1.125.300	1.158.332
Prisma MFS HIV/AIDS	-	-	828.690	846.181
EU: WSS (Burkina Faso)	-	-	112.500	275.000
EU: food security/environment (Burkina Faso)	-	-	-	-
Other institutional donors (PSO, Happy gift etc.)	219.538	112.190	?	?
USAID: HIV/AIDS, South Africa	-	-	-	215.000
Total institutional	1.779.702	1.547.306	2.066.490	2.494.513
Total private donations	948.062	1.303.353	1.590.002	1.546.496
Total income	2.727.764	2.850.659	3.656.492	4.041.009
% private donations of total income	35%	46%	43%	38%

* Source: Woord en Daad, Luuk van Schothorst

Although private donations have made up a substantial proportion of the budget they are largely tied to the institutionally funded projects. The new EU food security project (Burkina Faso) will from 2009 further shift the balance, diminishing the 'free room' to spend, down to less than 5% of the total BN budget (L.van Schothorst, personal communication). The institutional projects have thus become an increasingly dominant factor in the portfolio.

The question to what extent WenD has been donor-driven or realistic must be seen in a broader light. The WenD policy is to make partners less donor-dependent. WenD has as it were fulfilled the role of 'middle-man', where it has, on the one hand, cushioned POs from the harsh effects of donor demands, and has, on the other hand, helped POs to live up to those demands. The evidence is that WenD has done this in a tailor-made way, matching the individual POs' strengths and weaknesses. This has not been an easy path for WenD where it, at the same time, has had to demonstrate to back-donors that commitments were being fulfilled.

Where WenD has also been a 'cushion' has been in its capacity as a donor itself. For example, when donor money of the EU was not granted WenD was in a position to still grant the food security project, albeit in a reduced form. WenD subsequently assisted the PO (CREDO) in editing the proposal such that it was, eventually, accepted for EU funding. CSS, Bangladesh has gone through a similar learning by trial and error process and is hopeful that its repeat attempt at an EU grant for an expansion of its PHC project will be rewarded (Dr Joydip Gosh, CSS, personal communication, March 2009).

Because funding agencies normally argue their reasons for rejecting proposals and sometimes include scores, even rejections can boost POs' confidence: they make them realise that with a little more work – clarifying, polishing, rephrasing - proposals in fact stand a good chance to be granted. They also see their strong points as others perceive them. It is this exposure – and learning the ropes of the game – that in itself is a learning experience. WenD has been instrumental in the initial steps and particularly: in contributing (not too much and neither too little ..) such that POs became the owners of the process. WenD has also ensured that projects could take off, even without other funding. This, again, is not a trivial issue as it is characteristic of 'true partnership in action'. Box 6 refers.

Box 6: Excerpt of communication with CREDO, on rejection of EU proposal

'Dear [..],

Unfortunately the EU programme for food security has not been approved for financing. Woord en Daad still wants to continue with food security/natural resources in Sissili, because:

- It is a significant problem.
- It threatens the success of other interventions of Woord en Daad (e.g. CREN, GTCW).
- CREDO/Woord en Daad can make a difference.
- We have a long history of involvement in this field in Sissili (PGRN, CFPA, cashew research).

We want to finance a project for the amount of € 90.000 per year for the coming years. This is the same level of involvement as in the year 2007 for the projects CFPA and PGRN, but only about 30-40% from the planned EU support.

Besides, we want to re-write the EU application and re-submit it.

For our continuing support, we think the EU programme is the framework within which CREDO can operate. A reduced version of the EU programme could be financed (e.g. reduced number of activities, reduced number of beneficiaries).

[..]

We would like to know from CREDO if it is possible to develop a program within these lines. Please use our format for a strategic multi-annual plan and the format for the year plan as presented during the conference earlier this year.

Wishing you God's blessing, ..

The above text is characteristic for the way in which WenD operates and interacts with its partners. The same gentle tone of constructive support is evident in all communications with partners signifying that the results – partners' projects and programmes – are a common responsibility in which each party plays its role. More precisely: only when both WenD and POs live up to these mutual expectations can (desirable) results be expected.

3.3 Adherence to principles of good practice

The above attitude of together identifying problems and opportunities has been a hallmark of WenD's support, and this over long periods of time, with relatively few changes in staff – both of WenD and of the POs. Not surprisingly partners have over the years praised WenD's transparency, attitude and willingness to go the extra mile and maintain consistency. Where this has been most apparent is when problems occurred, of any nature, and when it has then proven possible to openly discuss them and find solutions – often during field visits.

A special characteristic has been that WenD visits have arranged to match POs' organisational structure, with the WenD Director meeting the PO Director, the WenD board member meeting the PO board member, and programme staff meeting their counterparts. If we were to depict the outcomes of the so-called Partner Evaluations on a spider diagramme the partnerships would undoubtedly score high marks on all criteria (DfID Global School Partnership²⁴). However, where the DfID criteria speak of roles and relationships that are 'clearly stated' the partnerships of WenD have further evolved: the relationships have proven themselves over time, in the *actual actions* of both WenD and POs, which, time after time, reconfirm what have meanwhile become tacit agreements.

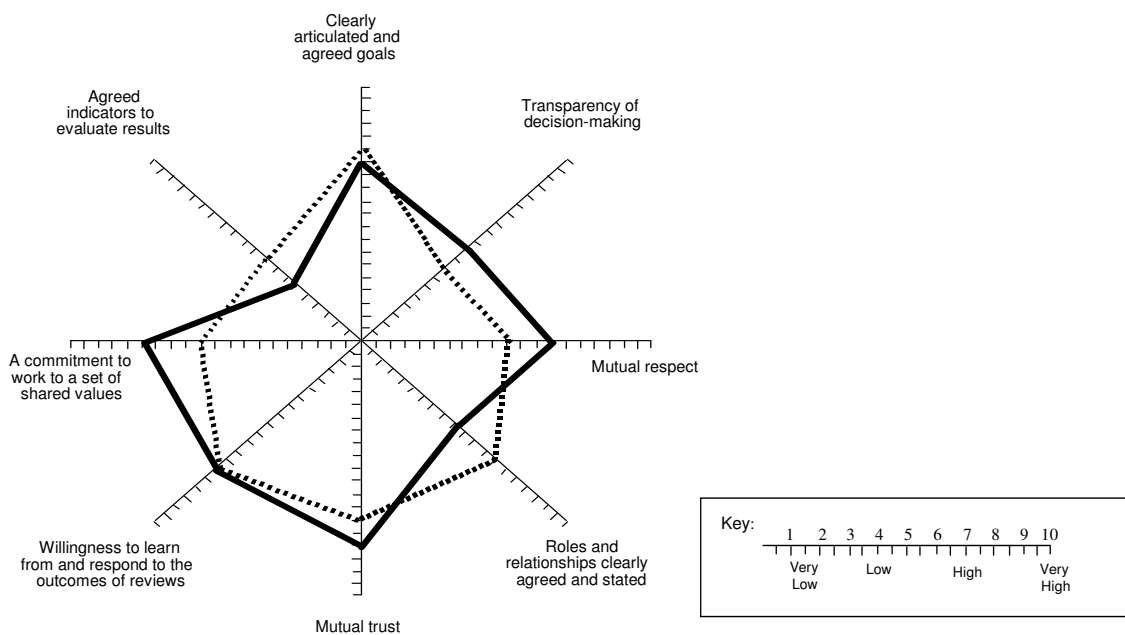


Figure 1: Virtual example of Spider Diagramme, one of the tools of the DfID Global School Partnership. (Note this illustrates partnership criteria; it does not depict specific WenD partnerships.)

²⁴ <http://www.britishcouncil.org/globalschools-partnership-evaluation-tool>. The spokes of the web may be adjusted to capture partnership specifics. Other versions of the spider web thus include two more spokes 'Able to address and resolve challenging issues' and 'New capacities developing in partners'.

Such tacit understanding has helped to focus energy on the common agenda, of projects and their management. We could say that these, as it were, have been the output of the partnerships and vice versa: that the partnerships have needed the project agenda to remain viable. Specifically, we could say that partnerships have flourished when projects posed challenges that POs and WenD proved able to overcome (section 2.3.6 refers²⁵).

The notion that the BN Programme not only serves target populations, but also is a condition to fuel the WenD partnerships with new energy, fits with the available evidence. The reverse of this argument would be that partnerships go stale without such prompts – when projects have become routines without apparent reasons to change. This risk for obvious reasons is larger for the indefinite category of projects than for the finite and ‘one off’ projects that have challenging, since pressing, deliverables.

In addition, however, it is also true that the BN programme is highly diverse as it is and is in addition largely marginal to ‘core business’, which for most POs (and for WenD itself) centres on child adoption and education. Even for their core business POs act as mere ‘project organisations’, as expressed in the 2008 Education Programme evaluation: *‘Very few of either large or small POs in the sample can be labelled “Education Institutions” and do so themselves. [...] Almost all POs have a core staff, that is mainly concerned with the organisation and implementation of projects, including the education projects. So they are better labelled project organisations.’* The same then applies to the BN Programme, and more so where the BN Programme is not a PO’s core business.

This raises the issue if the partnership of WenD and POs, appreciated as it is, has also provided sufficient state of the art knowledge for BN projects to be optimally designed and implemented. Unfortunately, while there is ample information on the quality and mutual appreciation of the partnerships, there is less information on the sufficiency and quality of *external* inputs – other than those of WenD staff and POs themselves - in the partnership. The main external inputs this evaluation is aware of have come from, firstly, evaluations, and secondly, research studies. Both evaluations and studies have been guided by WenD’s new Advice and Research unit. Box 7 below refers.

²⁵ Section 2.3.6 of this report: “It appears that it is not so much the external constraints that prevent POs from being effective, but the lack of visible progress, which risks to become a self-fulfilling prophesy. If so, it follows that POs and their projects do best in challenging circumstances that they are able, just, to overcome.”

Box 7: Woord en Daad's Advice and Research unit; excerpt from website *

The following types of documents are offered at this website:

Policy documents

This concerns three types of documents. First of all the strategic multi annual plan in which Woord en Daad describes its policy framework for the coming four years. This document is actualised annually. Next, there are vision documents with Woord en Daad's policy on specific themes. Finally there are documents in which Woord en Daad makes its position clear toward policy makers, such as the Dutch Government or the European Union.

Evaluation reports

Woord en Daad evaluates its projects and programmes structurally. A selection of these evaluation reports are published here. Each evaluation report also describes the follow up that is given to the recommendations of the evaluation. Find more about our evaluation policy [here](#).

Research reports

In order to better map the context of our work and get to grips with new developments, Woord en Daad carries out research. The research topics vary from broad contextual analyses to specific micro level studies at project level. Find more about our policy regarding evaluation reports [here](#).

* Source: <http://www.woordendaadstudies.nl/Page/sp1064/ncttrue/ml2/index.html>

For the BN programme research projects that have been executed thus far can be categorised under four items:

1. Boreholes: technical aspects, specifically to ascertain affordable options for drilling and casing, in granite soils of Burkina Faso (external consultant)
2. Boreholes: Operation and Maintenance aspects, specifically to ascertain sustainable O&M options ranging from village level O&M to public-private partnerships, in WS projects in Burkina Faso (MSc thesis ISS student)
3. Community Based Health Insurance for PHC Project in Bangladesh (external consultant; section 2.3.1 refers)
4. Sexuality and HIV/AIDS: values and beliefs in West and Central Africa (various authors, including senior PO staff).

As can be seen from the above list research has been limited when compared with the broad range of basic needs interventions. It has ranged from hands-on issues, resulting in a practical advice on borehole technology (: don't change your current approach), to protracted discourses that are relevant to all POs, with questions on sexuality and HIV/AIDS such as:

- What is the role of the Church in regard to the stigmatisation of people affected by HIV/AIDS? How can the Church give a clear message in the context of grace, love and care?
- What approach is needed in regard to the taboo, which rests on the subject of sexuality? What approach is needed for the sexual education of children and young people?
- What role can the Church have in prevention programs and programs of care for those affected by HIV/AIDS?

On the latter type of questions the discourse itself has been important, but presumably mostly so for the participants: these are topics that cannot easily be conveyed in terms of hard and fast answers as to how the church and its individual office bearers should change their current approaches.

A second source of external inputs have been the evaluation reports. The evaluation team has studied 16 BN project evaluations. These have been highly variable in their quality. A good proportion of the evaluators have spent effort in studying characteristics of the target populations and have recorded these in great detail, without necessarily demonstrating a link with project objectives. No evaluation managed to draw comparisons – with other available services, or with best practices – which would have allowed to judge project merits and shortcomings in context. Without such reference frames evaluations lose most of their usefulness, as it cannot be assumed that another evaluator would have come up with the same assessment.²⁶

There have been some positive exceptions, in particular when a PO (GCPDO), on the basis of an internal evaluation, demanded – and received – an expert answer to a practical question (section 2.3.6 refers). Also, the evidence is that, despite flaws in the quality of reports, the actual process of having evaluators around and having to jointly reflect with them, has nevertheless been a positive experience for the POs interviewed. The WenD policy to opt for local evaluators, selected by the PO, with Terms of Reference that are likewise drafted by the PO (with some WenD input) has in that sense proven itself.

3.4 In conclusion (analysis and discussion of the findings)

‘These questions should be answered in the light of the potential future scenario of forming alliances with PO’s as described in the introduction. How could systems be designed in such a way that they are appropriate for the current development sector, relevant for POs and project implementation and ready for use in and by alliances of Southern organisations.’²⁷

The evidence is that project monitoring has been adequate, although mostly of an informal nature. Where the evaluation team sees shortcomings is in the ability to identify when and where external input would be instrumental for BN projects to improve. Once the need for external input has been identified, and the right questions posed, and the right expertise acquired (these are three steps!), the ability to listen to advice and act accordingly has been there. The advice on community based health insurance (CBHI) is a case in point. (Section 2.3.1 refers).

Following up on chapter 2 a conclusion is that projects do better in situations that *oblige* POs and their staff to – by themselves, or with help of WenD - seek project modalities that are *more* relevant, *more* effective, *more* efficient and thus: *more* sustainable, in comparison to current situations.²⁸ Such situations, ironically, are situations that pose obstacles, which obstacles, however, prove surmountable, as will be evident from the (satisfactory) results. Returning to the spider diagramme we

²⁶ The same comment can be made for this evaluation, of the BN Programme, which is why the author has looked for evidence of efforts to make projects *more* relevant, *more* effective, and so on, rather than for absolute judgements, out of context. Evidence that projects are designed with a future perspective (‘flow’ and ‘time’ dimensions) is most convincing. Chapter two refers.

²⁷ Demand in this evaluations’ Terms of Reference

²⁸ Also see Twijnstra, R. and Visser, R. (2009) Gooi het kind niet met het badwater weg, IS nummer 1, Februari 2009

may now add two more spokes to the web as also posed by the DfID Global Partnership: i) 'Able to address and resolve challenging issues' and ii) 'New capacities developing in partners'.²⁹ These competences (capacities) are both condition and result for the partnership to remain mutually satisfying. (The next chapter will elaborate.)

This has proven to be more feasible for some thematic domains than for others. Factors that have operated against this have been the same as those listed at the end of chapter 2 (section 2.6):

- Time itself - as when projects have become a routine, with too few new challenges, and too few new achievements.
- A tendency to conceive projects as 'black boxes' with a finite end described in defined numbers – of people, of crops, of supplies - without also considering a future dimension of necessary 'maintenance' and aiming for this maintenance to be 'just right' (that is: minimal and yet sufficient) for the purpose at hand.
- Similarly, a tendency to overlook opportunities of self-proving relevance (and effectiveness, efficiency and sustainability) by designing for projects that prove themselves in their utilisation. In other words: to insufficiently use 'successes' as prompts for models that can be replicated. (The recently approved food security project in Burkina Faso is an exception.)

All of the above may be aggravated by proposal -and reporting formats that as it were stifle creativity – the next chapter will elaborate.

The input – presence, communications, reports, formats, admonitions, questions - of WenD has acted as a stimulus of some sort, not least because the opportunity for further research was on offer as has consistently been communicated during field visits. In the opinion of the evaluation team the most appropriate stimulus, however, comes from the actual process hinted above: of identifying a need for external input, and of having to phrase the right questions, and of then finding the right expertise - at which point the original research question is likely to have changed, on the strength of the search process.

The case on CBHI again refers for the point made here: that it is the first step, of *knowing* (perceiving, seeing ..) that one could do with some help. Similarly, not knowing (perceiving, seeing ..) causes delay in arriving at locally appropriate solutions.

²⁹ <http://www.britishcouncil.org/globalschools-partnership-evaluation-tool>

For this process to be continuous and vibrant the long-distance link with WenD is useful, but insufficient, particularly where WenD programme staff can also not be expected to be knowledgeable (in the above defined way) in all thematic domains and sub-domains. Local level contacts with peer organisations that grapple with the same or similar issues then are invaluable. Such contacts may be had by membership of umbrella organisations and having to perform in them – as is currently promoted by WenD. It may also come from being answerable to local authorities. It may, in fact, come from any situation in which POs are regularly prompted to reflect on their performance and get into a habit of doing so as they start to see the benefits. Research projects may be of help, but are by nature limited in content, reach and speed, unless the PO is a participant itself. A more structural solution would be one where (action) research is part of project design and as it were forces projects to stand out and distinguish themselves in their environment. Chapter five will elaborate how a sequence ('a chain') that includes advocacy may be regarded as such a research design.

4. WOORD EN DAAD RELATIONS WITH PARTNER ORGANISATIONS

4.1 Introduction; historical overview

WenD relations with its POs have been discussed in the preceding chapter. An implied result is that at project level visions on priorities for Basic Needs have to a large extent become joint visions such that POs can more or less foresee WenD's reaction to a PO's proposals. Less predictable of course have been the actual amounts of money that WenD has been willing and able to commit. POs have greatly appreciated WenD's frankness in this where WenD has often informed POs beforehand on the available budget for certain (new) project activities, enabling POs to plan within a known financial envelope. (Readers will appreciate that this is not a trivial point!) WenD has likewise informed POs of new or unexpected opportunities in terms of available budgets. The above may be called 'transparency', but may be better phrased as a characteristic of the joint WenD/PO responsibility for partners' projects and programmes: each party knows its role and knows that only when they themselves live up to this role will the partnership continue to thrive.

The question regarding the composition of a PO's BN Programme and if it has the right elements requires a qualified answer. WenD has generally gone quite far in honouring a PO's BN agenda. Yet new requirements have come up, both for WenD and POs. A good example is the HIV/AIDS domain. Here WenD has had to be in step with MFS commitments, which has meant it has had to convey the new agenda to POs, at a pace that for most POs was fast and thus unusual. Even so the evidence is that WenD has been considerate and has pushed each PO to an extent that the PO would be able to accommodate. The net result is that the HIV/AIDS agenda has underperformed in terms of the set criteria, notably regarding internal and external HIV mainstreaming. Yet a more long term result is that the partnerships between WenD and POs have not suffered and that an increasing number of POs have started to see the opportunities in the HIV/AIDS domain.

The evidence is that, given a choice, WenD has had the partnership prevail over other notions, and has been prepared to shield POs, where necessary. As mentioned before this has in many cases been a juggling act, with WenD as a 'reasonable middle man'. Even so, as the world of development aid has shifted, the overall direction has been to help POs move away from (largely) charity to (more) development, including notions such as alignment and results based management. Debatable is whether this process has been conducted at an acceptable pace.

4.2 Interconnectedness and positioning

A paper evaluation such as the one at hand for obvious reasons depends largely on what has been recorded in writing. The question in the Terms of Reference on functioning of POs in their respective institutional contexts can thus only be answered from secondary evidence, notably: the extent to which WenD has prompted POs to function as a recognised entity in local contexts. The evidence is remarkably scanty, which this evaluator attributes to, firstly, the fact that the focus has largely been on the projects themselves and secondly, the fact that the large number of thematic BN domains has prevented a concentration on specific institutional contexts. A third factor could be that projects by design have taken place in distant and less accessible terrains, which has made projects more prone to operate in isolation.

One would expect that project evaluations would be informative on the above. Yet here as well the information is scanty. Noteworthy is that Terms of Reference of evaluations have focused on the projects and their performance, without demanding a comparison that could have situated projects in context. The evaluation of GCPDO's programme (Banda, M. 2007) is an exception. It states '*The GCPDO program fits well within the government programs and GCPDO is seen by government officials in the province as complementing the efforts of government. GCPDO is collaborating well with organizations providing similar services in the province in an effort to avoid duplication and ensure maximum benefits accrue to the intended targets.*' The issue of complementarity - with mainstream services, and/or with other thematic domains in a PO's BN programme and/or with other (non BN) programmes of the PO – has likewise not featured in evaluators' Terms of Reference; at least it is not evident in their reports. (Section 2.4 refers for the discussion on complementarity.)

The evidence on WenD's role as an enabler is that WenD has concentrated, firstly, on its own partnership with POs, and secondly (and increasingly so) on shaping POs into a viable network, with WenD in a new role. This is evident from numerous pieces of evidence, of partner conferences, and of brainstorming events on WenD's future positioning (July 2008 internal reports). The downside of this could be that too little energy has been invested in supporting POs to take up their due role in relevant local contexts. At the same time it is clear that some POs have not needed such support and encouragement: they – or more specifically: their CEOs - have profiled themselves as participants in national fora.

A side-effect of the discussions on policy-influencing in the context of participation in MFS programmes has been increasing awareness that most POs are either too small or are located too far away from policy fora to themselves have a sizeable role in such fora. This has been another prompt to invest in win/win national level arrangements, notably the support by WenD of selected national level umbrella organisations, which POs can partner up with, and which, reversely, stand to benefit from PO membership. A good example is the support to EFZ, Zambia.

A condition for such relationships to be satisfactory is of course that there is mutuality: implementing POs provide inputs that umbrella organisations subsequently use, which, if successful, then is a prompt for POs to be more alert on future issues that they may put forward for the umbrella organisation to negotiate. And so on and so forth. This is by and large the relationship that is in the making between GCPDO and EFZ where EFZ, for example, makes a case for more NGOs and government resources to be directed to Eastern Province (Bishop Paul Mususu, personal communication, February 2009). Naturally, it helps when the thematic domain is a recognised problem as is the case in Zambia where 'everyone' knows that OVCs are a burning issue and that approaches that manage to come up with lasting solutions are few and far between.

It helps, in other words, when the relationship has potential to prove its worth over time, which only can be so when the perception of added value is mutual. The same then would apply to regional relationships between POs, and probably even more so, as the distance will be greater and the opportunities for regular contacts in the normal course of duty will be less. The evidence is that POs have valued specific best practices of other POs, but that these best practices were not necessarily more relevant if they came from the same region. What counted was their potential for immediate and practical application, by the PO. It follows that POs stand most to gain from contacts that stimulate them in their own work, and prompt them to ponder how they can be more relevant, more effective, and so on, in their own context.

This points to institutionalised interactions in which POs participate in (local) systems, in which they are both challenged, and to which they in turn can contribute. A function of WenD regional coordinators could be to support this in a systematic way.

4.3 Identity, capacity and dependency

The influence of what has been called identity – notably Christian identity and values - has been substantial in the initial process, of partner selection. Visiting reports of WenD staff testify to this, as when potential partner organisations are visited and screened for their suitability, followed by a lengthy period during which the relationship is groomed and tested in practice. The advantage of this approach, as mentioned above, is that partners know they can rely on each other: in such relationships part of the 'maintenance' has become implicit, which reduces transaction costs – partners have adopted the same language (the discussion on tacit understanding refers).

The choice as to which POs do BN projects appears to be something that POs decide themselves, or have decided long ago. The variation within the package, however, and updates of existing packages is decided with WenD and is of course situation-specific and dependent on funding opportunities. It appears that WenD visions on Basic Needs have not been a main factor, with one exception: WenD has been reluctant to add new curative health care projects to the portfolio and has also urged POs to look into cost recovery options that would make existing curative care projects less dependent on external support. All in all we can thus see a shift to a portfolio of 'finite' projects, with defined end

points. (As discussed before there has been a tendency to define this end in terms that are too absolute, without also considering the necessary 'after care' without which results cannot be expected to be sustained.)

The capacity of POs has varied. As table 1 has illustrated a total of 24 POs in three continents have implemented BN programmes, in some 17 countries. The variety of the BN packages has differed across the POs. A few POs undertake only HIV/AIDS programmes – EFZ is an example; most POs, however, undertake activities in several thematic BN domains. We could say that the choice of domains and their mix has become part of the POs' identity. Sometimes, however, entirely new thematic domains are added, usually for similar reasons that have of old spurred POs: compassion and a sense of Christian responsibility. An example is the project which CSS has recently taken up, when it came across the degrading conditions in which poor girls work as sex workers in a particular site in Bangladesh. The evidence is that it is this 'responding to a call' rather than a preconceived vision as to what components the BN programme should (not) have, that has guided the BN Programme.

Even so POs have been urged to at least on paper group the different elements of their BN efforts into a coherent entity. This has been more easy where projects could be argued to be linked in their geographic locations and/or over time and/or in their target group(s). As WenD wrote to one PO: *'Before moving ahead to a new donor, we want to know what your strategic considerations are regarding the health programme. We ask this because up to now, our approach [...] has been a bit haphazard: here the health programme, there the HIV/AIDS programme and somewhere else the IDP programme. We were thinking of integrating these into one strategic plan.'*

The financial dependency on WenD has also differed across the POs. A concern has been that several POs have been largely or even entirely dependent on WenD as their source of funding.³⁰ WenD has made a start with supporting POs in acquisition of other funds. This has thus far focused on POs that could be expected to stand a good chance for their proposals to be granted (CSS and CREDO are examples). In Colombia there has been a possibility for a public-private partnership arrangement, which WenD has been willing to explore with the PO. At this point it is fair to conclude that the options for alternative funding have been scarce. It follows that, if WenD funding for some reason would cease to exist, this would have severe repercussions for the large majority of POs and their projects.

³⁰ The Education Programme evaluation reported, on the same issue that: *'In the case of the small organisations AMG Haiti, W and D and COUNT in India, INDEF-Nicaragua, but also larger organisation like CREDO in Burkina Faso, CSS-Bangladesh and P et A Haiti, W en D is the only financier covering practically all education costs (90 % or more). Only CRECH reports a W en D contribution of lower than 50 % (at 35 %) while all others are between 50 and 90 %.'*

POs such as GCPDO, which have their origin in responsible Christian citizenship on an emotive cause (OVCs), would most likely continue to perform, but in a far smaller way, as it has been WenD funding that has made this PO extend and expand from its modest start as a volunteer organisation. An organisation such as EFZ would be much less affected as it has a broad membership and other significant funders such as the Global Fund. AMG Guatemala, on the other hand, would be heavily affected as all funding comes from WenD (Bob Hastings, Director, personal communication). We may conclude that the practice to help POs find alternative funding is sound. It could, as was also suggested in the 2005 (draft) Vision for the BN Programme, centre on acknowledged strengths of a PO, preferably with a 'marketable product' to which thematic extensions could be attached, or which could itself be expanded and replicated as a model.

The next chapter will argue that such models are likely to gain from closer linkages between the various WenD programmes. In this 'vision' it is not only the BN Programme that supports the other programmes, of Education and J&I, but there is mutuality, that is: a deliberate effort is made towards increased coherence between the programmes, in any given locality where a PO is based and runs its projects. Such coherence ('win/win') is likely to be expressed in different forms, but will in all cases exploit the comparative advantages of the POs. To support this in a systematic way could be another function of WenD regional coordinators.

4.4 In conclusion (analysis and discussion of the findings)

For WenD POs are more than a vehicle for implementation of projects and programmes: they are the very instrument, the extended arm so to speak, of the values that both WenD and POs stand for. WenD's relations with its partners have thus for most POs been both of long duration, intense and relatively exclusive. This has also meant that weaknesses of POs have been accepted, up to a point, and that POs have been shielded from the demands of back donors. WenD is moreover in pursuit of an even stronger sense of mutuality in its relationship with POs, making the bond more equal, and with more cross-linkages, as in a network organisation.

WenD with its POs has been a player in the Dutch 2007-2010 MFS Programme and this in several ways: firstly, with its own programme, on J&I and Education (that is: with WenD as 'pen holder'); and secondly as one of a large group of players, in the ICCO Alliance, for its BN Programme (notably Health and HIV/AIDS). The evidence is that the ICCO Alliance MFS has allowed less leeway (less 'freedom') for WenD to pursue a more equal relationship with its POs than is the case in the J&I and Education Programmes. The next chapter will elaborate.

5. BASIC NEEDS RELATED POLICIES AND PROGRAMMING

'Finally the chain approach Woord en Daad uses was explained. The essence of this approach is that we try to bring people from boarder to breadwinner. To reach this, education, vocational training, job and business centres and enterprise development are linked to each other. The exact place of Basic Needs in this chain is not yet fully clear but the intention is to also link Basic Needs to this chain.' (Bangladesh Partner conference 2008)

5.1 Introduction; historical overview

For the current MFS Programme WenD has taken part through the ICCO Alliance, with ICCO as the contract holder. WenD's participation has operated through Prisma, which reports to ICCO on behalf of 16 members (including WenD). Prisma has been given this task for three sectors in the MFS Programme: Education, Health and HIV/AIDS. As for WenD Education is part of its own MFS Programme WenD's participation in ICCO/Prisma has been for Health and HIV/AIDS, which both resort under WenD's Basic Needs Programme. Given this arrangement WenD's other thematic domains in the BN Programme – water supply, agriculture and so on - which would in principle be eligible for MFS funding are not currently fundable as they are not addressed by Prisma. MFS funding has in the period 2007-2008 represented 87% of WenD's institutional BN funding and just over half of the total income of the BN Programme (Table 14 refers). As described before institutional funding and thus also MFS has moreover to a large extent tied private donations, resulting in less freedom to spend on untied, new endeavours. MFS has thus been very important for the BN Programme.

The sectoral limitation described above has not stopped WenD from being active in thematic domains other than Health and HIV/AIDS. Solutions have included:

- Labelling interventions as 'Primary Health Care / specialist' when they were in fact primarily addressing other themes. An example is the Dabari Zien Project (7679006) – successor to an earlier gender project, dealing with marital relationships.
- Applying to other donor agencies. Examples are the EU projects in Burkina Faso, in water supply and in agriculture/natural resource management.

All in all, however, the MFS sectors have of necessity taken the front seat and it has also been less easy to get endeavours in other sectors (agriculture, food security) written up and approved, in comparison to the MFS/Prisma route. This is regretted by WenD staff (L.van Schothorst, personal communication, February 2009). Noteworthy is that the sectoral divide in the MFS Programme has generally been lenient, but has occasionally been strict: a proposal for an HIV/AIDS project in Zambia was declined because it included agricultural components; the project's essence was for PLWHA to become more self-sufficient, given that they were on ART and ready to resume normal life.

The precise influence of POs in co-determining a vision for WenD's BN Programme is hard to pinpoint. It is certain that POs have had a big influence, but it appears that POs and WenD have over the many years of their interactions become close to the point where it is not possible to distinguish one view from the other. This is especially apparent in the reports written by WenD staff on their country visits, describing how ideas on 'next developments' seem to originate intuitively, by jointly visiting projects and being inspired (or discouraged) by their results. One thus gets the impression that the entire BN Programme is a programme that is continuously in the making, and that at the same time is fairly stable, with a core of activities that have run for years on end, and new projects that are allowed to be tried and tested.

This organic process has come in higher gear with endeavours that are funded by new donors (new, that is: for WenD and POs), where new or unusual and often non-negotiable demands are posed (the EU, but also USAID, in South Africa), and where WenD and PO have partnered to fulfil the demands. This has been positive where projects were actually granted and where the process itself made POs more aware of their comparative strengths and weaknesses (section 3.2 refers). A negative effect identified has been that the multitude of reporting formats are not easily merged into reports that are informative for WenD itself.

Striking in the various internal overview reports (WenD 'Koers rapporten') is that the reporting formats do not seem to do justice to the Basic Needs Programme: either the reporting format plays out at a level of abstraction that is remote from the actual interventions, or in some cases the interventions fall entirely outside the reporting formats and are then under-reported. This is, partly, because staff understandably attempt to avoid double work and thus try to have reports align with the Prisma formats, which, as we discussed before, do not or only with difficulty cover all that is happening in the BN Programme (and which, reversely, demand reports on activities that do not happen as yet, as in the HIV/AIDS domain). It follows that the formats are not in themselves a stimulus 'to do better'.

The reporting problem is symptomatic for the difficulty to capture the BN Programme under one overall label. This is partly because the constituent thematic domains are not in themselves distinct; it also is because the parts do not easily add up to a definable entity. There thus is also no overall BN policy. WenD has found this a problem, which it would like to see solved. Partner conferences in 2008 have in all four regions devoted considerable effort to making headway towards a unified BN policy, starting from a dilemma which readers are likely to recognise, given the descriptions and analyses in preceding chapters of this report. Box 8 below sums up this dilemma.

Box 8: Dilemmas for WenD's and Partners' Basic Needs Programme*

- *Since we are Christian NGOs working with people, we need to take care of all their needs at the same time. We provide them with a **complete package***
- *Provision of basic needs depends on **context***
- *Comprehensive programs can't offer the same **quality of services** compared to specialised programs so we need to focus.*

* Source: Power Point Ellen van den Hil, WenD; Partner Conference Ethiopia, April 2008.

At present, however, it would be fair to say that the BN Programme simply is the sum total of the individual projects, the conception and implementation of which reflects and shapes the partners' and WenD's identity and which also fuels the partnerships. (Chapter 3 and 4 refer.) Numerous documents state that the BN Programme is there to provide an environment in which other WenD programmes can perform; the reality is that the BN projects are stand-alone projects. (Chapter 2 refers.) We can also see that the programme is underdetermined – there are simply too many needs, of more underprivileged people than one can possibly address. As also stated in the above Box the BN Programme will need to focus. We may take one step back and conclude that the above dilemma is partly, but not entirely solved in the format that was used to judge BN projects in chapter two, to which we added the perspectives of 'time' and 'level'.

Table 15 (12): OECD criteria summarised for the purpose of self-evident validation

Domain and examples	validation self-evident by		
	authority (best practice)	use and users (access)	apparent difference in competence ³¹
Intervention	<ul style="list-style-type: none"> • external (national and international norms) and/or • internal (self-made, locally appropriate models) 	<ul style="list-style-type: none"> • current plus future 	<ul style="list-style-type: none"> • different levels (providers and 'beneficiaries') • with interaction between them
	<ul style="list-style-type: none"> ▪ over time, resulting in models; models can be 'people' ▪ that sustain (new) use and (new) users ▪ preferably demonstrating win/wins by links with other programmes (Education; J&I) 		

The above table clearly requires additional filters to become useful for WenD's policy discussion. Filters would need to be based on WenD's and POs' identity and comparative advantages, and thus prioritise strengths, such as:

31 Adapted from Bebbington, A. (1999) Capitals and Capabilities; A framework for analysing peasant viability, rural livelihoods and poverty in the Andes. [World Development](#), 1999, vol. 27, issue 12, pages 2021-2044.

- Of operating on the basis of their Christian identity, of care and compassion for those whose voices aren't heard. This includes a willingness to devote time and effort beyond the conventional call of duty.
- Of not having strict time constraints, and thus being able to take a long time perspective
- Of having a strong and faithful support base of funders in the Netherlands, who, however,
- Insist on seeing tangible results, which are in line with the organisation's identity.

A suitable filter for the identity of the BN Programme then would be:

- The potential to achieve measurable results that specifically tap the above strengths in terms of the human resources involved. These are:
 - The clients, including clients that graduate from other WenD programmes³²
 - The natural allies and their staff (churches; missionary organisations)

This implies that

- Interventions are portrayed as opportunities which POs through their alliances are particularly suited to address, in a sustainable way. It also implies that the focus on 'need' as perceived by the PO should become somewhat less heavily emphasised – that is: general descriptions of the area, the target group, the problem to be tackled should suffice. The balance, in other words, should shift to an argument why a particular PO, with help of WenD is particularly suited to address a particular (identified) need. This argument is self-evident in the Education Programme, and also in the J&I Programme, which two programmes together enable to walk the chain from boarder to breadwinner. The argument has been much less self-evident, at least for external observers, in the BN Programme.

5.2 Added value, interconnectedness and positioning

5.2.1 Between WenD programmes

Just like there are many conceptual and practical linkages and overlaps of thematic domains *within* the BN Programme, there also have been linkages *between* the various WenD Programmes. These linkages have been there by design – as when BN supported clinics in Haiti and Guatemala have as a matter of course been the health service providers of choice for adoption children in the Education Programme. Linkages may also have become apparent over time to an extent that some projects of the BN portfolio have been taken over by other Programmes. An example is P 2180018, of P&A, Haiti. As recorded in project documents, *'This is an example of a project that does not match the departmental boundaries of W&D and has aspects of Basic Needs as well as Enterprise Development. Reconsideration about how to handle such projects may be needed within W&D.'*

³² Remarkably, there is hardly any information in the documents provided, including the Education Programme evaluation, as to how (former) beneficiaries are strategically used to support and inspire new programmes. With a portfolio of over 50,000 adoption children thousands must have graduated and a sizable proportion of those must be in a position to act, themselves, as 'living testimonies' – 'models' - of successful support.

There are in fact numerous examples both of cross-overs and more often of complementarity between programmes. This is not surprising where the BN Programme, after all, has largely been intended as a support and enabler of the other programmes. Of more interest for this evaluation than is the extent to which the intended relationship has been *mutual*, in the sense that the other WenD programmes have also enabled relevant BN interventions. Unfortunately such mutual linkages are rarely documented, although there is occasional reference to them, for example of adoption children entering health service training at some point in their trajectory. The health care provided in a PO's clinic for the PO's adoption children is another practical example as is the concept of helping (former) sex workers access micro-credit in Bangladesh. What seems to be missing is *coherence by design* – at least this evaluator has not come across documented examples of *strategic win/wins*.

5.2.2 Vis à vis mainstream services

For the category of projects that must be complementary to mainstream services (the curative care and PHC projects, but also nutrition and WSS projects) there is a risk that projects 'take over' government services or even compete with them. This is a difficult topic as it is always tempting to step in and fill gaps that do in fact exist and that have people suffer as a result. Yet by stepping in one becomes vulnerable to criticism such as expressed by external experts advising CSS, Bangladesh (P 1692001):

*'.. CSS has developed parallel health activities, without taking into account the government health mapping. It created new structures instead of improving what is already there. In practice, it results in overlapping of services foreseen in the health coverage plan: (1) the package of inpatient health activities provided in RAWH is similar to the package delivered in the public health complexes of the three neighbouring upazilas (except for specialized clinic activities); (2) the CSS Gowrambha Union in fact simply substitutes a poorly functioning public Community Clinic situated at walking distance, and partly competes with a neighbouring Family Welfare Centre.'*³³

Gap filling' for mainstream services by starting a parallel service is not in conformity with the Paris Declaration principles. It is a risk that is hard to gauge at the outset, the more so for BN projects that are by nature long duration ('infinite'). By stepping in one creates certain long-term expectations and thus becomes part of the context and of the problem, of non-performing mainstream services. (Chapter 2 refers)

³³ Bart Criel (Institute of Tropical Medicine – Antwerp) and Mathieu Noirhomme, Study on the feasibility of a Community Based Health Insurance in Bangladesh. February 2008

5.3 Match with the three pillars of Netherlands Development Aid

The 2007-2010 MFS framework is an example of a framework that has come with many requirements. With Prisma at the helm the MFS demands have been spaced over the three year period, which has meant, effectively, that Prisma members have had to increasingly comply with the formats as defined in the MFS proposal. The table below gives a schematic overview of the proposal.

Table 16: Schematic overview of 2007-2010 ICCO Alliance MFS proposal

sector	Intervention Strategy		
	Direct Poverty Alleviation ('DAB')	Civil Society Strengthening ('MO')	Policy influencing ('BB')
	Objective	Objective	Objective
	Sub-objective	Sub-objective	Sub-objective
	Levels	Levels	Levels
	Key success factor	Key success factor	Key success factor
	Target	Target	Target
	OVI	OVI	OVI
etcetera			

The above illustrates that the choice has been made to divide the three main intervention strategies and to add full logical frameworks to each of them. WenD of course has had to adapt to this and has likewise prompted its partners to phrase their proposals in line with the above. The above division thus has been followed through in the format for Strategic Multi-Annual Plans (SMAPs) while also the quality indicators suggested for inclusion in the SMAPs have largely been derived from the MFS reporting requirements. As SMAPs concern all thematic domains the changes will thus, eventually, affect the entire BN Programme.

Yet taking a random excerpt from the 2007-2010 reporting format for the HIV/AIDS MFS and the most recent WenD commitment to follow through (Yearplan 2009) we find that the indicators tend to be watered down to the point of having become meaningless. This has become a paper exercise in which WenD must try to satisfy Prisma/ICCO (and eventually the Ministry of Foreign Affairs) while at the same time shielding its POs from commitments they cannot keep, or which appear too far from the reality on the ground. The transaction costs are high – for POs, but more so for WenD and higher still for Prisma, which has to ensure that all (16) members, and their POs oblige. Table 17 refers for a small fragment to illustrate the above.

Table 17: Excerpt from WenD Yearplan 2009, in terms of 2007-2010 MFS HIV commitments, to Prisma/ICCO

Output (at level WenD)	Outcome (at level of POs)	Original Prisma key indicator
Output DAB 1.2: All 12 HIV/AIDS POs are gender sensitive and work towards more equitable gender relations.	Outcome DAB 1.2: 9 of these POs actively involve men and or boys in their programmes	Proportion of POs that actively involves both women and men in their activities

Returning to the project reality it is noteworthy that of the 320 entries in the 2005-2008 BN Programme database only one entry is not classified as a 'DAB' – Direct Poverty Alleviation. It follows that the desired coherence between the three pillars must be sought at project level: projects may, after all, focus on poverty alleviation, *through* civil society strengthening; and *if successful at this* - as will be evident in locally established results - this could be portrayed as a *model*, and used for policy influencing, *at appropriate levels*. As it is, however, in the year 2007 of 23 BN proposals submitted to Prisma (ICCO Alliance) only 8 (35%) were judged to score 'sufficient' on the criterion of policy influencing. Other Prisma members did only slightly better: 42 (45%) of their 93 submissions received a sufficient score. (Prisma used three scores; 'sufficient' was the highest score.) WenD is thus not the only organisation that has difficulty in translating its projects at the advocacy level.

Yet in their assessments of project files the evaluators have seen many opportunities for the above flow of events, which as it were is a 'chain approach', both upward ('levels') and over time. The opportunities, however, were implicit in the write-ups rather than defined as an intentional design. Examples in the HIV/AIDS domain appear strong if and when natural allies – churches and their staff – are trained as 'conduits' for appropriate behaviour changes, and maintain this particular competence. Box 9 gives an example for Partner EFZ (Zambia), which is particularly well placed for advocacy, as it is an umbrella organisation of evangelical churches and mission agencies. In the files there are, however, many examples of hidden potential, where POs could be tapped on their natural strength as Christian organisations, with a Christian mission.

**Box 9: The three intervention strategies – designing by thinking in levels
Excerpt from EFZ project proposal 7971001, to ICCO (through Prisma)***

Results:

1. Increased access to education by OVCs
2. Improved health and nutritional status among OVCs and PLWHA/chronically ill people
3. Increased adherence to ART and other drugs leading to reduced rates of opportunistic infections and mortality among PLWHA.
4. Improved emotional and physical well being among PLWHA through care and support and psychosocial services.
5. Increased retention of caregivers (volunteers) on the program.
6. Increased effectiveness of HBC activities due to constant presence of volunteers.
7. Increased understanding and fight against stigma and discrimination among church leaders, families of PLWHA, volunteers, and community at large.
8. Increased involvement of church leaders in lobby and advocacy in issues relating to HIV/Aids
9. Increased knowledge and protection of women and children's rights in communities.
10. Reduced infection rates in STIs and HIV due to increased behavioural change among youths.
11. Increased local initiative and a minimum of 8 strengthened support groups of PLWHA

The above excerpts the original text. It is not difficult to re-arrange the expected results in terms of the three MFS strategies, in a flow diagramme. One reason why the sequential flow hinted at above has not, or insufficiently, been identified as an opportunity could be the formats in which Prisma members (and thus WenD, and thus WenD Partner Organisations) have been required to report. As is also clear from Table 16 above the frame forces to separate between sectors (thematic domains and their objectives) and between the three intervention strategies. The format also induces complex reporting demands, with numerous duplications, impacting on both meaning and user friendliness, and stifling creative energy. Perhaps the most serious drawback lies in the adoption of fixed cut-off points (under targets) coupled with the lack of room to account for improvement vis à vis local contexts (under OVI). The formats, in other words, are 'flat' while the challenge would be to think in terms 'flows' and 'levels' (or 'chains') in order to create the desired coherence. These constraints unfortunately are non-reversible as it concerns contractually agreed reporting formats.³⁴

Meanwhile Prisma itself has acknowledged that it would be interested in such 'incremental designs' in which there would be a drive to arrive at models of best practice, suitable for advocacy (R.van Hoffen, personal communication, January 2009). This would, in addition, steer away from current thinking that Policy Influencing is something that can only take place 'at the top', in national level fora.³⁵ There seems to be no reason not to have policy influencing start at the local level, with local level decision makers influenced by local level successes in the form of 'visible differences, at reasonable recurrent cost' that projects have helped to achieve. Or to have national level policy making nourished by on-the-ground cases – as is happening between POs EFZ and GCPDO.

5.4 In conclusion (analysis and discussion of the findings)

On the question if WenD's policy for BN has been effective we can be brief: there has been no such policy, and this has not been for lack of trying. (The evaluation team saw an incomplete draft, dated November 2005.)

A general comment then is that the division in thematic BN domains may in fact have been a restriction for polyvalent ('multi-sectoral') POs that operate on the basis of needs that they identify. The restriction is also partly given by having to adhere to sectoral pigeon holes as donors have defined them; donors for health sector programmes, for example, do not easily grant health care projects that are linked to, say, micro-credits. Yet donors do fund sectors that are somewhat more broadly defined.

³⁴ There is a lesson here for future MFS frames: while Prisma has since 2007 greatly improved on the proposal formats and the way in which they are scored it has had no such freedom for the reporting formats.

³⁵ This seems to be implied in the Education Programme evaluation where it states, '*In all, it can not be expected from the POs that they will have the internal capacity to influence education policy and the education sector at national level.*' (Jenze Fokkema, Feb.2009, Draft Evaluation Report)

A possible solution would be to have the BN Programme go up one level and have an overall theme such as 'food security', which would encompass several thematic domains and also would cover an interesting part of the HIV/AIDS domain. (Specifically, it would help to better address so-called external mainstreaming of HIV – a notorious problem in the current portfolio.) Combinations of thematic domains in one and the same project would thereby become more natural and easier to defend. Cross linkages with other WenD programmes could likewise be made more explicit, and better 'sold' as added value.

Elegant would be that such a label would automatically target those in need, and so would avoid the discussion of how WenD should target 'the poorest of the poor'.

People who are food-insecure are likely to also be poor, but they could be people who have become poor, or are not as yet poor, but are likely to become so in future. The qualification 'food insecure' has more operational implications, in other words, than the qualification 'poor' as it allows a time flow perspective. It also enables the 'actor perspective' (of use and utilisation leading to 'certain competences', over time) which has been discussed in earlier chapters.

Box 10 illustrates, in the words of GCPDO project evaluator Mr Banda.

Box 10: Designing by thinking in flows; an actor perspective in food security

Excerpt from GCPDO evaluation, Zambia (M.Banda, 2007)

'While GCPDO has been supporting its program using mostly donor funds it would be appropriate for GCPDO to broaden the support base of the program to include individuals in the operational areas that are capable of contributing to the program. This could also include individuals that have been weaned off and are enjoying improved livelihoods. Their contribution could either be cash or in-kind items that could include relief food for the underprivileged in the community; agricultural inputs; transport to support program activities; volunteering of time to do program work; teaching of OVC; care for the sick etc. This would greatly improve regulation of the program. In addition, recognizing that resources will always be limited GCPDO should continue to network with other stakeholders in rural development and collaborate in providing services to the same beneficiaries.'

Such a shift is likely to better position the BN Programme for external observers, but more importantly it would generate creative space internally, for WenD and its POs. As was hinted in a preceding chapter this creative space has been somewhat curtailed by requirements to phrase projects in terms of pre-formatted pigeon holes that do not always capture what projects in reality try to achieve. WenD has put a ceiling on its overhead costs which has meant, amongst other things, that staff time is precious. The time spent on monitoring and reporting then ought to also be a time of reflection and learning. In the view of the evaluation team the current BN reporting requirements have had an opportunity cost at the expense of systematic learning. It is to be expected that the SMAP formula will alleviate some, but not all, of this problem.

A challenge for WenD would be to use the inspiring parts of the current frames to its advantage. Inspiring have been:

- The concept that poverty alleviation is not necessarily only an end, but also a means, towards civil society strengthening, and policy influencing. As phrased above:
 - .. The desired coherence between the three pillars must be sought at project level: projects may, after all, focus on poverty alleviation, *through* civil society strengthening; and *if successful at this* - as will be evident in locally established results - policy influencing; this could be portrayed as a *model*, and used for, *at appropriate levels*.

What is to be decided next is how to do the above in self-fulfilling models, in which the above three steps (possibly at different levels, and certainly over time) become a circular process. The cover page illustration refers for such a 'circular chain model':



The evaluation team argues that such models are likely to gain from closer linkages between the various WenD programmes. In this 'vision' it is not only the BN Programme that supports the other programmes, of Education and J&I, but there is mutuality, that is: a deliberate effort is made towards increased coherence between the programmes, in any given locality where a PO is based and runs its projects. Such coherence ('win/win') is likely to be expressed in different forms, but will in all cases exploit the comparative advantages of the POs. As mentioned before supporting this in a systematic way could be another function of WenD regional coordinators.

Although the above makes sense it does not follow that proposals will all need to become 'multisectoral' as this is not necessarily appreciated by funding agencies. The coherence needs to be situation specific and may come from complementarity

- With mainstream services
 - With other thematic domains in BN
 - With other (non BN) programmes
- or a combination of the above.

Nor does it indicate that the BN Programme should be restricted to a particular sectoral focus. All considered this evaluator is not certain that a thematic restriction would be a wise move to make even though the over-complexity and over-diversity of the BN Programme would suggest that WenD should take on fewer thematic domains. The reason to be careful and not seek the solution in thematic terms is that the POs (and WenD by implication) derive both their individual identity and their joint identity

(the partnership proper) for a large part from their very programmes. More important than a particular thematic choice ought to be the 'energy' that a choice creates, both for the individual identity and for the joint one – the partnerships – now, but particularly in future. This is too situation-specific to justify a one-for-all thematic restriction of the BN Programme.

A preferred BN policy (or rather: strategy) would be one that maintains the above 'energy' and enhances it. What matters then is that there is a (common) concept – an 'ideal' – that is worth striving for. This concept goes all the way back to section 2.3.2 where we found, for a particular project (food security, in this case), that: *'It indicates a reasonable ideal – food security – but it also enables to demonstrate the difference a project can make when it enables to 'get closer' to this ideal, even if the ideal is not fully reached (as in the example).'*' A similar observation was made on POs' efforts to get proposals granted: failure did not matter so much when it was clear that success was in fact feasible, and 'getting closer'. It seems that this 'getting closer to an ideal that comes within reach as and when one keeps trying' is necessary to feed the WenD/PO partnerships. It should thus not be sacrificed.

Another ambition would be to capture such ideals in terms that can be measured, or that at least are observable there where the action is. Plus – again ideally - there should be acknowledgement of 'real' differences, as described in Box 4, *'Indicators of success should somehow capture the 'real' difference between life as it would have been without support and life as it has evolved in reality, with support. This 'real' difference tends to get hidden in the indicators as they stand where these do not account for the poor base level prognosis.'*

Importantly this 'real difference' plays out at different levels which can mostly, but not entirely be foreseen by design, as projects also have to 'prove themselves' over time. As mentioned in section 2.4 *'The link with policy-influencing, at the appropriate levels, seems crucial. Examples are emotive topics where 'new norms' need to be set and/or where 'old norms' have started to slip – extreme poverty, child labour, under-age sex workers, PLWHA; OVC; acid burn and other cases of gender based violence.'*

We pose that such 'relevance filters given own comparative advantage' will do more justice to the spirit of the BN Programme than a (new) thematic definition, which inevitably would be restrictive. Leaving the thematic choices open will, however, increase the risk that WenD and POs overstretch themselves. In particular the tendency to have projects designed and implemented as 'black boxes' and operate in relative isolation would be a priority to address. As argued before projects and their staff must be positioned such that they stand to be corrected – starting with their own local environment and the appropriate local authorities, and this in a wider context of authoritative best practices, to which projects, ideally, contribute. (Earlier chapters refer for this argument.). The next chapter lists our conclusions and recommendations in this vein.

6. CONCLUSIONS AND RECOMMENDATIONS

This chapter lists the evaluator's conclusions and recommendations. These have been drafted in concurrence with the other team members, of MDF. In the text below conclusions are grouped under 13 key phrases. Recommendations are linked to each key phrase, with corresponding numbers, in Roman ciphers. This is also the way in which conclusions and recommendations were presented and discussed in the March 2009 Nairobi Conference of WenD with POs. Phrases that turned out to be unclear for the Nairobi participants have been edited. Some conclusions and recommendations have warranted a discussion in the (separate) synthesis report, by team leader Sjoerd Zanen.

1 THEMATIC DEFINITION

- **A thematic definition problematic**

The discussion on what should/should not be the components of the Basic Needs (BN) Programme has largely focused on thematic domains. This distinction, handy as it may be for funding purposes, has posed a problem for this evaluation. It has likewise posed a problem for Woord en Daad (WenD) as it has proven difficult to find a suitable common denominator for the BN Programme.

Typical domains have been:

Curative Health
Primary Health Care / Specialist Care
HIV / AIDS
Water / Sanitation (WSS)
Food
Agriculture
Housing / Community Development

The thematic domain definitions overlap. Moreover 'at field level' projects have often been interdependent – as when projects for practical purposes belong together, even though on paper they are separate entities.

This evaluation has solved the above by dividing the portfolio in three groups: 'Indefinite', 'Finite' and 'One-off' projects. This division has also demonstrated a basic rule:

- **Different thematic domains have their own, natural life time.**

Specifically, each type of intervention induces its own type of expectations on what clients can 'reasonably' expect in terms of long term support. The time dimension that is intrinsic to the BN domain thus ought to be a serious consideration in project conceptualisation and design. This basic rule has been insufficiently respected in the BN Programme.

I

OUR RECOMMENDATION is to try and design projects in their proper time perspective and consider reasonable expectations – of the public, but also of the authorities – that must be honoured. Also then consider caveats – reasons why project design should be adjusted, for example when ownership at the right level is not secured or when alignment is dubious. This in particular applies to projects in the 'indefinite' category.

2 IDENTITY

- **Acting on perceived needs: a mix of compassion and opportunity**

A common denominator of the BN projects is that they have a perceived need as their starting point. This need has of old been identified and defined by the Partner Organisation (PO) itself, on the basis of compassion, but also with a sense of opportunity as to how the need could be addressed, by the PO. Remarkably, the evaluator has not seen evidence of formal needs assessments – neither for the old projects nor for the more recent ones.

- **Mutual relation between (combination of) projects and identity**

The identity of POs is anchored in the programmes they have chosen to implement. We could say that the PO has taken on a certain role by filling the need(s) and the other way around: the provision of services in underserved areas has provided POs with a recognisable identity.

The joint and continued efforts of WenD and POs largely centre on the implementation level. It is here that the partnership proves itself, over time. The WenD/PO partnership as well is thus as it were coloured by the project portfolio which in turn gives energy to the partnership.

- **A particularly disadvantaged target group**

Although most development aid targets poor people the evidence is that POs and thus WenD target people that are particularly disadvantaged also in view of local norms. Although this is evident in for example WenD's website the evidence gets diluted in reporting formats, which for obvious reasons cannot distinguish 'poor' from 'poorest of the poor' (that is: for the external users of such reports). The choice of target group is important, though: it is part of the identity of both POs and WenD and a motivating force of their partnership. It also is important where projects do not manage to convey their 'real effect', that is: the distance between the poor baseline prognosis without assistance, and the actual effects with assistance. (A similar argument applies for the other WenD programmes.)

- **A tendency to target and report at the individual level**

WenD's other programmes, of Education and Jobs & Income J&I) target at the level of individual beneficiaries. BN projects are likewise largely defined in terms of numbers of individual beneficiaries even though this level is not always the most appropriate to report on achievements in the BN programme. This emphasis may be there for practical reasons such as a donor's format. Conceptually it tends to obscure other dimensions of project relevance: of potential to maintain results and/or achieve incremental results, over time, at different levels. It therefore also is unsuitable to prompt designs that address all three MFS intervention strategies.

II

OUR RECOMMENDATION is to prioritise projects that can capture both a PO's identity and the 'real effects' at the level of the target population, at appropriate levels. This will require that advocacy becomes an inherent part of project design. (details in 12: MFS A SPECIAL CASE).

3 CHALLENGES A NECESSARY INGREDIENT OF MEANINGFUL PARTNERSHIP

- **When difficulties prove surmountable**

POs have selected difficult niches in terms of project locations, with populations that are disadvantaged, even relative to local standards. A provisional conclusion is that POs and their projects do best in challenging circumstances that they are able, just, to overcome.

Likewise partnerships between POs and WenD flourish when projects pose challenges that POs and WenD prove able to jointly overcome; and in which both POs and WenD reconfirm their role in the partnership.

A conclusion is that at the level of POs the BN Programme is a programme that is in the making, and that at the same time is fairly stable, with a core of activities that have run for years on end, and new projects that are allowed to be tried and tested.

III

OUR RECOMMENDATION is to maintain this 'stable disequilibrium' in terms of portfolios that challenge both POs and the WenD/PO partnership to the point they can handle. As argued before the appropriate challenge is situation-specific. A thematic restriction for all POs in terms of sectors and thematic domains that WenD will support, or not, is unhelpful. A situation-specific restriction may be recommendable, however.

4 STRATEGY AND STRATEGISING

- **The OECD-DAC criteria - specific application for WenD and POs**

In this evaluation absolute judgements on the OECD DAC criteria could seldom be made. Even so it has been possible to judge if WenD and POs are apparently striving to make their projects *more* relevant, *more* effective, *more* efficient and thus: *more* sustainable.

This approach has its merits also for Woord en Daad as it induces a continuous quest for improvement.^{36 37} Factors that have operated against this aptitude or 'mindset' have been:

- Time itself - as when projects have become a routine, with too few new challenges, and too few new achievements.
- A tendency to conceive projects as 'black boxes' with a finite end described in defined numbers – of people, of crops, of supplies - without also considering a future dimension of necessary 'maintenance' and aiming for this maintenance to be 'just right' (that is: minimal and yet sufficient) for the purpose at hand.
- Similarly, a tendency to overlook opportunities of self-proving relevance (and effectiveness, efficiency and sustainability) by designing for projects that prove themselves in their utilisation. In other words: not to consciously use 'successes' as prompts for models that can be replicated. (The recently approved food security project in Burkina Faso is an exception.)

IV

OUR RECOMMENDATION is for WenD and POs to conceive their projects such that project design and implementation are informed (and remain informed) by best practices and thus: to consciously build in a continuous quest for improvement.

Post-scriptum: In the Nairobi discussion it became evident that some POs consistently strive for models of good practice. Staff of CDA (Colombia) convincingly argued this. (CDA had not been part of the study sample and this evidence was therefore missed during the evaluation.)

³⁶ Also see Riddell, R.C., (2007) *Does Foreign Aid Really Work?* OUP Oxford

³⁷ Also see Twijnstra, R. and Visser, R. (2009) Gooi het kind niet met het badwater weg, *IS* nummer 1, Februari 2009

5 COMPLEMENTARITY AND COHERENCE

A specific way in which the above 'continuous quest for improvement' can be made apparent is in (continuous) attempts at meaningful cross-linkages, that is: complementarity.³⁸

Currently, cross-linkages – i) within the BN Programme, ii) across the WenD programmes and iii) interfacing with relevant mainstream programmes – are poorly documented and also likely to be weak. The evaluation team sees this as a symptom of designing projects as if they were black boxes.

POs have been urged by WenD to at least on paper group the different elements of their BN efforts into a coherent entity. This has been more easy where projects could be argued to be linked in their geographic locations and/or over time and/or in their target group(s). There is little documented evidence that such strategising has consciously happened. There also is little documented evidence of strategic use of POs' comparative advantages.

V

OUR RECOMMENDATION is for WenD and POs to more consciously and more strategically seek added value through complementarity. Complementarity can be had in many different ways, and is apparent, eventually, in diminished transaction costs. This also is a good indicator for successful complementarity: given that coordination itself also takes effort members start to 'see' that results will outweigh their (future) efforts.

Post-scriptum: In the Nairobi discussion it became evident that there is more complementarity than is reported as was, for example, argued by Dr Joydip Ghosh, of CSS, Bangladesh.

³⁸ Complementarity has different definitions. ICCO, for example, seeks complementarity in terms of added value through a so-called programmatic approach: 'Onder programmatisch werken verstaat de ICCO Alliance het geheel van interventies die in een gegeven tijd en geografisch gebied in samenhang worden uitgevoerd. Organisaties met diversiteit aan kennis en ervaring nemen deel aan het programma. Zij worden het gezamenlijk eens over de visie, de doelstelling, de implementatiestrategie en de rollen die zij daarbij vervullen.' (Source: Prisma Handboek, 2008 edition)

6 OPERATING FROM KNOWLEDGE

- **Models and authoritative knowledge**

Project practice has generally not been inspired by authoritative knowledge (national and/or international standards) and has instead been based on conventional wisdom on matters such as hygiene.

'Models' have been model families, model schools and so on, but have not been generated as self-sustaining models of project results that could inspire replication and expansion, with less effort of the external agency (the PO).

VI

OUR RECOMMENDATION is to seek a different type of model, at the level of a project intervention, which as it were proves itself, over time, by demanding less external maintenance. Also, to build in such maintenance ('after-care') in project design, where it can be foreseen that project results will otherwise go to waste.

Note: This could easily fit in with the SMAP concept, which is after all about strategising and 'win-wins'.

7 SELF PROVING RELEVANCE

- **Aiming for self-proving relevance, by design**

A project result that as it were is 'self-proving' is utilisation by beneficiaries of that what has been offered (services, notably). Another such result is evidence of a certain (desirable) competence (skills and knowledge which reduce the need for future project investment). The latter can be aimed at at different levels. The evidence is that both POs and WenD have not included this type of foresight in project design.

VII

OUR RECOMMENDATION is to consider 'utilisation' as success indicators at the level of outcome for all BN projects, including the health care projects. Health care projects must only in rare cases report at impact level as results at this level cannot be attributed to them. In addition 'competence' can be reported on at different levels, and can include impact level, the more so where competence can demonstrably be used to maintain or expand project results, over time, at reduced cost – the idea of a model refers.

Likewise it may be considered to prioritise BN projects that offer this opportunity.

8 PLANNING FROM OWN COMPARATIVE ADVANTAGE

- **Another type of knowledge: the benefit of experience-based foresight**

Conceptualising in terms of 'levels' and 'flow over time' has been weak and has been aggravated by overly rigid project formats. This is evident in:

- Describing projects that are by nature indefinite as if they were finite, with end-results that cannot be maintained; the above models are an example.
- Lack of foresight on what would be realistic results that can be maintained, with the least possible effort of external agencies and external funding.
- Lack of 'smart use' of 'natural allies' and own human resources, over time

VIII

OUR RECOMMENDATION is to prioritise BN projects that offer the opportunity of what we called a 'circular' design, by using own human resources. This is in fact an extension of the above idea, of utilising competence that is specific for one's own comparative advantage. Examples would be 'use' of religious leaders, over time; other examples would be use of competences built in earlier project phases, or use of models when these have proven themselves over time, for advocacy.

9 POSITONING FOR KNOWLEDGE ACQUISITION

The evidence suggests that BN project implementation has not been positioned to benefit from exposure to relevant local lessons of best practices. Such contacts may be had by membership of umbrella organisations and having to perform in them – as is currently promoted by WenD. It may also come from being answerable to local authorities. It may, in fact, come from any situation in which POs are prompted to reflect on their performance and get into a habit of doing so as they start to see the benefits.

Research projects may be of help, but are by nature limited in content, reach and speed, unless the PO is a participant itself. A more structural solution would be one where (action) research is part of project design and as it were forces projects to stand out and distinguish themselves in their environment.

IX

OUR RECOMMENDATION is to consider POs' position in local settings and take measures to enhance this position, preferably such that lessons drawn by POs also benefit others. The current drive to have this by membership of umbrella organisations is appropriate, but may not be sufficient.

Likewise it may be considered to prioritise BN projects that offer the opportunity of mutual benefit in local settings.

This should be particularly so in the 'HIV/AIDS sector' where POs find it difficult to meet demands, of internal and external mainstreaming. Specifically, local examples of successful 'mainstreaming' must be actively sought to serve as 'living examples' for POs to follow suit.

Post-scriptum: In the Nairobi discussion some POs, especially those working in the domain of HIV/AIDS expressed that they are in fact into such knowledge networking. An example: Mfesane.

10 WOORD EN DAAD AS AN ENABLER

- **Exclusive relationship**

WenD has concentrated, firstly, on its own partnership with POs, and secondly (and increasingly so) on shaping POs into a viable network, with WenD in a new role. This is evident from numerous pieces of evidence, of partner conferences, and of brainstorming events on WenD's future positioning.

- **Finding the balance that is right**

The downside of the above could be that too little energy has been invested in supporting POs to take up their due role in relevant local contexts.

The link with WenD is useful and appreciated, not least because it provides an opportunity for joint reflection and strategising. It is insufficient, however, for continuous knowledge acquisition and search for (locally adapted) best practices, particularly where WenD programme staff can also not be expected to be knowledgeable (in the above defined way) in all thematic domains and sub-domains.

X

OUR RECOMMENDATION is for WenD to enhance its position as an enabler by aiming for tailor-made relationships with its POs. Such tailoring will include finding a balance that encourages POs to also take part in other networks. Networks may or may not include regional PO networks, but should be such that membership encourages POs to at all times stand corrected by best practices and relevant authorities, and vice versa: such that others, including authorities, stand to benefit from POs' examples of good practice. Network membership should come at acceptable cost; in particular, transaction costs should diminish over time. (Also see above)

11 EXTERNAL FUNDING OPPORTUNITIES

WenD has actively supported selected POs to tap alternative sources of funding. This has been a learning process for both WenD and POs: it has made POs more aware of their comparative strengths and weaknesses and has generally boosted confidence even where initial attempts were unsuccessful. WenD has moreover been in a position to fund projects, nevertheless, when other donors declined (Bangladesh, Burkina Faso). This has been a special feature of WenD partnership and has also helped POs to get projects granted by funders other than WenD, eventually.

A negative effect for WenD has been that the multitude of reporting formats are not easily merged into reports that are informative for WenD itself. Positive has been that POs have learnt the ropes of writing proposals and of living up to donor demands.

XI

OUR RECOMMENDATION is for WenD and individual POs to continue the approach of seeking alternative funding opportunities. This may require an exercise of identifying strengths and comparative advantages of individual POs and matching these with (potential) funding opportunities. POs, in other words, should be helped to define their expertise in the form of marketable products. (This, again, is a logical extension of the concept of SMAPs.)

12 MFS A SPECIAL CASE

WenD's participation in the MFS Programme through the ICCO Alliance has been a dominant force in the BN Programme. MFS funding has in the period 2007-2008 represented 87% of WenD's institutional BN funding and just over half of the total income of the BN Programme (Table 14 refers). Institutional funding and thus also MFS has moreover to a large extent tied private donations, resulting in less freedom to spend on untied, new endeavours. MFS has thus been very important for the BN Programme.

- **From poverty alleviation to policy influencing**

Proposals of WenD, just like those of other Prisma members, have generally received low scores on the criterion of policy influencing. The evidence is that policy influencing has been interpreted as something that only takes place at national level and that therefore is out of bounds for POs working in the periphery. (Of the 320 entries in the 2005-2008 BN Programme database all but one are classified as a 'DAB' – Direct Poverty Alleviation.) This is not necessarily so. In their assessments of project files the evaluators have seen many opportunities for a flow of events, which as it were is a 'chain approach', both upward ('levels') and over time. The opportunities, however, were implicit in the write-ups rather than defined as an intentional design.

XII

OUR RECOMMENDATION is for WenD and POs to use the MFS demands to advantage. A start could be made already in the current MFS period to prioritise BN projects that offer the opportunity of poverty alleviation, *through* civil society strengthening; and *if successful at this* - as will be evident in locally established results – to portray this as *models* and use these for policy influencing, *at appropriate levels*.

In other words: to apply lessons drawn in this evaluation in applications for MFS funding.

Note: An internal check on the successfulness would be i) increased ease to fulfil reporting demands and ii) increased learning and professional satisfaction from reporting.

13 OVERALL CONCLUSION : SINCE FILTERS ARE NEEDED THEY MIGHT AS WELL BE STRATEGIC

WenD’s focus on thematic domains and also on ‘numbers’ (of clients, of services, and so on) is understandable as this is how donor agencies phrase their conditions and formats.³⁹ WenD and its POs must of course operate in these *external* constraints. For *internal* strategising, however, WenD and POs would do well to formulate their own conditions and preferences, which is also necessary as the current BN Programme is underdetermined: there simply are too many needs, of too many needy people. WenD must thus apply ‘filters’.

XIII
 The evaluation team recommends to make these filters strategic – i e in keeping with identity and comparative advantage - rather than thematic. Specifically, a *sequence* of filters is proposed, starting from this list of conclusions, i. e beginning with ‘IDENTITY’ and working downwards to end with ‘FUNDING OPPORTUNITIES’. In this way it should be possible to honour the core strengths of identity and partnership, but at the same time remain sensitive to local specifics of the situation in which individual POs work. Funding proposals are then written within the constraints of applying the above ‘filters’. Without necessarily mentioning these filters they will be self-evident in the quality of design.
 Graphically:

<p>SINCE FILTERS NEEDED THEY MIGHT AS WELL BE STRATEGIC, starting from:</p> <p>IDENTITY</p> <p>CHALLENGES A NECESSARY INGREDIENT OF MEANINGFUL PARTNERSHIP</p> <p>STRATEGY AND STRATEGISING</p> <p>COMPLEMENTARITY AND COHERENCE</p> <p>OPERATING FROM KNOWLEDGE</p> <p>SELF PROVING RELEVANCE</p> <p>PLANNING FROM OWN COMPARATIVE ADVANTAGE</p> <p>POSITONING FOR KNOWLEDGE ACQUISITION</p> <p>WOORD EN DAAD AS AN ENABLER</p> <p>EXTERNAL FUNDING OPPORTUNITIES</p> <p>MFS FUNDING A SPECIAL CASE</p>	
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³⁹ The current discourse led by Partos argues otherwise for the next MFS round. It aims, among other things, to ensure that applicants’ strategies are rewarded while the sectoral pigeon holes ought to diminish in importance.

It is true that the current SMAP criteria go a long way in offering similar criteria. What could be improved is their operationalisation. The proposed sequential (progressive) filter could offer this. The thematic choice is then as it were embedded in the above choice. This will give freedom to have tailor-made and thus different (combinations of thematic) choices, depending on the PO and its context.

Post-scriptum: In the Nairobi discussion it became evident that WenD staff of the Basic Needs Programme were keen to have an overall prioritisation of Basic Needs thematic domains rather than a prioritisation depending on POs' individual contexts. Even though the conclusions and recommendations of this evaluation would still be relevant their sequencing as a screening tool would then have a more limited application.



ANNEXES

ANNEX 1: TERMS OF REFERENCE

TERMS OF REFERENCE FOR THE EVALUATION OF THE WOORD EN DAAD BASIC NEEDS PROGRAM

Name of evaluation study	Program Evaluation Basic Needs
W&D Project number	9194009
Contact person/programme	Wouter Rijnveld
Partner organization(s) involved	N.a.
Contact person(s)	
Other agencies involved	External referent: Bert van de Putte
Contact person/programme	
Leading organization	Woord en Daad
Evaluator / evaluation team / organization	Sjoerd Zanen / Joanne Harnmeijer
Date of application	2009

This TOR has been discussed and agreed upon by the parties involved.

1. Introduction and Context

Woord en Daad is a Christian organisation working in international development in about twenty countries. The organisation has four programs: Basic Needs, Education, Job and Income and Emergency Relief and Rehabilitation. Usually, projects and programs are implemented by partner organisations.

In 2006, Woord en Daad has formulated its evaluation policy. The analogy of a pyramid is used in which the bottom is formed by regular monitoring systems and informal knowledge of partner organisations and project officers. The middle layer is formed by project evaluations, carried out by partner organisations in conjunction with Woord en Daad. It is the intention to use a wide array of tools and methodologies for these project evaluations, which may also focus on specific themes or combine a number of projects. The top of this 'pyramid' is formed by program evaluations at the level of the four programs of Woord en Daad which are mentioned above. Every year, one of the programs will be evaluated so that every program is evaluated once in four years. It is the intention that there will be sufficient project evaluations available before a program evaluation is carried out to serve as building blocks for the program evaluation. In 2007, the emergency assistance program was evaluated and in 2008 the education program is being evaluated.

It was planned to evaluate two programs in 2009: the basic needs program and the job and income program. In 2009 a policy framework for 2011-2014 will also be written, which will also be used for to request MFS subsidy for the same period. As a first major input in this policy formulation process, a global partner conference will be held from March 25 to April 1, 2009. In order for both program evaluations to serve as valuable inputs for policy formulation, it was decided to start both evaluations earlier so that the major conclusions can be presented during the partner conference.

Both program evaluations will be done in conjunction with each other, but a separate TOR is developed for each. A number of aspects will be combined between the two evaluations in order to avoid duplication. Both program evaluations include the years 2005, 2006, 2007 and 2008.

The policy framework for the Basic Needs Program

Woord en Daad has a rolling strategic multi annual plan, which is developed annually for the next four years. The key strategic plans are those of 2004-2007 and 2007-2010.

From 2003-2006, Woord en Daad received income through the TMF subsidy channel of the Ministry of Foreign Affairs. For this subsidy, a specific proposal was written, which included the theme Human Development (*Menselijke Ontwikkeling*), which covered several Basic Needs projects.

Starting from 2007, Woord en Daad receives subsidy through the MFS framework. Woord en Daad has its own MFS program on the themes Education and Economic Development, and for Health and HIV and Aids, Woord en Daad participates, via Prisma, in the ICCO Alliance. This proposal is also guiding the Woord en Daad implementation of Basic Needs projects. Woord en Daad has to report on the indicators of the monitoring protocol that the ICCO alliance has agreed upon with the ministry.

Apart from these strategic documents, annual plans are being written with specific objectives for each year for the Basic Needs program.

Summary and overview of Basic Needs projects

The following tables present a general overview of the Basic Needs program. For all tables, data are included until July 10, 2008.

Type of project	2005	2006	2007	2008	Total
Curative Health	€ 729	€ 656	€ 808	€ 172	€ 2,365
Primary Health Care / Specialist Care	€ 909	€ 1,153	€ 845	€ 870	€ 3,777
HIV / Aids	€ 260	€ 555	€ 1,094	€ 498	€ 2,407
Water / Sanitation	€ 174	€ 29	€ 392	€ 114	€ 709
Food	€ 122	€ 159	€ 148	€ 51	€ 479
Agriculture	€ 154	€ 187	€ 48		€ 388
Housing / Community Development		€ 100	€ 270	€ 181	€ 551
Capacity Building	€ 13	€ 17	€ 10	€ 13	€ 54
Other	€ 33		€ 50		€ 83
Total	€ 2,394	€ 2,855	€ 3,664	€ 1,899	€ 10,812

Table 1. Total amounts spent on basic needs projects per type of project and per year (x 1000).

Region	Country	Partner	2005	2006	2007	2008	Total
Africa	Angola	IESA	€ 15	€ 45			€ 59
	Botswana	HCC		-€ 16			-€ 16
	Burkina Faso	CREDO	€ 280	€ 571	€ 827	€ 215	€ 1,893
	Chad	BAC	€ 13		€ 228	€ 140	€ 381
	Ethiopia	FHE	€ 20	€ 18			€ 37
		Hope				€ 8	€ 8
	Sierra Leone	EFSL			€ 102		€ 102
	South Africa	Mfesane	€ 104	€ 153	€ 199	€ 105	€ 561
		Other		-€ 13			-€ 13
	Sudan	Other		-€ 7			-€ 7
	Uganda	KDDS		€ 112	€ 101	€ 174	€ 387
Zambia	EFZ		€ 50	€ 67	€ 34	€ 151	
	GCPDO	€ 122	€ 117	€ 126	€ 21	€ 385	
Asia	Bangladesh	CSS	€ 422	€ 413	€ 540	€ 360	€ 1,736
	India	AMGI	€ 104	€ 89	€ 109	€ 66	€ 368
		COUNT			€ 35	€ 92	€ 127
		GSPI	€ 191	€ 124	€ 65	€ 109	€ 490
		IREF			€ 5	€ 13	€ 19
		WDI	€ 112	€ 112	€ 123	€ 32	€ 379
	Sri Lanka	CSI/LoH			€ 14	€ 28	€ 42
Thailand	AMGT		€ 5	€ 3	€ 4	€ 11	
Lat.Am.	Colombia	CDA	€ 320	€ 254	€ 288		€ 862
	Guatemala	AMGG	€ 134	€ 189	€ 187		€ 510
	Haiti	AMGH	€ 89	€ 63	€ 82	€ 82	€ 317
		P&A	€ 439	€ 575	€ 562	€ 414	€ 1,990
Nicaragua	INDEF	€ 28				€ 28	
Other		Prisma		€ 4			€ 4
Total			€ 2,394	€ 2,855	€ 3,664	€ 1,899	€ 10,812

Table 2. Total amounts spent on basic needs projects per partner and per year (x 1000).

Country	Primary Health Care /				Housing /				Total
	Curative Health	Spec. Care	HIV Aids	Water / San.	Food	Agri-culture	Comm. Devpt	Cap. Building	
Africa									
Angola		€ 59							€ 59
Botswana			-€ 16						-€ 16
Burkina Faso	€ 74	€ 616	€ 429	€ 496		€ 222		€ 9 € 47	€ 1,893
Chad	€ 101	€ 57	€ 136	€ 73				€ 13	€ 381
Ethiopia		€ 37	€ 8						€ 45
Sierra Leone			€ 102						€ 102
South Africa	-€ 13	€ 9	€ 539					€ 13	€ 548
Sudan	-€ 7								-€ 7
Uganda							€ 375	€ 12	€ 387
Zambia		€ 21	€ 446	€ 41					€ 28 € 536
Total Africa	€ 156	€ 801	€ 1,644	€ 610		€ 222	€ 375	€ 47 € 75	€ 3,929
Asia									
Bangladesh	€ 615	€ 773	€ 146	€ 26			€ 176		€ 1,736
India	€ 174	€ 520	€ 377	€ 58	€ 247			€ 1 € 5	€ 1,383
Sri Lanka			€ 42						€ 42
Thailand		€ 11							€ 11
Total Asia	€ 789	€ 1,305	€ 565	€ 84	€ 247		€ 176	€ 1 € 5	€ 3,172
Lat. Am.									
Colombia	€ 766	€ 93							€ 3 € 862
Guatemala	€ 345	€ 73			€ 92				€ 510
Haiti	€ 309	€ 1,505	€ 195	€ 15	€ 140	€ 138		€ 5	€ 2,307
Nicaragua						€ 28			€ 28
Total L.A.	€ 1,420	€ 1,671	€ 195	€ 15	€ 232	€ 167		€ 5 € 3	€ 3,707
Various			€ 4						€ 4
Total	€ 2,365	€ 3,712	€ 2,407	€ 709	€ 544	€ 388	€ 551	€ 54 € 83	€ 10,812

Table 3. Total amounts spent on basic needs projects per type of project per country (x 1000).

Note: Costs for capacity building have only been booked separately in cases of specific capacity building projects. Each of the other types of projects also contains elements of capacity building.

Type of project	2005	2006	2007
Curative Health	143,628	200,136	226,820
Primary Health Care / Specialist Care	857,476	947,841	588,494
HIV / Aids	122,221	224,413	Unknown
Water / Sanitation	51,500	35,000	40,100
Food	8,762	2,325	2,150
Agriculture	23,000	20,400	20,400
Housing / Community Development	0	13,500	13,884
Total	1,206,587	1,443,615	891,848

Table 4. Estimation of target groups reached per year by different types of projects.

Note: Most data in table 4 are based on agreements rather than reports. Some of these data are estimations and not all data are similar: e.g. target groups of HIV / Aids projects include people reached through prevention (including a mass campaign) and people receiving home based care.

In 2008 Woord en Daad is having four different regional partner conferences. These conferences are also used to discuss with partner organisations about the role and position of Basic Needs projects in relation to other projects. These discussions will be used to formulate further policy for the Basic Needs program and will also be input for this evaluation.

For the future, Woord en Daad foresees a possible trend towards forming alliances and consortia with (groups of) partner organisations that directly access donor funding available in development countries. In this potential scenario, the role of Woord en Daad will likely change significantly. The evaluation could provide useful inputs for Woord en Daad to start developing in this direction.

Evaluations, research and lobby related to the Basic Needs program

The following project evaluations are available or currently in process

Name of evaluation study	Partner	Planned availability	health (incl water)	hiv-aids	food)	Asia	America	Africa
Evaluation Agriculture and gender programs	CREDO	OK			x			x
Review of mother child program Plain de l'Arbre	P&A	OK	x				X	
Behaviour change literate vs. illiterate women health project Verneil-Treille	P&A	OK	x				X	
Evaluation of all projects Vadarevu (incl. clinic)	AMGI	OK	x		x	x		
Evaluation of 2 clinics	AMGH	OK	x				X	
External evaluation community development	GCPDO	OK			x			x
Midterm evaluation primary health care project	CSS	OK	x			x		
Evaluation PGRN (forestry)	CREDO	OK			x			x
internal evaluation medical projects	CDA	Feb-09	x				X	
mid term evaluation Matheniko + Pian Chekwi: community development	KDDS	Dec-08	x		x			x
External / internal evaluation hiv-aids projects	EFZ	Jan-09		x				x
Evaluation hiv-aids projects	GCPDO	Jan-09		x				x
Evaluation hiv-aids projects	CREDO	Nov-08		x				x
Mid term evaluation EU project - water and sanitation	CREDO	Sep-08	x					x
Evaluation basic needs projects (relevance, sustainability)	GSPI	Dec-08	x			x		
Evaluation maternal mortality factors Ganthier / Pays Pourri	P&A	Oct-08	x				X	
Evaluation CREN (malnutrition)	CREDO	OK			x			x
Evaluation hiv-aids projects	Mfesane	OK		x				x
Evaluation 2 clinics	AMGG	OK	x				X	
Evaluation hiv-aids project	P&A	Oct-08		x			X	
Available per July 2008		11	11	5	6	3	7	10
Total		20						

Table 5. List of project evaluations of Basic Needs projects that are available or are in process.

<i>Name of research</i>
The role of communities of faith in relation to HIV and Aids Community based health insurance Literature review about role of power and religion in HIV/Aids work place policies Comparison of maintenance systems for boreholes
<i>Name of lobby project</i>
Lobby about role of religion in HIV and Aids Lobby about position of families in development work EU awareness about HIV and Aids

Table 6. List of finished research and current lobby projects related to Basic Needs. This does not include lobby done by partner organisations.

2. Objectives of the evaluation

Objectives of the evaluation:

1. In its evaluation policy, Woord en Daad uses a model with three levels of learning. The objective of this evaluation is that learning takes place at the level of principles (development): based on the outcomes of this evaluation, the management and staff of Woord en Daad, together with partner organisations, should be able to learn about the performance of the basic needs program of Woord en Daad at policy level. This learning should lead to improvement or further development of policies for this program. This learning should also be seen in the light of expected future developments as described in the introduction.
2. Also learning at the level of insights and rules (innovation and improvement) should take place: based on the outcome of this evaluation, the management and staff of Woord and Daad, together with partner organisations, should be able to learn about the overall performance of the basic needs program of Woord and Daad at the implementation level. This learning should lead to innovation and improvement of basic needs programs and projects.
3. Accountability to all stakeholders involved: through this program evaluation, Woord en Daad wants to give insight about its basic needs program and the lessons learned in it.

Evaluation questions:

The evaluation questions are formulated on four levels, following the chain along which Woord en Daad works:

1. W&D: policy and programming
2. W&D: relations with partners (and other forms of cooperation)
3. W&D: program implementation and management.
This includes preparation, financing, capacity building and feedback (monitoring).
4. Partner: project implementation and management.
This includes the preparation of projects, the implementation process and the results on project level.

A number of evaluation questions should be combined for the program evaluations Basic Needs and Job and Income. This is elaborated under Methodology. Consultants are requested to develop a proposal and working plan for these combined evaluations, in which the general aspects and the specific aspects are further worked out in terms of tasks for consultants. <<< in definitieve TOR verwijzing opnemen naar voorstel / werkplan in Annex >>>

The main evaluation questions are elaborated in the table below. During the evaluation process these need to be worked out into more detailed questions.

	Relevance	Effectiveness / Impact	Efficiency	Sustainability
1. W&D policy	<p>1. How has the policy for different elements⁴⁰ of the BN program been developed through the evaluated period? What triggered or steered this development? What is the relative influence of PO's and back donors in developing this policy?</p> <p>2. What is the relevance of each element of the BN program and how are these related to each other? Does the BN program contain too many or too few elements, and the right elements?</p> <p>3. Internal positioning: How does the BN program and its elements relate to other programs of W&D, and in particular to the chain approach of W&D (from boarder to breadwinner)?</p> <p>4. External positioning: how is the BN program and its elements positioned toward external stakeholders and PO's?</p> <p>5. How are the three strategies Direct Poverty Reduction, Civil Society Strengthening and Policy Influencing integrated in the BN policy?</p> <p>6. What has been the role of W&D's Christian identity in the policy of BN?</p>	<p>7. Was W&D's policy for BN effective?</p>	<p>8. Did learning and improvement occur (systematic and planned or incidental)?</p>	
2. W&D relations with PO's	<p>9. Do W&D and PO's share the same essential visions on BN (on the points mentioned under level 1)? Does the BN program contain the right elements in the view of PO's?</p> <p>10. What is W&D's view on various possible roles of PO's: as development organisation, or charity organisation, or service delivery organisation (e.g. as subcontractor)?</p> <p>11. How do the PO's function in their institutional contexts?</p> <p>12. To what extent is W&D able to stimulate cooperation, complementarities and exchange between its PO's, esp. those in the same region?</p> <p>13. What is the influence of identity in forming the relation with PO's?</p>	<p>14. Which PO's do BN projects? What is the capacity of these PO's?</p> <p>15. What other collaboration does W&D have in relation to BN: esp. Prisma / ICCO alliance, and what is the influence of this collaboration on the PO's, on their projects and on the relation between PO's and W&D?</p>	<p>16. How is the relation with PO's? Communication, openness?</p> <p>17. Has the position of regional coordinators as a new function in W&D improved the efficiency in the relation with PO's?</p> <p>18. How does learning and improvement take place between W&D and PO's?</p>	<p>19. Are PO's sustainable ?</p> <p>Is continuity of PO's apart from W&D ensured?</p> <p>To what extent is there dependency in the relation?</p>
3. Implementation by W&D	<p>20. Preparation: who takes initiatives for proposals? What was quality of proposals? Is assessment of proposals done in relevant, effective, efficient and timely way? What are factors for delays in assessment of proposals? What are factors that influence the quality of proposals? To what extent is W&D donor driven or realistic in requiring quality proposals?</p> <p>21. Financing and Support (Capacity Building): Were decisions about funding in line with policy? Was support (incl. technical support, advisory support and research support) relevant, sufficient, effective and efficient?</p> <p>22. Feedback (monitoring): Was monitoring (incl. field visits) relevant, effective and efficient? Specifically for monitoring: is the level of monitoring relevant? Both the process and the contents of monitoring (which indicators, key indicators, internal use and requirements to PO's) should be evaluated for each of the different elements of BN.</p> <p>23. What has been the relevance and effect of the research and lobby projects related to BN?</p> <p>24. These questions should be answered in the light of the potential future scenario of forming alliances with PO's as described in the introduction. How could systems be designed in such a way that they are appropriate for the current development sector, relevant for PO's and project implementation and ready for use in and by alliances of Southern organisations.</p>			

⁴⁰ 'Elements' refers to the different categories of projects mentioned in Table 4.

4. Implementation by PO's	25. Were projects relevant? (needs assessment, selection, complementarity) 26. What is the role of PO's identity on implementation of their projects?	27. Were projects effective? 28. Did projects have impact? (did projects lead to empowerment?)	29. Were projects financially efficient? 30. Was the process of project implementation done efficiently? (incl. participation, local accountability, monitoring)	31. Were projects sustainable? (sustainability of results, sustainability of services being offered)
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The questions at level 4 should be answered separately for the different elements of the BN program.

3. Methodology and Approach

According to Woord en Daad's evaluation policy, program evaluations will not normally include field studies. Rather, monitoring information and information from project evaluations is being used as building blocks for the program evaluation. This will be complemented by interviews with Woord en Daad staff and with partner organisations.

Some elements of this evaluation will be combined with that of the Job and Income program. This concerns the following questions:

Level 1: questions 3, 4, 5, 6, 7 and 8

Level 2: questions 11, 12, 13, 14, 16, 17, 18 and 19

Level 3: all questions

Level 4: no questions

These questions should be addressed in a combined way because they relate closely to questions for the Job and Income evaluation. Nevertheless, for most of the questions, the answers will still need to distinguish between the two evaluations.

The following elements are part of the proposed methodology for this evaluation:

Desk study

The major part of the program evaluation is a desk research. This will include the following documents:

Level 1: W&D policy

- Relevant parts of multi annual policy plans, annual plans and annual reports
- Relevant additional policy documents and vision papers

Level 2: relation with partners

- Policy document partnership
- Partner agreements
- Project evaluations (insofar these include sections about organisational capacity of partners)
- Reports of partner conferences and consultations
- Reports of financial field visits (for a sample of partner organisations)
- Reports of monitoring visits (for a sample of partner organisations)
- Description of systematic partner assessments

Level 3: W&D implementation

- Project manual, including assessment formats and monitoring procedures
- Evaluation manuals
- Overview and summary of time needed for proposal assessment
- For a sample of projects: project proposals, project assessments by W&D, project agreements, selected project reports, end memo's, field visit reports.
- Reports of project evaluations
- Learning inventories (which track the learning effects of evaluations and research projects).

Level 4: implementation by partners

- For a sample of projects: project proposals, project agreements, selected project reports, end memo's, field visit reports.
- Reports of project evaluations

Interviews with W&D staff

For the different levels, the following interviews are foreseen:

C.E.O., director and deputy director department projects and programs, program officers basic needs (three persons), capacity building / partner relations, advocacy and relevant representatives from departments finances, communication and fundraising, and a member of the board of trustees.

These interviews need to be coordinated together with those needed for the program evaluation job and income so that interviews are combined and duplication is avoided.

Interviews with Partner organisations

Interviews with a sample of partner organisations will be necessary to complement information. This could be done through telephonic interviews and during the partner conference in March 2009.

Sample

At levels 1 and 3 no specific sampling is proposed: the evaluation questions will be answered based on generic information that covers the whole basic needs program.

For level 4, a sample of projects is selected. This sample is selected as follows:

3. A few countries are selected across the two program evaluations, in such a way that regions are chosen where as many program elements as possible from the two programs are being available. This is meant to help answering the questions about integration between program elements. All projects within these programs in these countries are included in the sample. These countries are Burkina Faso and Bangladesh.
4. This sample will be completed by selecting an additional number of projects in such a way that the following aspects are sufficiently represented in the total sample:
 - All regions
 - Bigger and smaller projects
 - The following types of projects:
 - Primary health care projects
 - Curative health care projects
 - Specialist health care projects
 - HIV and Aids projects
 - Water and sanitation projects (seen from a health perspective rather than a technical water and sanitation perspective)
 - Food security projects (seen from a health perspective)
 - Agricultural and community development projects

For this purpose, the projects in Haiti, Zambia and Guatemala are included in the sample.

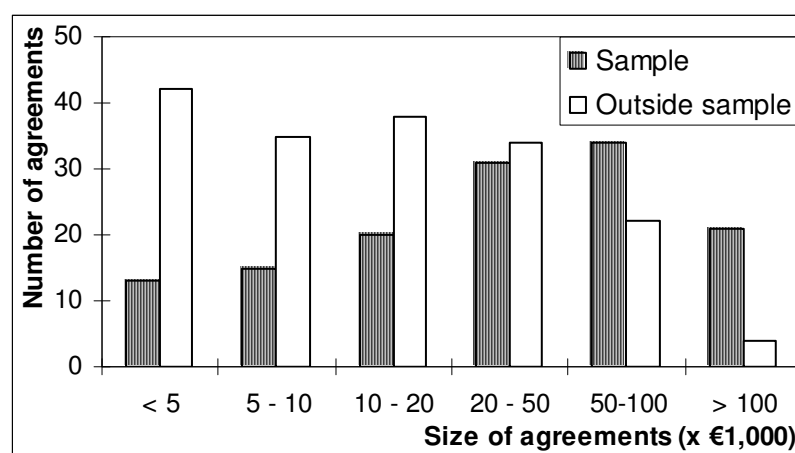
The total sample contains 41 projects (138 'project agreements': a single project may have several project agreements, e.g. one for each year. In total, the BN program has 316 project agreements in these years). In total, €6,982,000 of the €10,812,000 is covered by the sample.

Tables 7 and 8 and Graph 1 show how the sample covers the overall BN portfolio.

Type project	In sample
Curative Health	57%
Primary Health Care / Specialist Care	79%
HIV / Aids	50%
Water / Sanitation	81%
Food	48%
Agriculture	93%
Housing / Community Development	32%
Capacity Building	27%
Other	90%
Total	65%

Region	In sample	Year	In sample
Africa	62%	2005	62%
Asia	55%	2006	69%
Lat.Am.	76%	2007	65%
		2008	59%

Tables 7 and 8: Coverage of project agreements included in the sample (based on amounts)



Graph 1. Distribution of agreement size for agreements in the sample and outside the sample.

Tables 7 and 8 show that the sample does represent all types of projects, regions and years. Graph 1 shows that the sample is not representative with respect to the size of the agreements. The sample contains relatively more of the bigger sized agreements, and relatively fewer of the smallest agreements. This bias is purposely included, in order to cover a larger part of the portfolio without increasing the burden of work for the evaluation. The choice of Burkina Faso, Haiti and Bangladesh partly created this bias because they are the biggest countries for the BN program. A number of the smallest size agreements are still included in the sample (13 agreements smaller than €5,000) so that conclusions can be drawn for all types and sizes of projects.

The methodology is further elaborated in the inception report of this evaluation.

4. Expected results

A final report (digital and hard copy) of a maximum of 50 pages (elaborations can be given in annexes) should be written in English. The report should contain:

- An executive summary of max. 3pages
- A description of the methodology and methods used for data collection in such way that the research is reproducible
- Findings with regard to each of the evaluation questions
- Analysis and discussions of the findings, separate from the findings themselves
- Conclusions and recommendations.
The structure of the findings, analysis and conclusions / recommendations sections of the report should follow the framework of the evaluation questions (the four levels).
- The TOR for this evaluation, a list of the projects in the samples and a list of all projects and a list of people interviewed as annexes.

Part of the research is combined with the program evaluation on job and income, but a specific report is required for each program evaluation. Some parts of both reports may overlap.

A third report with the meta-analysis will be produced. This will combine issues from the program evaluations basic needs, job and income and education.

It is foreseen that the main preliminary findings and conclusions will be presented by one of the consultants at the partner meeting in March, while this meeting serves as a validation meeting as well and may be used for additional data gathering.

5. Required expertise

It is foreseen that for the two program evaluations, three consultants will be involved as follows:

- A team leader: Sjoerd Zanen, MDF
- A specialist for the basic needs program, with a public health background: Joanne Harnmeijer, ETC Crystal
- A specialist for the job and income program: Frans van Gerwen, MDF

The inception report contains more information and CV's are available.

6. Services to be provided

Woord en Daad will make available and prepare all necessary policy and project documentation. This includes the process of selection of relevant parts from larger documents, such as annual plans and reports, policy documents and field visit reports. This information will be delivered to the consultant as hard copies.

7. Follow up of the evaluation

1. The evaluation forms a direct input for policy formulation for 2011-2014.
2. Woord en Daad will also formulate an official response to the evaluation and specifically to the conclusions and recommendations formulated in the report.
3. The evaluation report(s) will be made publicly available on the website of Woord en Daad and will be pro-actively shared with those partner organisations of Woord en Daad that are involved in Education.

8. Planning

Planning

Inception report	November 25, 2008
Draft report available	March 10, 2009
Validation meeting with W&D	March 16, 2009
Validation with partners	March 26, 27, Nairobi
Final report available	April 1, 2009

ANNEX 2: LIST OF PERSONS INTERVIEWED

LIST OF PERSONS INTERVIEWED

Name	Organisation
Netherlands	
Wim Blok	Woord en Daad
Evert-Jan Brouwer	Woord en Daad
Ellen van den Hil (several meetings)	Woord en Daad
Jan Lock	Woord en Daad
Rina Molenaar	Woord en Daad
Dicky Nieuwenhuis	Woord en Daad
Pascal Ooms	Woord en Daad
Cees Oosterhuis	Woord en Daad
Wouter Rijneveld (several meetings)	Woord en Daad
Luuk van Schothorst (several meetings)	Woord en Daad
Leen Stok	Woord en Daad
Sander Verduyn	Woord en Daad
Gerben Visser	Woord en Daad
Jenze Fokkema	COMMON
Reinier van Hoffen, jointly with:	Prisma
Anke van Well	Prisma
Partner Organisations abroad⁴¹	
Jean Paul Wilner	AMG Haiti
Bob Hastings	AMG Guatemala
André Yanogo	CREDO Burkina Faso
Luc Mrangaye	CREDO Burkina Faso
Dr. Joydip Gosh	CSS Bangladesh
Bishop Paul Mususu	EFZ Zambia
Joan Mute	EFZ Zambia
Rev. J.J. Phiri, jointly with:	GCPDO Zambia
George Malenga	GCPDO Zambia
Dr. Serge Destin	P&A Haïti

⁴¹ Interviews were by telephone; several telephone interviews were followed through in personal meetings during the March 2009 Nairobi conference.

**ANNEX 3: VALIDATION OF CONCLUSIONS AND RECOMMENDATIONS
NAIROBI, MARCH 2009**

VALIDATION OF CONCLUSIONS BASIC NEEDS PROGRAMME

Compiled data for all 14 Partner Organisations			
Basic Needs Programme Numbers below refer to the document with conclusions / recommendations	Are conclusions valid in your specific situation / organisation?		
	yes	no	n/a
1. Thematic definition	12	2	0
2. Identity	11	2	0
3. Challenges in partnership	14	0	0
4. Strategy and strategizing	13	1	0
5. complementarity and coherence	11	3	0
6. Operating from knowledge	11	3	0
7. Self proving relevance	12	2	0
8. Planning from own comparative advantage	12	2	0
9. Positioning for knowledge acquisition	10	3	1
10. Woord en Daad as enabler	14	0	0
11. External funding opportunities	13	0	1
12. MFS a special case	13	0	1
13. Overall conclusion	14	0	0