

# Mid-term Evaluation of the DRC WASH Consortium programme



## Evaluation report

*Final version*

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## Acronym

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- AC** : Animateur Communautaire (Communitary Facilitator)
- ACF** : Action Contre la Faim (Action Against Hunger)
- APA** : Autorités Politico-Administrative (Politc and Administrative Authorities)
- B9** : Direction Provinciale chargée de la Santé Publique (Provincial Direction in charge of Public Health)
- CCU** : Consortium Coordination Uni
- CPAEA** : Comité Provincial d'Actions en Eau et Assainissement (Water and Sanitation Provincial Committee of Action)
- CWW** : Concern Worldwide
- D9** : Direction Nationale en charge de la Santé Publique (National Direction in charge of Public Health)
- DRC** : République Démocratique du Congo (Democratic Republic of Congo)
- DRCWC** : DRC Wash Consortium
- DPS** : Direction provinciale de la Santé (Provincial Direction of Health)
- ETD** : Entité Territoriale Déconcentrée (Decentralized territorial authorities)
- EVA** : Ecole et Village Assainis (Cleansed Schools and Villages)
- IT** : Infirmier Titulaire (Tenured Nurse)
- MCZ** : Médecin Chef de Zone (Head of Zone Doctor)
- MENCNT** :
- MoU** : Memorendum of Understanding
- PONA** : Politique Nationale de l'Assainissement (National Policy of Sanitation)
- RECO** : Relais Communautaire (Community Focal Point)
- SEA** : Superviseur Eau et Assainissement (WASH supervisor)
- SI** : Solidarités International
- SNHR** : Service Nationale de l'Hydraulique rural (National Services of Rural Hydraulic)

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## A. Executive summary (English)

### A.1. Evaluation scope and Objectives

This is an evaluation of an access to water, sanitation and hygiene programme currently being implemented in five provinces of the DRC: Bandundu, Equateur, the 2 Kasai and Katanga. At present (March 2015), the programme covers 287 communities spread across 13 health zones. This programme is being implemented by five international NGOs: ACF, ACTED, Concern Worldwide, CRS, and Solidarités International and has been awarded 23,944,441 GBP in funding. The programme is being implemented over a four-year period, from July 2013 to June 2017.

The programme primarily involves assisting rural communities to implement activities that will enable them to sustainably improve their living conditions and build their health and economic resilience to cope with water and sanitation-related issues. The expected outputs are as follows:

- **Output 1:** Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level,
- **Output 2:** Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level,
- **Output 3:** Representative, accountable and responsive Community Committees are established by community members,
- **Output 4:** Communities have sustained and improved access to and availability of potable water,
- **Output 5:** Communities have improved and sustained access to sanitation facilities,
- **Output 6:** Increased coordination, participation and planning at the macro, meso and micro levels between consortium members and governance structures, service providers and other stakeholders in the WASH sector,
- **Output 7:** The Consortium produces and disseminates evidence for sustainable, community based solutions to WASH needs in the DRC

The aim of the evaluation is to review the situation at the midway point of the implementation period, assess the relevance of the methodological approach, evaluate the extent to which the outputs have been achieved and propose recommendations for improving programme delivery and ensuring the sustainability of the programme over the remaining two years, namely 2015 – 2017.

### A.2. Synthesis of the evaluation results

Overall, the mid-term evaluation of the programme implemented by the DRCWC is positive, (as for example, the excellent work done so far for producing high quality technical documents such as the spare parts supply chain study, and the more recent WASH committee training guideline). This is despite the fact that delays at the start of the project have so far prevented some agencies from achieving the planned results so far and that certain components of the strategy have not yet been clearly defined or were in the process of being defined at the time of the evaluation (e.g.: exit strategy, spare part supply chain, training of committees, etc.).

Based upon the findings of this evaluation, the Consultant recommends continuing the programme by expediting certain discussions and by the DRCWC and the donor taking into consideration the need to extend the programme period for the villages in phase 1.

The Consultant recognises that the DRCWC is eager to act as a 'laboratory' for the national healthy villages and healthy schools (EVA) programme. Nevertheless, it is important that better synergy (particularly in communication) be developed with the national EVA programme, which should serve as a benchmark for all sector stakeholder projects. For development of the sector, it is also important that the various stakeholders come together and create robust joint benchmarks in order to establish key objectives for joint strategies, standardise the approaches and tools used to implement WASH activities in rural areas and, at the same time, focus on those areas in which the sector most needs to learn and adapt. This will then ultimately help improve the credibility of the national institutions.

This evaluation has been carried out in accordance with the traditional project evaluation framework, using the OECD/DAC criteria and providing an analysis broken down into five criteria. It is to be noted that the impact analysis was not conducted as it was deemed to be too early by the DRCWC, DFID and Hydroconseil. The evaluation findings can be summarised as follows:

- **Relevance: the findings of the analysis are generally positive** regarding the programme's alignment to national and international strategies and the global needs in term of water and sanitation in DRC. Actually, the 5 implementing agencies intervene at provinces' level where drinking water and sanitation access are very weak (according to the DRC Humanitarian Action Plan, 53% of the population has no access to drinking water and only 3% of the population use regularly latrines in rural areas). Nevertheless, the analysis is yet somewhat less so with regard to consideration of the beneficiaries' and sector institutions needs/expectations (consideration of vulnerable population groups in activities, the marginal involvement of the BCZ, for example).
- **Coverage: the findings of the analysis are mixed.** Methodologically, the site selection process is well-developed being based on the methodology developed by the national programme and involving the BCZ. In theory, it is based on demand from villages, which is stimulated through an initial social marketing campaign carried out by the NGO and BCZ. However, the selection of some villages with significant constraints (logistical or financial, close to rivers or very difficult to access) appears to be preventing the DRCWC programme from fully adding value, whereas the needs are immense in the DRC. This has also been the focus of discussions between the DRCWC and DFID and is currently being taken into account for phases 2 and 3.
- **Effectiveness: the findings of the analysis are somewhat mixed.** At the mid-term point, only some of the initially planned outcomes have been achieved. This is due to an under-estimation of the time required for the preparatory phase (detailing the methodology, recruiting and training the teams, opening the bases, need to improve the initial field assessment). However, the 2<sup>nd</sup> phase has been launched for the five agencies with an optimised implementation period, which bodes well for the remainder of the programme.
- **Efficiency: the findings are positive.** The composition of the budget is satisfactory: the operating budget has been optimised and the budget breakdown between the different programme objectives reflects a clear strategic vision. Human resources are qualitatively and quantitatively tailored to programme requirements, as is the programme's operational management.
- **Sustainability: the analysis findings are somewhat mixed.** Within the communities, success factors are partially in place. However, the main success factors are still being defined, specifically:
  - The DRWC has initiated discussions to set up a financial model for water point management and maintenance. The committees have recently started to use this model.
  - A study of spare parts supply chain issues has been conducted. There is currently no clearly defined strategy in place for addressing these issues.

- The level of BCZ and local authority involvement in water point management and community mobilisation monitoring still varies from one province to the next (and from one agency to another).

As a result, at the mid-term point, without extending the time period allocated to phase 1 to enable an effective exit strategy to be developed and rationally integrate the process into the national post-certification procedure, there is a risk that phase 1 may prove to lack sustainability.

The Consortium may envisage going to scale, after implementing the whole activities under the three 'vagues', and after carrying out a post program survey on 'sustainability' aspects.

### A.3. Synthesis of the recommendations

A series of recommendations have been produced based on this analysis. They are relatively high in number, but have been developed to be targeted, practical and realistic for short to medium term implementation.

They reflect the Consortium's three main areas of concern, namely:

- **The project strategy:** the recommendations focus on improving the programme approaches, enhancing the programme's institutional integration given current policies and devolution, and developing the DRCWC's position and relationship with the national EVA programme :

More precisely, some of these recommendations focus **on the enhancement of the synergy between the EVA and the Consortium's** contribution by formalizing (via an official document) the Consortium's position as the 'laboratory' for the Healthy Villages programme and for the rural WASH sector.

Also, these recommendations focus on how to **institutionally embed the programme with one or several supervisory ministries** and how to **initiate discussions related to a comparative analysis** of the approaches developed not only by the EVA programmes, but also by other WASH programs to harmonize funding for the BCZ, and other stakeholders. Finally, for example, the Consortium may consider the relocation of the targeting of areas of intervention, not including areas where there are high constraints.

- **Programme implementation:** the recommendations relate to both ongoing activities and those which, according to the Consultant, need to be improved as they have been insufficiently addressed at this stage of the programme (mid-term point). The recommendations produced take other studies/analyses/evaluations carried out by the Consortium into account as much as possible (spare parts, water management committee modules, governance).

More precisely, in order to improve the program implementation, the Consortium **may consider rapidly planning the exit strategy** and to hold the necessary discussions with the donor.

Equally, it would be necessary **to standardize and formalize activities in schools by improving construction 'standards'** and the beneficiaries' and teams' understanding of the technologies used and to define the Consortium's position as regards ensuring the most vulnerable population groups as provided with access to individual sanitation.

Finally, as for example, the Consortium could **consider improving the effectiveness of action-research by jointly defining the priority requirements** for improving the programme and by preventing the same study being double-funded with the aim of adapting the work undertaken to the specific of a particular agency, and improve accountability to the population and the BCZs and document the project history prior to 'handing over' the villages to the BCZs

**Operational management:** the recommendations primarily focus on making full use of the tools available to carry out real-time monitoring of project progress and review the strengths and weaknesses of the agencies' activities. The time the Consultant was able to spend in the field with the agencies was insufficient to produce more detailed recommendations, hence the lower number of recommendations. For example, they include the identification feasible staff / time / village ratios and the limitation of reporting to enhance its effectiveness and efficiency.

## B. Executive summary (French)

### B.1. Cadre et objectif de l'évaluation

L'évaluation porte sur un programme d'accès à l'eau, l'hygiène et l'assainissement actuellement mis en œuvre dans cinq provinces de la RDC : Bandundu, l'Equateur, Les 2 Kasai et le Katanga. Actuellement (mars 2015), ce sont 287 communautés qui sont touchées par l'intervention, réparties sur 13 zones de santé. Ce programme est mis en œuvre par cinq ONG internationales : ACF, ACTED, Concern Worldwide, CRS, Solidarités International et est financé à hauteur de 23 944 441 GBP. Le programme porte sur une période de 4 années s'étendant de juillet 2013 à Juin 2017.

Le programme, concerne principalement l'assistance des communautés rurales à mettre en œuvre des activités permettant d'améliorer durablement leurs conditions de vie et renforcer leur résilience économique et sanitaire vis-à-vis des problématiques d'accès à une eau potable et à un assainissement amélioré auxquelles ils doivent faire face. The output expected are the following:

- **Output 1:** Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level,
- **Output 2:** Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level,
- **Output 3:** Representative, accountable and responsive Community Committees are established by community members,
- **Output 4:** Communities have sustained and improved access to and availability of potable water,
- **Output 5:** Communities have improved and sustained access to sanitation facilities,
- **Output 6:** Increased coordination, participation and planning at the macro, meso and micro levels between consortium members and governance structures, service providers and other stakeholders in the WASH sector,
- **Output 7:** The Consortium produces and disseminates evidence for sustainable, community based solutions to WASH needs in the DRC

L'évaluation doit permettre de dresser un diagnostic de la situation présente à mi-parcours de l'intervention, analyser la pertinence de l'approche méthodologique, d'évaluer le niveau d'atteinte des résultats et proposer des pistes de réflexion pour améliorer le fonctionnement et garantir la durabilité du programme sur la période suivante, à savoir 2015 – 2017.

### B.2. Synthèse des résultats de l'évaluation

Globalement, l'évaluation à mi-parcours du programme mis en œuvre par le DRCWC est bonne (notamment, nous pouvons souligné le travail important qui a été réalisé en terme de production de rapports de grande qualité) Néanmoins, certains retards au démarrage du projet empêchent certaines agences d'atteindre les résultats espérés jusqu'alors, et que certains axes de la stratégie ne soient pas encore clairement définis, ou était en train d'être mieux définis au moment de l'évaluation (ex : stratégie de sortie, chaîne d'approvisionnement en pièces détachées, formation des comités, etc.).

A l'issue de cette mission d'évaluation, le consultant recommande la poursuite du programme moyennant l'accélération de certaines réflexions et la prise en compte, par le DRCWC et du bailleur de la nécessité d'augmenter le temps d'intervention autour des villages de la vague 1.

Le consultant comprend la volonté du DRCWC de servir de « laboratoire » pour le programme national EVA. Néanmoins il est important qu'une meilleure synergie (notamment dans la communication) existe avec le programme national EVA, qui doit servir de référentiel aux interventions des acteurs du secteur. Cela est également important pour l'évolution du secteur que les différents acteurs se rassemblent et construisent un référentiel commun solide afin de confirmer les stratégies communes en termes d'objectifs clés, d'homogénéiser les éléments et les outils dans l'opérationnalisation des activités WASH en milieu rural, et en parallèle, se concentrer sur les éléments ou le secteur a besoin de plus d'adaptation et apprentissage. Ce qui, à termes, renforcera la crédibilité des institutions nationales.

L'évaluation suit le canevas classique d'une évaluation de projet, suivant les critères OCDE et propose une analyse en cinq critères. A noter que l'analyse de l'impact n'a pas été réalisée car estimée trop partielle par le DRCWC, le DFID et Hydroconseil. Les résultats de l'évaluation peuvent-être synthétisés de la manière suivante :

- **La pertinence : l'analyse est globalement bonne** quant à l'alignement du programme par rapport aux orientations nationales et internationales, et aux besoins globaux en terme d'eau et d'assainissement en RDC. En effet, les 5 agences interviennent au niveau de provinces où l'accès à l'eau et l'assainissement se révèle très faible ; selon le Plan d'Action Humanitaire édité en 2012, 53% de la population n'a pas accès à l'eau potable et 3% de la population en milieu rural utiliserait des latrines). Néanmoins, l'analyse se fait plus restreinte quant à la prise en compte des besoins / attentes des bénéficiaires et des institutions du secteur (prise en compte des populations vulnérables dans les interventions, implication à la marge des BCZ, par exemple).
- **Couverture : l'analyse est mitigée.** Le mode de sélection des sites est méthodologiquement bien élaboré, repose sur la méthodologie développée par le programme national et implique les BCZ. Il repose théoriquement sur une demande des villages qui est suscité par un marketing social initial mis en œuvre par l'ONG et le BCZ. Néanmoins, la sélection de certains villages à fortes contraintes (logistiques, financières, proches des rivières ou d'accessibilité très compliqué) apparaît comme un frein qu'une plus-value dans l'intervention du DRCWC, tant les besoins sont grands en RDC. Cela a d'ailleurs fait l'objet de discussions entre le DRCWC et le DFID et est actuellement pris en compte concernant les vagues 2 et 3.
- **L'efficacité : l'analyse est plutôt mitigée.** A mi-parcours, l'atteinte des résultats initialement planifiés sont mitigés. Cela s'explique par une sous-estimation du temps consacré à la phase préparatoire (approfondissement de la méthodologie, recrutement et formation des équipes, ouverture des bases, nécessité d'améliorer le diagnostic terrain initial), mais le lancement de la 2ème vague est en cours pour les 5 agences, avec un temps de mobilisation optimisé, ce qui permet de rester optimiste pour la suite du programme
- **L'efficience : le bilan est bon.** La composition du budget est satisfaisante : le budget de fonctionnement est optimisé et la répartition budgétaire entre les différents objectifs du programme reflète une vision stratégique claire. Les ressources humaines sont qualitativement et quantitativement adaptées aux enjeux du programme, tout comme la gestion opérationnelle.
- **La durabilité : l'analyse est plutôt mitigée.** Au niveau des communautés les déterminants de la réussite sont partiellement en place, les principaux sont encore en cours définition. Plus précisément :
  - Le DRWC a entamé une réflexion sur la mise en place d'un modèle économique pour la gestion et la maintenance des points d'eau. Ce modèle est récemment en cours d'appropriation par les comités.
  - Une étude a été réalisée sur les problématiques de chaîne d'approvisionnement en pièces détachées. Aucune stratégie claire n'est actuellement définie

- L'Implication des BCZ et des autorités locales dans la gestion des points d'eau et dans le suivi de la mobilisation communautaire reste variable d'une province à une autre (et d'une agence à une autre)

Par conséquent, à mi-parcours, sans augmentation de la période allouée à la vague 1 pour permettre une stratégie de sortie efficace et une intégration cohérente au processus de post-certification national, le risque de non-durabilité de la vague1 est à prendre en considération.

Le Consortium pourra envisager une mise à l'échelle sur le plus long terme, après la réalisation de la totalité des activités des trois premières vagues, et après la réalisation d'une étude post programme, sur les aspects 'durabilité'.

### B.3. Synthèse des recommandations

Suivant cette analyse, plusieurs recommandations ont été formulées. Elles sont relativement nombreuses mais ciblées, pragmatiques et dans la mesure réaliste pour une mise en œuvre à court et moyen terme.

Elles correspondent aux trois préoccupations majeures du consortium, à savoir :

- **La stratégie de projet** : elles visent l'amélioration des approches du programme, le renforcement de l'ancrage institutionnel du programme dans le contexte de la décentralisation et les politiques en cours ainsi que le renforcement des relations et du positionnement du DRCWC vis-à-vis du programme national EVA.

Plus précisément, certaines de ces recommandations visent à **améliorer la synergie entre le programme EVA et celui du Consortium**, en formalisant via un document officiel par exemple le positionnement du Consortium comme un 'laboratoire' du programme EVA et plus généralement pour le secteur WASH en milieu rural.

Ces recommandations visent, également à **ancrer institutionnellement le programme au niveau de un ou de plusieurs ministères** et **initier des discussions** autour des activités pouvant être sous-traiter à des ONGs locales.

Le Consortium pourrait, également, mener une **discussion autour d'une analyse comparative sur les approches utilisées** dans le cadre des programmes type EVA, mais aussi celles utilisées, plus généralement, au niveau des autres programmes WASH en milieu rural, dans le but d'harmoniser les montants des fonds mis à disposition pour les BCZs, et les autres parties prenantes des projets.

Pour finir, il pourrait, aussi, être envisagé **de relocaliser les aires d'intervention**, en excluant les aires proposant de fortes contraintes.

- **La mise en œuvre du programme** : elles concernent aussi bien des activités en cours, que les activités qui, selon le consultant, devraient être renforcée car peu trop peu traitées au regard de l'avancée du programme (mi-parcours). Les recommandations faites prendre en considération, tant que faire se peut, les études/analyses/évaluation réalisées, en parallèle, par le consortium (spare-parts, module comité, gouvernance).

Plus précisément, afin d'améliorer la mise en œuvre du programme, le Consortium pourrait **envisager l'accélération de la mise en place de la stratégie de sortie** et tenir les discussions nécessaires autour de cette thématique avec le bailleur de fonds.

Il serait, également, nécessaire de **standardiser et formaliser les activités dans les écoles** en améliorant les standards de construction, comprenant mieux les technologies utilisées et de **définir la position du Consortium relative aux groupes de populations les plus vulnérables** au niveau de l'accès à l'assainissement individuel.

Pour finir, le Consortium pourrait envisager **d'améliorer l'efficacité des actions-recherches** en définissant conjointement les requis prioritaires pour améliorer le programme et en évitant que la même étude ne soit financée plusieurs fois et **d'améliorer la redevabilité** envers la

population et les BCZs et documenter l'historique du Projet, avant de réaliser une passation des infrastructures aux villages et aux BCZs.

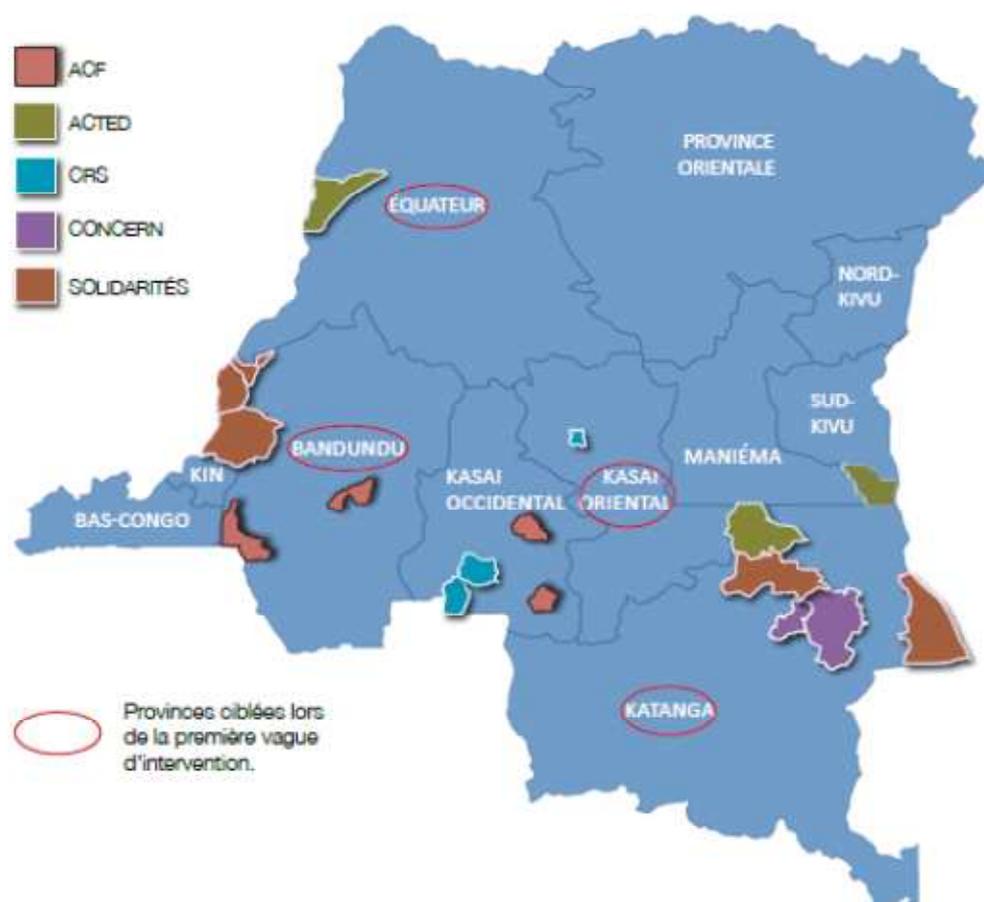
**La gestion opérationnelle** : elles visent principalement la valorisation des outils permettant un suivi en temps réel de l'évolution du projet et la visualisation des forces et faiblesses de l'intervention des agences. Le temps passé sur le terrain auprès des agences ne permet pas au consultant de faire des recommandations poussées. Ces recommandations sont donc volontairement peu nombreuses. Elles concernent, par exemple, l'identification de la faisabilité d'intervention en terme d'équipe nationale /de temps et selon le type de villages rencontrés ou encore, la limitation des activités de reporting, afin de gagner en efficacité et efficience.

## C. Introduction and methodology

### C.1. Overview of the 5 agencies intervention in DRC, regarding water and sanitation issues

The WASH Consortium is composed of 5 NGOs present for over 10 years in the DRC and pooling their expertise in the WASH sector, namely: ACF, ACTED, CRS, CWW and SI. They operate in 17 “Zone de Santé” in coordination with other stakeholders, and preferentially targeting remote rural areas. In particular those, where Consortium members had already developed expertise and networks to take advantage of synergies and facilitate collaboration with local administrative authorities.

Figure 1: NGOs initial geographical distribution



The NGOs geographical distribution was reviewed in February 2015, against the preceding figure. In this way, in 2015, the geographical distribution is developed as the following:

- **AAH USA**: AAH, whom the activities, putting together food security, nutrition and WASH, has intervened in Bandundu, since 2009 and in Kasai Occidental, since 2012. Presently, about 30 employees constitute the AAH team and AAH is implementing DRCWC Program's activities in the 'zones de santé' named Popokabaka, Lusanga (Province du Bandundu), and in the 'zones de santé' named Demba and Luiza (Province du Kasai Occidental).
- **ACTED**: Since 2006, ACTED had implemented several projects in Katanga and in Equateur, in sectors related to food security, WASH, logistic and economic recovery.

Presently, this agency has an about-forty-employees team and is intervening in the 'zone de santé' named Bomongo (Province de l'Equateur) and in the 'zone de santé' named Mbulula and Kongolo (Province du Katanga).

- **SOLIDARITES International** : Solidarités International has been present in Katanga since 2003 and in Bandundu since 2011. The SI's traditional sector being the fighting against cholera, they, also, implemented WASH and food security activities. In Province of Katanga, SI is present in Kalémie, Kabalo, and Lubumbashi, with an about twenty national employee's team and two expatriates. In the Province of Bandundu, SI have a base in Mushi and is intervening in the neighbouring 'zones de santé'.
- **Concern Worldwide**: CWW is present in Katanga since 2006, closed to Shamwana and Dubie. CWW has implemented since this date, projects about food security, WASH and road rehabilitation. In the DRCWC Program, Concern is intervening, in Katanga, in the 'zones de santé' named Manon and Kiambi.
- **Catholic Relief Services** : CRS has implemented since 2010 projects in the field of education, nutrition, food security, and health, principally, in the two Kasai. CRS has been a member of CARITAS' network since 1950 and has been promoting a strong collaboration with this network. CRS is intervening in the 'zones de santé' named Ototo (province of Kasai Oriental) and Dibaya (province of Kasai Occidental).

## C.2. Hydroconseil Intervention Methodology

### C.2.1. Evaluation objectives

In accordance with the Terms of References for the mission, defining the evaluation content involves selecting the key questions to be answered by the evaluation team to ensure the following, three main objectives are met:

- **Objective 1**: provide an analysis of the activities undertaken as part of the program and compare these with the results (july 2013 – march 2015)
- **Objective 2**: analyze WASH consortium partner results with regard to the provisions put in place to oversee their activities (contracts, control system, etc.)
- **Objective 3**: Carry out an overall programmatic and technical evaluation of the approaches used and develop recommendations for improvement

Following the Kick-off meeting the DRCWC highlight some particular focus to be addressed by the evaluation. They are relating to:

- the institutional set-up of the project and the involvement of the different agencies and the coordination process with the other partners of the sector;
- measuring the effectiveness of the program to date (ie mid-term interventions) and the "evidence" of program ownership by communities;
- the quality of works built;
- the use of the "life-cycle cost approach" methodology implemented by the consortium and its potential impact on sustainability;
- the inclusion of gender approach and other equity issues in the program activities;

### C.2.2. A methodology combining document review and field observations

#### a) *Conceptualisation de l'évaluation*

Firstly, Hydroconseil developed a list of questions to be addressed by the evaluation. Secondly one or more indicators, along with their data collection method, have been defined for each of

the questions selected. All of this data was entered into an evaluation matrix, available (*see in Annex 1*).

Then, this matrix guided the team in the construction of observation checklists and interview grids (semi-structured, directed) according to the type of information sought and the type of stakeholders. These grids, as well as the methodological approach and the evaluation matrix, have initially been submitted to the analysis of the CCU (Inception Report of May 13, 2015).

Hydroconseil has also followed the DFID's guidelines for the realization of its evaluation, taking into account the following key issues of the program cycle:

- Does the programme suit the local context and is it flexibility responding and adapting to change?
- Is there sufficient understanding of the evidence and, where there isn't, are we developing and sharing evidence and learning incrementally?
- How do we determine and measure success? How do we know the programme is working? Are we engaging beneficiaries in monitoring processes?

### ***b) Sample selection***

#### **Selection of the targeting provinces**

The Bandundu and Katanga provinces were targeting by Concern for the evaluation and fully accepted by Hydroconseil in regard to the logistical constraints and a pro-active selection of the agencies according to the visits already realized by the DRCWC, the DFID and other consultants to date (Action-recherche).

#### **Sizing of the field activities**

The program has two components: the village and the school. By March 2015, it covered already a total of 308 sites (287 villages and over 101 schools).

Given the time allotted to the evaluation and the difficult travelling conditions sometimes encountered in the Province, HYDROCONSEIL visited 10 communities (but 15 project sites) in 5 Zones de Santé, (or 5% of the total number of villages covered by the project) and 4 schools (or 4% of the total number total of schools covered by the project).

**Figure 2: Site visited for the evaluation process**

Province	ZS	List of villages visited	Schools visited	Interviewed persons	date	Agency
Bandundu	Bolobo	Osamakolo	No	CEAH, households	16/05/2015	Solidarités International
Bandundu	Bolobo	Lediba I & II	Yes	CEAH, households, FGDW, school director	17/05/2015 18/05/2015	Solidarités International
Bandundu	Kwamouth	Ngambomi I & II	Yes	CEAH, households, FGDW, school director	19/05/2015	Solidarités International
Katanga	Manono	Kameshi – Melio - Kasongo	No	CEAH, households	15/05/2015	Concern WW
Katanga	Kiambi	Kitou - Kondé	No	CEAH, households	16/05/2015	Concern WW
Katanga	Manono	Malata	No	CEAH, households, FGDW	18/05/2015	Concern WW
Katanga	Mbulula	Kahamba – Liuba	No	CEAH, households, FGD	21/05/2015	Acted
Katanga	Mbulula	Kiamba	No	CEAH, households	21/05/2015	Acted
Katanga	Mbulula	Kasenzi	yes	CEAH, households, school director	22/05/2015	Acted
Katanga	Mbulula	Nkulula	yes	CEAH, households, FGDW, school director	23/05/2015	Acted

### C.2.3. Team and schedule

#### *a) Team*

The consultant team was composed with two experts: **Audrey CROCKER** – Institutional Water and Sanitation Specialist and **Géraldine BERNARD** : WASH Expert.

A short presentation of the two experts is shown at Annex 1.

#### *b) Schedule*

The UNHASS flight's cancellations have led several changes in the initial field visits' planning in Katanga. Despite of these last minute changes, the field teams (ACTED, CONCERN) have showed a large flexibility and consequently, the number of visited sites has not been impacted. The chronogram presented in Annex 2 summarizes the different steps of the consultants' work, and presented, also, the detailed work plan for the field phase.

The following table shows the activities implemented by the two experts.

Function of the person to interview	Type of interviews	Number of interviews	Evaluator	Average duration	Total duration
<b>Concern/DRCWC staff</b>					
Lead Agency (Concern) : M&E coordinator, CCU director, Communication coordinator, Administration Assistant, Grant compliance Manager)	SSI or FDG	2 (one at the beginning, one additional after the site visits)	ACR/GBE	2h	2 hours
5 Agencies (Kinshasa and Lubumbash level) : Concern, ACF, ACTED, CRS, Solidarités	SSI or FDG	5	ACR	1h30	6,5 hours
Field Office (5 of 17): Mbulula (Kongolo), Manono, Kabalo, Kalamie, Mushie	SSI	5	ACR/GBE	1h30	6,5 hours
<b>Institutional contacts</b>					
DFID	SSI	1	ACR/GBE	1h	1 hour
UNICEF (cluster-lead), zone Ouest et Sud : Kinshasa/Lshi	SSI	1	ACR	1h	1 hour
Other donors + NGO : GIZ, World Bank, SNV	SSI	3	ACR	1h	3 hours
EVA coordination Unit: one school/one village	SSI	1	ACR	1h	1 hour
CNAEA	SSI	1	ACR	1h	1 hour
CPAEA: Bandundu, Katanga	SSI	<i>En déplacement</i>	-	-	-
B9: Bandundu	SSI	1	ACR	30 min	30 min
Proved : at least 1	SSI	<i>En déplacement</i>	-	-	-
<b>Target Population / Beneficiaries</b>					
BCZ (MCZ, SEA, AC) - SSI for MCZ and SEA/AC FDG	SSI and FDG	3x1 = 3	ACR/GBE	1h	3 hours
Field observations of the 11 sites + 4 schools	observation grid	11 with 4 schools	ACR/GBE + local	2h/site	24 hours
Water Management Committees of the 12 sites (including RECO)	SSI + FGD	11	ACR/GBE + local	1h30/site	12hours
Women Focus-Group Discussion (5 persons / site without involvement in the WMC)	FGD	5	ACR/GBE + local	1h30/site	12hours
Household quick survey (10 per site)	directive interview	110	local	20"/person	27 hours
Infirmier titulaire at the Aire de Santé level	SSI	3	ACR	1h	3 hours
Director (1 per site)	SSI	4	ACR/GBE + local	1h	4 hours
Child Focus Group Discussion (6 students per school in 5 and 6 level)	FGD	6x4 = 20	ACR/GBE + local	30 min	2 hours
Teacher Focus Group Discussion (4 teachers per school)	FGD	4x4 = 16	ACR/GBE + local	30 min	2 hours

## D. Main Evaluation Findings

### D.1. Relevance and coherence: appropriateness of the project in relation to the context, needs, demands and national strategies

#### D.1.1. Sector coordination and institutional alignment mechanisms

##### ***a) Alignment to the national strategies set out by the Congolese authorities for water and sanitation***

The water supply and sanitation sector in the DRC is undergoing radical restructuring. Initial workshops were held in 2008 and led to the development of a national sanitation policy, *Politique Nationale d'Assainissement* (PoNA), in November 2013<sup>1</sup> and a draft water act<sup>2</sup>, which was presented to Parliament and the Senate in 2012. Thus, strictly speaking, there are no legal and regulatory frameworks in place for the sector.

More specifically, in 2006, as part of a DRC – UNICEF cooperation project, the Congolese government, via the Ministry of Public Health and the Ministry of Primary, Secondary and Professional Education, developed the healthy schools and healthy villages programme (*Écoles et Villages assainis* - EVA) with UNICEF support. The programme defines the basic water, sanitation and hygiene standards that a village or school must meet in order to be declared "healthy" by the government.

*Thus, in this first section, the aim is to describe the context in which the Consortium developed then implemented its WASH programme and to review whether its principles are aligned to these broad national guidelines, which are widely accepted by government institutions.*

#### **Key aspects of the Water Act**

Currently, water resources management is governed by a decree ratified on 6 May 1952. However, the main aim of the Water Act and draft legislation is to become the "regulatory instrument for water user rights mechanisms".

The Water Act streamlines and allocates responsibilities to 2 ministries (instead of the previous 7) and defines each entity's duties, taking the progress made with the decentralisation process into account. As such, the role of the provincial governments, decentralised regional entities (*Entités Territoriales Décentralisées* - ETD) and communities in water resource management is determined through the principle of "subsidiarity", as well as through the principle of "paying users", under which everybody that uses water is required to make a contribution to support the state's efforts to manage the resource. It is interesting to note that a third principle of "participation and consultation" has also emerged. Under this principle, authorities of all levels ensure that the people concerned by the development of water infrastructure or introduction of a water management measure are provided with timely information and consulted with beforehand. Thus:

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<sup>1</sup> Dropbox\Consortium WASH RDC\14 Documents sectoriels RDC\ MECNT 2013\_Pol Nat Assainissement draft

<sup>2</sup> Dropbox\Consortium WASH RDC\14 Documents sectoriels RDC\Code de l'eau RDC version Senat 2012

**Draft legislation p13:** The State and decentralised regional entities are assigned contracting authority responsibilities in line with their respective competencies. These **contracting authority responsibilities are devolved to water users' associations and water point committees managing small-scale water supply infrastructure, such as standalone water supply systems, improved water points and springs, as well as wells and boreholes, both with and without handpumps.**

**Draft legislation p14:** The water supply service is **available to all but is not free-of-charge**. The service level and price are defined in such a way as to **facilitate access to basic services for low-income households**. The Act introduces the principle of the **local recovery of operating and maintenance costs**. This requires that water supply systems are designed and managed to enable recovery of their operating and routine maintenance costs as a minimum. Larger systems are requested to go further than this and also recover investment costs.

### Key aspects of the National Sanitation Strategy

The PoNA has 9 objectives, which include relatively detailed information on the approach and expected outcomes. The 9 objectives are as follows:

**Goal 1:** Promoting pro-poor approaches into the construction process of infrastructure and sanitation services,

**Goal 2:** Encouraging the sanitation to all stakeholders involved in the sanitation sector,

**Goal 3:** Creating appropriate conditions for the mobilization of internal and external financial resources of the sanitation sector

**Goal 4:** Improving the sanitation sector governance,

**Goal 5:** Promoting a change of mentality and behavior in the sanitation sector,

**Goal 6:** Harmonizing the different approaches in the sanitation sector,

**Goal 7:** Promoting development of sub-sector programmes

**Goal 8:** Promoting gender equity,

**Goal 9:** Contributing public health improvements, because many diseases are related to a poorly healthy environment

The approach outlined in this document is a demand-based approach, whereby demand is generated through tailored awareness-raising campaigns that provide all sector stakeholders (users, ETD, Province, State) with an understanding of sanitation issues. Ensuring that there is widespread, sufficient understanding of sanitation issues throughout the DRC is an important aspect, as is the definition of "*sanitation service and infrastructure norms and standards [...] based on the most accessible technologies that are best adapted to the environment in which they are to be used*"<sup>3</sup>. The most vulnerable population groups are also a priority target of the PoNA. Similarly, the government also appears to demonstrate its willingness to structure the sector with private sector involvement.

### Key aspects of the EVA programme

The EVA programme is a step-by-step programme, of 8 steps in total, which guides a village towards 'Healthy Village' certification. To achieve 'healthy' status, the village (or school) has to meet a certain number of 'standards', the majority of which focus on observing people's

<sup>3</sup> Politique Nationale d'Assainissement - MECNT - November 2013

hygiene behaviour changes. Water point construction is also a component of the programme and must be carried out in accordance with specific technical standards.

### Analysis of the changing institutional landscape

The institutional landscape for water and sanitation is very unclear. It makes it impossible for the DRCWC to determine which state body it is to rely on for support.

- **The Ministry of Health:** as a result of the support provided by UNICEF since 2006, this ministry has become a key water supply and sanitation stakeholder. However, its mandate clearly indicates that its remit is confined to public health. By extension and due to a lack of any other active institution, particularly in rural areas, the ministry also oversees water points, despite not having the legitimacy to do so. It is currently the institutional body most well-structured (geographically and in terms of human resources and skills) and best-placed to deal with water and sanitation in rural areas.
- The other ministries in charge of water: the Ministries of Mines, Planning, Energy, the Environment, etc. There are no less than 6 other ministries responsible for water-related issues. However, although each has their own regional offices, very few of these are currently operational (with skilled human resources, tools, activity plan and financial resources). At present, it would seem to be a highly complex task to begin to structure these bodies, whose remits are likely to conflict with the mandate (legitimate or not) of the Ministry of Health.
- The ETD: The decentralised regional entities are recently formed bodies that still lack stable organisation. The Consortium would like to increase their involvement in activity monitoring to ensure local-level monitoring. Having met only one ETD representative, the Consultant does not have sufficient information about these stakeholders and thus does not feel in a position to comment. However, these people are involved at the micro-local level (head of the village, etc.). Attention needs to be paid during the election period of 2015.

### Consortium strategy

In its proposal<sup>4</sup> and official presentation<sup>5</sup> to the government, the DRCWC clearly outlines its vision, which is to help communities to sustainably improve their living conditions and overcome the barriers to accessing safe water, sanitation and improved hygiene. The DRCWC values and missions are perfectly aligned to the principles developed by the Congolese authorities in their sector strategy guideline documents as they aim to:

- Sustainably improve water and basic sanitation coverage;
- Continue to carry out standardised WASH activities;
- Develop specific solutions that are tailored to context;
- Work with all parties involved in the sector (community, ETD, government institutions and the public or private sector) to improve their awareness of water, sanitation and hygiene issues.

These 'values and missions' are translated into action via the 'expected outputs of the programme', which are:

**Figure3: Expected outcomes of the DRCWC programme**

**Output 1:** Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level,

**Output 2:** Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level,

<sup>4</sup> Dropbox\Consortium WASH RDC\00 Documents contractuels\01 DFID July 2013 - 2017

<sup>5</sup> Dropbox\Consortium WASH RDC\11 Coordination avec les autorités

**Output 3:** Representative, accountable and responsive Community Committees are established by community members,

**Output 4:** Communities have sustained and improved access to and availability of potable water,

**Output 5:** Communities have improved and sustained access to sanitation facilities,

**Output 6:** Increased coordination, participation and planning at the macro, meso and micro levels between consortium members and governance structures, service providers and other stakeholders in the WASH sector,

**Output 7:** The Consortium produces and disseminates evidence for sustainable, community based solutions to WASH needs in the DRC

☞ ***Although it focuses on rural areas and financially vulnerable population groups, the DRCWC's aims and expected outputs are perfectly aligned to national strategic and operational guidelines.***

***b) Coordination mechanisms to ensure coordination and exchange of information to prevent overlap/duplication of actions between the different NGOs working in the WASH sector and in the DRCWC areas of intervention***

There is a wide range of NGOs working in the water and sanitation sector in the DRC providing both 'emergency' or 'development' support and they receive funding from various donors, such as DFID, GIZ, the Pool Fund, ECHO, the World Bank, etc.

A number of coordination initiatives have been put in place, both among donors and among the institutions working in the sector, and these help to harmonise approaches and share information.

In the field, coordination mechanisms are theoretically overseen by government bodies. Depending on the province, these coordination mechanisms can either be the B9 (now known as provincial health divisions, *Division Provinciale de la Santé – DPS*), the provincial action committee for water and sanitation (*Comité Provincial d'Action pour l'Eau et l'Assainissement - CPAEA*) or 'inter-stakeholder' committees created by the Province governors. At micro (health zone) level, the chief medical officer of the zone (MCZ) is responsible for coordinating activities and preventing the duplication of actions.

*Thus, the aim is to assess the Consortium's integration into existing coordination mechanisms and to analyse the DRCWC's own mechanisms used to ensure information is shared and there is no overlap or duplication of activities/approaches.*

**Central coordination**

The various interviews conducted with donors (GIZ, the World Bank, UNICEF) and other agencies working in the WASH sector (SNV, UNICEF, etc.) confirm that central level coordination committees have been put in place to harmonise approaches and discussions with the government:

- **The inter-donor group** meets on a monthly basis and invite members of the government to join when relevant (e.g Presentation of the National Sanitation strategy, of the national hygiene and basic sanitation strategy, CNAEA reform, etc ...). The sub-group thematique does not convene anymore since beginning of 2013, but there have been recent efforts by the CNAEA to reinvigorate..

- **WASH coordination meetings**, led by the 'healthy villages' national coordination body, are no longer taking place. Furthermore, not all participants were satisfied with the discussions held during the meetings, which led to low levels of attendance;
- **The WASH Cluster (Emergencies)** has not been set up to discuss development programmes and so is not to be used for the moment.

### Coordination in the field

In the field, the DRCWC mainly works with the Health Zone level. In most cases<sup>6</sup>, the provincial level is informed of the programme (areas of intervention, content, approaches, etc.) and its progress, but is rarely consulted or involved in monitoring, notably due to lack of availability and the high logistical/cost constraints associated with the Consortium's areas of intervention. Thus, only a few monitoring visits have been scheduled, but these are not systematic.

The MCZ and DRCWC should jointly ensure there is no overlap of activities, particularly when determining the areas of intervention, as they work together to define the target Health Areas (AS) and villages based on a precise criteria matrix used by the 5 intervention agencies (see D.2.1). Throughout the process, each agency is required to maintain close links with the health zone to ensure information-sharing (reporting). Thus, each agency's progress reports are submitted to the MCZ on a quarterly basis. This progress report is based on the report template used by the Ministry of Health, which the CCU has adapted slightly to enable each agency to add any information it deems essential to the report.

*☞ Other stakeholders are aware of the DRCWC areas of intervention, both at national/provincial level through the Consortium's presentation meetings and at local level through close collaboration with the BCZ, the programme's institutional focal point. The target health zones are primarily those targeted by the Ministry of Health (via the EVA programme – 9 health zones in common); however, the target Health Areas are different to ensure actions are complementary. The extensive reporting process, external technical reviews and joint supervisory visits (CCU, national EVA coordination body) ensures each party's expectations are well-coordinated.*

## D.1.2. Relevance regarding DRC context, donors and the profile of the implementing agencies

### a) Relevance, alignment and realism of the DRCWC's 9 points strategy

The Consortium's strategy is based around 9 strategic points. It is these points that brought together the 5 international NGOs to draw up the project proposal then develop a joint methodology or 12 steps guideline.

These are outlined in the table below.

<p><b>Point 1:</b> Working to deliver high quality WASH services in areas where Consortium members are currently present or have knowledge of the context,</p> <p><b>Point 2:</b> Working with communities, their leadership structures and community based institutions and linking these to Government authorities and public service providers,</p>
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<sup>6</sup> Verified in only 2 of the provinces visited during the evaluation.

**Point 3:** Working in rural areas and with rural administrative and service provision actors to increase capacity and accountability at the local level,

**Point 4:** Developing a comparative advantage in rural WASH provision as a consortium to demonstrate a sustainable approach to the adoption of improved hygiene and sanitation practices by communities,

**Point 5:** Creating opportunities for evidence based learning and research on critical sustainability issues,

**Point 6:** Protecting implementation gains,

**Point 7:** Being complementary with other WASH actors and programmes,

**Point 8:** Linking micro level communities and actors with meso and macro level actors and stakeholders,

**Point 9:** Sharing implementation data, analysis and experience with WASH sector actors and stakeholders.

*It is thus necessary to analyse the strategy developed by the DRCWC to assess its alignment with the national context, particularly in rural areas.*

The Consortium's strategy can be analysed as being:

**A bottom-up strategy that fosters the networking of sector professionals (points 1, 2 and 3)**

Thus, the strategy developed by the DRCWC is a 'bottom-up' strategy' in that it focuses on the community and its capacity to 'self-upgrade' its environment. The aim also is that, through its 'knowledge' of the target areas, the Consortium should take on the role of facilitator to feed back information (notably if a breakdown or need is identified) and identify key focal points, which can be representatives from government institutions (BCZ, SNHR, etc.), the decentralised regional entities (ETD), influential organisations (e.g.: religious networks such as CARITAS) or private bodies.

Under this approach, the Consortium by-passes most of the provincial-level mechanisms put in place by the national EVA programme. This does not necessarily have a negative impact as the interface between the two programmes is the BCZ teams. Nevertheless, it is important to ensure that rural WASH partners do not get confused between the two approaches, which target the same objectives (meeting the 7 standards).

**A flexible strategy that promotes the sustainability and accountability of actions (points 5 to 9)**

The key feature of the approach proposed by the Consortium is its flexible intervention methodology. The national EVA programme is cumbersome to manage; changes can be made but it takes a long time before they are institutionally accepted. The project document proposed by the DRCWC, which does not follow the usual national process, provides the 5 agencies (headed by the CCU) with a certain amount of leeway for defining the activities to be implemented and adapting them based on feedback from the field. Changes are made in a participatory manner during the internal technical reviews and are also based on the findings of action-research projects initiated by the CCU and the agencies. The added value and use of the action-research projects carried out over the first 12 months of the programme are analysed in Section D.1.3.b).

Accountability for activities is also an essential aspect of the Consortium's proposal. It is established through the intervention technical guides that are followed by all Consortium

NGOs, although sometimes with reluctance. Accountability for interventions also involves extensive communication at local, provincial and national level, both on the programme and on the roles and responsibilities of each 'stakeholder', to ensure the sustainability of actions (community, private and government representatives, etc.). In this sense, the Consortium's strategy and position remains unclear, as demonstrated by the lack of a national-level agreement protocol, for example, despite requests having been submitted to the Ministry of Health at the national level on a number of occasions<sup>7</sup>. Although the context of WASH in rural areas is not clear and the DRCWC's aim is to work at the local level alongside the community, it is vital that interventions are established in a nationally recognised and accepted partnership (that the 'supervisory' ministry or ministries are identified).

***All of the points included are relevant and consistent, particularly given the current institutional uncertainty and the Congolese government's lack of resources to effectively address the population's water and sanitation needs and maintain a satisfactory level of public health (cholera, etc.).***

### **b) Alignment of the programme to the DFID water sector strategy**

DFID's sector policy for the DRC rural WASH sector is outlined in the ToC of the WASH Business Case, and the Business Case produced in 2012, then updated in 2013. In these documents, the 3 approaches previously defined by DFID in its 'Strategic Case Study' document, are analysed to determine the expected outputs and impacts and the budget required. The 3 options are outlined in the table below.

**Option 1:** Increasing support to the Government led "Village/Ecole Assaini" programme, which is currently the only national WASH programme delivering services across all 11 Provinces.

**Option 2:** Increasing support to INGO sector through a consortia approach. Working in consortia with pre-established agencies will also increase the Value for Money (VFM) element sought by the agencies as well as by DFID.

**Option 3:** Increasing support to the WASH sector through a combined strategy of supporting both the "Village/Ecole Assaini" programme and the "INGO consortia" approach.

*Here, the aim is to analyse the delivery options developed by the DRCWC by comparing it to the options supported by DFID as part of its development cooperation work with the DRC, particularly those relating to the rural water supply and sanitation sector (alignment with ongoing programmes, target Provinces, etc.).*

The activities developed by the Consortium appear to satisfactorily address the expectations/concerns outlined by DFID in its WASH Business Case. The main expectations and their inclusion in the programme developed by the DRCWC are summarised in the table below:

**Figure4: DFID expectations and concerns addressed by the Consortium's WASH approach**

WASH Business Case	Consortium Proposal
<b>EXPECTATIONS</b>	

<sup>7</sup> As we understand it, this is mainly due to a lack of understanding on the part of the Ministry of Health of the Consortium's work and added value, which also highlights certain weaknesses in the communication process between the DRCWC and the Ministry of Public Health.

WASH Business Case	Consortium Proposal
Increasing access to WASH in DRC for reducing diarrhoea rates in children under 5 years	Implementation by INGOS of a WASH program in several DRC Provinces.
Successful program at ETD level / community level	Real motivation for working with ETDs and by involving more communities in behaviour changes
High level of coordination between the National Program and the DRCW Consortium one.	To be accepted by the government as being a 'laboratory' for the Program EVA.
Joint intervention and monitoring strategy	Participatory development of shared tools (technical guide, activity sheets, etc.) to ensure improved ownership by the agencies.  The CCU ensures these documents are properly used and establishes an effective monitoring mechanism (reporting, field visits, etc.).
Increase the weight (x5) of the advocacy work carried out with the government and other sector stakeholders on rural WASH issues	This has not yet been carried out as it is not appropriate to conduct advocacy activities at the start of the programme. Advocacy is more effective when backed up by evidence.  The relationship with Ministry of Health managers is progressively improving as each party becomes more familiar with the other's programmes. However, contact with the other sector partners has been limited due to the lack of a sector coordination body (except for the emergency component). Information is only shared through the external technical reviews.
Reduce the risks associated with the misappropriation of funds and fraud (improve financial transparency and preserve reputations)	Concern (the only direct recipient of funds from DFID) has introduced specific audit mechanisms for each agency, as well as forecasting principles. In addition, the Grant Compliance Manager ensures funds are properly managed.
Possibility for the agencies to duplicate the approach within their other WASH programmes (without DFID funding)	Not observed at the mid-term point.
Capacity-building (x5) to jointly raise funds to supplement the funding received from DFID	Not observed at the mid-term point.
<b>CONCERNS</b>	
Governance and interactions/relationship between Consortium members and distrust of the lead agency	This concern has been taken into account by the CCU, which has endeavoured to establish transparent communication between the CCU and the agencies. However, there is less communication

WASH Business Case	Consortium Proposal
	between the agencies themselves, although no obvious 'jealousy' or 'claiming of leadership'. The reason given for this low level of communication is lack of time and logistical constraints (the Consultant would also add lack of proactivity to this list).
High NGO staff turnover	<p>This has not yet been specifically addressed; however, there is a lack of initial training, which, given the fact that staff in the DRC (particularly those from international NGOs) have usually been transferred from the 'emergency' teams, would appear to be required. A number of gaps in human resources were also identified over the course of the project.</p> <p>However, the DRCWC wants to develop a knowledge management strategy and change the 'communication' function to 'communication management' (ongoing, with the recent recruitment of dedicated communication staff for the CCU).</p>

Finally, based on discussions, there appear to be small number of discrepancies in the DRCWC and DFID approaches. These mainly relate to:

- **The geographic location of the areas of intervention:** during the inception period and prior to contract signature, Bandundu and Kasai Oriental were removed from DFID's list of priority intervention areas. However, given that the NGOs have experience of working in these provinces, the health zones targeted in phases 1 and 2 were retained.
- **The monitoring of project results:** as a first step, this involved harmonising the DRCWC and DFID (and EVA programme) points of view and indicators. More specifically, DFID has not recognised the outputs of 'PAFI-eau' water project and thus did not want to include them in the figures relating to either "improved water sources in accordance with the JMP definition" or beneficiaries receiving the "full intervention package". Thus, for the PAFI-eau beneficiaries, discussions between DFID and the DRCWC culminated in the creation of a new category entitled "access to sanitation, hygiene and alternative solutions for water". Whilst this has made monitoring and exploiting the programme outputs more complicated, it is more aligned to the reality in the field.

*☞ The DRCWC strategy is consistent with the DFID guidelines for carrying out interventions in the rural WASH sector. There are, however, a few differences, notably resulting from the fact that some of the target provinces were removed from the list of priority intervention areas during the inception phase. Furthermore, advocacy has not been a real priority for the DRCWC to date, which is understandable given the work that has had to be carried out since the beginning of the programme to structure the approach.*

### ***c) Relevance of the 5 agencies' consortium set-up to meet the objectives***

The 5 international NGOs involved in the programme have extensive experience of working in the DRC, whether in the water and sanitation sector or in other sectors, such as protection, nutrition or food security. Although there are a large number of national NGOs working in the water and sanitation sector, they very often lack the technical and administrative capacities required.

*This aspect involves assessing whether cooperation between the 5 international NGOs recognised for their work in the water and sanitation sector results in better quality interventions and greater flexibility compared to other DFID-funded programmes (e.g. EVA – UNICEF).*

Thus, and during a test phase<sup>8</sup>, the consortium of 5 recognised international NGOs has helped ensure/require a well-thought out methodological approach and high quality interventions (approach towards the population, quality of infrastructure, etc.). The number of partners within the consortium appears appropriate and aligned to other consortiums created in the WASH sector.

The main challenges are presented in

*Here, the aim is to analyse the delivery options developed by the DRCWC by comparing it to the options supported by DFID as part of its development cooperation work with the DRC, particularly those relating to the rural water supply and sanitation sector (alignment with ongoing programmes, target Provinces, etc.).*

The activities developed by the Consortium appear to satisfactorily address the expectations/concerns outlined by DFID in its WASH Business Case. The main expectations and their inclusion in the programme developed by the DRCWC are summarised in the table below:

. However, the key challenge involves successfully working together under a common vision and using a shared methodology as, in the DRC and/or in other countries, partner NGOs have initially adopted their own methodologies, the main aim of which being to distinguish each NGO from its peers (making their action unique). Thus, the challenge lies in ensuring all partner NGOs understand the Consortium's guiding principles and agree to 'let go' of their own identities to develop a shared discourse and vision.

Although this did not take place immediately from the outset, notably due to the fact that the detailed intervention strategy still needed to be developed, there is now an overwhelming feeling among the agencies (in the field and in coordination meetings) of belonging to the 'same family'. However, some agencies continue to argue that their 'founding principles'<sup>9</sup> or 'intervention context' makes it impossible for them to totally align their work to the methodologies or principles established by the CCU. In contrast, it is important to note the efforts made by the CCU during the strategy decision-making process (such as reviewing the approach, for instance). The strategic decisions were discussed in TWG Programmes, written up by the CCU, shared with the other member agencies for feedback and then approved by the Board. Thus, although as lead agency the CCU is providing

<sup>8</sup> With a test here being understood to mean the establishment of a consortium of NGOs working in tandem with the national programme.

<sup>9</sup> The agency's priority targets with regard to strategy.

relatively strong leadership for the programme, decisions are discussed and approved by all member agencies.

With regard to the field visits undertaken and the previous 'Consortium' assignments evaluated by Hydroconseil, we consider that, whilst these observations need to be taken on board, they are not hampering the collective momentum of the DRCWC<sup>10</sup>.

*☞ It is difficult to define the true added value of the 5 international NGOs' interventions on improving the sustainability of activities. The creation of the consortium has helped with brainstorming and the sharing of experience; however, on occasion, and particularly at the beginning, the CCU has had to go to a lot of effort to build a common sense of belonging.*

### **D.1.3. Coherence of the program vis-à-vis past or current actions undertaken in the WASH sector**

#### **a) Validity of the theory of change**

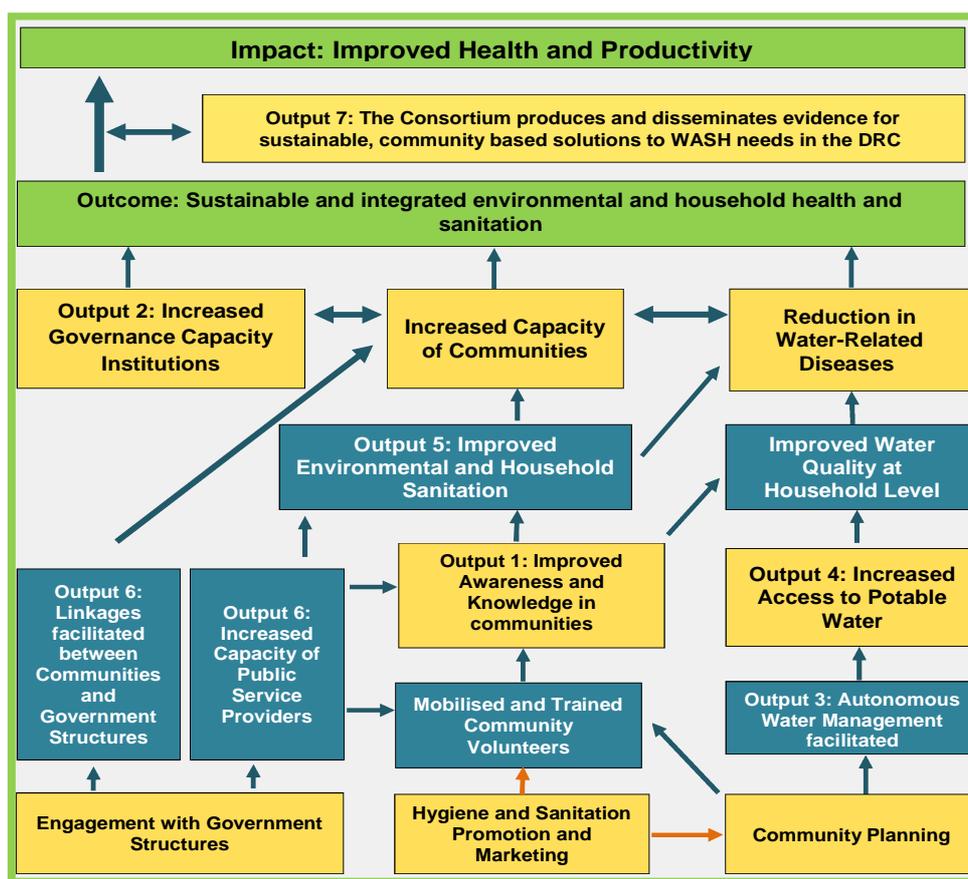
The theory of change is presented in the programme document. It is based on the following principle:

**The theory of change underpinning the Consortium programme:**

By working with communities and local structures and linking these to Provincial and National stakeholders the DRC WASH consortium will increase sustainable coverage of WASH services in rural areas in the DRC which will lead to improved health and productivity outcome.

The theory of change has been used to help develop a logical framework, which is outlined in the figure below:

<sup>10</sup> It is important to clarify that the Consultant has identified a risk, but that these points, raised by several agencies, currently have little impact on the dynamics of the group.



*The aim here is to assess whether the assumptions defined by the Consortium, and used as a basis on which to develop the intervention strategy and associated tools, are relevant and aligned to the context in which the programme is being implemented. Are the expected outputs and impacts aligned to the working assumptions?*

The theory of change used is simple and based on an analysis of the water and sanitation context in the DRC. As far as the activities being implemented are concerned, the 'reforging/creation' of links between the local, provincial and national levels have been over-sold by the NGOs who, despite making huge efforts to work with/alongside government institutions, have not always succeeded in establishing closer ties. The current scale of the programme is relatively modest (which is no bad thing); thus, geographic coverage has been slightly improved and draws mainly on the fact that it is complementary to that of the EVA programme.

The logical framework built using this theory of change is well-supported and based on the previous experience of the Consortium member agencies. Below are a few comments relating to assumptions 1 and 5:

- Studying **assumption 1**, "hygiene and sanitation marketing and the promotion process, accompanied by community action plans, can enable behaviour change within an 18 month cycle and monitoring of the impact of these activities for the following two years" is interesting in that the assumption is relevant, but has only been made partially operational in programme implementation by the DRCWC agencies. Although the 18 months of social marketing has taken place, no plans have been defined to monitor the impact of activities over the following two years, with the

exception of incorporating these villages into the national EVA programme post-certification activities.<sup>11</sup>

- **Assumption 5** is that *"hygiene and sanitation promotion and marketing leads to a demand for sanitation facilities"*. This assumption is ultimately relevant and should drive demand. However, in the villages visited, this is largely surpassed by the demand for a water point. Thus, it is our opinion that demand for sanitation is not yet being driven by awareness of the need to improve hygiene alone. To be fair to the implementing agencies, communities commonly take a 'wait-and-see' attitude or believe in the welfare state, which does not facilitate the development of a self-help approach. Nevertheless, this good practice/dynamic is encouraging.

It is also to be noted that not all of the assumptions fall entirely within the DRCWC's 'area of competence'. Thus, no matter how hard they try, they will find it extremely difficult to achieve the desired results without the significant involvement of all sector partners (particularly the government and rural WASH donors).

☞ ***The theory of change on which the project is based is both relevant and adapted to the water and sanitation context in the DRC. The expected outputs / impacts are consistent (logical framework) and based on the agencies' previous experience. Some of the assumptions, such as ownership by local stakeholders and their level of coordination (meso, macro, micro), are not solely dependent on the work undertaken by the DRCWC, but will require sector coordination to be renewed and all stakeholders to assume their responsibilities.***

### ***b) Ongoing review of the approach and continuous improvement***

The logical framework and strategy developed by the Consortium clearly highlight the programme's flexibility and capacity for improvement by assimilating experience and feedback from communities on the approach used.

*This aspect involves assessing how the Consortium details, clarifies or modifies the intervention strategy, activities or implementation tools throughout the programme – and from the first phase of villages – based on feedback from the implementing agencies, community ownership or progress made by other sector partners.*

Internal lesson-sharing is a valuable process and is carried out during workshops held during the internal technical review sessions. The topics covered during these technical reviews are defined by the CCU and shared with the agencies a few days in advance. During these meetings, time is allocated to reviewing lessons learned, which can involve presenting operational research or innovative projects, or discussing a specific issue (for example, the lessons learned from analysing the Business Plans, which the agencies discussed in September 2014).

However, the CCU is highly aware of the 'shortcomings' and 'weaknesses' of certain parts of its strategy and methodology, which was redefined/clarified at the start of the programme.

The recommendations from these workshops (along with the action-research projects) appear to be regularly incorporated into the programme and make it possible to modify and enhance the 12 steps and corresponding activity sheets.

<sup>11</sup> This issue also needs to be considered for the Consortium's exit strategy (which is covered in more detail in section D.5.1.a). Currently, for the phase 1 villages, the programme includes plans to organise a visit 2 years after the end of NGO support, in year 4, to verify the sustainability of the activities undertaken.

- ☞ *The programme is extremely flexible. This flexibility is based on a process of continuous learning that takes place through the internal and external technical reviews and action-research and enables Consortium members to discuss and brainstorm ideas. These meetings are popular with all member agencies and provide the CCU with a good overall vision of the programme's strengths and weaknesses.*

## D.2. Coverage

### D.2.1. Relevance of the sites selected by the project, alignment to the populations' needs, etc.

#### a) Relevance of the coverage and geographical targeting

Although the selection of the target provinces and health zones was not explicitly defined in the programme document, this nonetheless stipulates that the intervention is to target the following 6 provinces and 17 health zones:

Nom de l'agence	Nom de la province	Nom de la ZS	Nom de l'agence	Nom de la province	Nom de la ZS
ACF	Bandundu	Popokabaka	Concern Worldwide	Katanga	Kiambi
		Lusanga			Manono
	Kasaï Occidental	Luiza	Solidarités International	Katanga	Kabalo
		Demba			Moba
ACTED	Equateur	Bomongo	Bandundu	Bandundu	Kwamouth
	Sud Kivu	Kimbi Lulenge			Bolobo
	Katanga	Mbulula			Yumbi
CRS	Kasaï Oriental	Ototo			
	Kasaï Occidental	Kamonia			
		Kamwasha			
<b>Bilan province</b>				<b>6</b>	
<b>Bilan Zone de Santé</b>				<b>17</b>	

*The aim here is to determine the relevance of the intervention sites selected by the Consortium agencies by reviewing whether there are any other WASH programmes being implemented in the area or whether the villages already have access to water and sanitation.*

There is a general mapping to indicate who does what where at Consortium level and for Village Assaini, but not for the whole WASH global sector together in DRC. Thus, without interviewing local stakeholders in the field, it is difficult for the Consultant to determine the extent to which the Consortium's activities complement other programmes at local level. Nevertheless, the site selection process established by the DRCWC suggests that the activities implemented by the DRCWC and other WASH stakeholders do indeed complement each other.

The target health zones (ZS) were selected based on whether the agencies had a 'history' of working in the areas and on whether these areas complemented those included in the national EVA programme. This appears highly relevant for improving WASH intervention coverage and, in theory, should enable a more rapid roll-out and improved understanding of the social factors that could hinder delivery of the programme.

For each health zone, a more rigorous selection process has now been put in place to take a larger number of parameters into account. In addition, the health areas (AS) were targeted in close conjunction with the BCZ teams, who have in-depth knowledge of the health and WASH situation in the areas under their supervision (cholera, diarrhoea, access to water, hygiene practices, etc.)<sup>12</sup>. The zone selection process is detailed in the paragraph below.

☞ *The intervention sites selected appear to be relevant and complement other WASH sector activities. There is no WASH mapping at local level to indicate who is doing what where. To compensate for this, the agencies have worked closely with the BCZ, who should theoretically hold this information. In addition, selection is carried out using epidemiological criteria provided by the BCZ, which helps enhance the relevance of the interventions.*

### **a) Relevance of the criteria and methodology used to select the sites of intervention and breakdown of the populations and local bodies (ZS, AS)**

The site selection process involves a number of stages, which are more or less aligned to the methodology developed by the Health Villages Programme. It is also based on communities requesting to become involved in a water, sanitation and hygiene improvement programme following a 'social marketing' campaign carried out to stimulate demand.

The guiding principles of social marketing used to generate demand are presented below:

Objectives	Key Activities
<b>Ensure individuals and communities have a clear understanding of the programme</b> , particularly: of the 7 standards and the PAFI for achieving the 7 standards; and of the fact that there is no guarantee of external investment.	Direct marketing in the villages within the <u>eligibility perimeter</u> , e.g.: House-to-house visits and/or 'street marketing' (with the RECO). Mass communication (sports tournaments, banners, <i>nzango</i> , etc. – perhaps after the villages have been selected). Presentation at general meetings.
<b>Individuals and communities make an initial informed commitment</b> : the villages wanting to participate in the programme write a letter to make the official request, which also contains a description of the village's capacities, resources and motivation, and send this to the MCZ.	In all villages within the <u>eligibility perimeter</u> : Present the demand / selection process (and conduct a mini-diagnostic if possible to triangulate the information provided by the villages).
<b>Select villages within the <u>eligibility perimeter</u> using the criteria</b> and in conjunction with the authorities. <b>Provide information to the villages</b> (those selected and not selected) on the decisions made.	At ZS level: Collect letters and hold a decision-making meeting.

Once the marketing campaign has been carried out, each agency and the BCZ teams assess the 'demands' submitted by the communities. This analysis is conducted using a more or less well-defined criteria matrix (criteria g – not harmonised and not defined). For example, the criteria include:

- a. need;
- b. willingness to participate;
- c. willingness and capacity to resolve sustainable development problems;
- d. social cohesion;

<sup>12</sup> For example, the summary report on the health area selection process used in the health zone of Lusanga: *Dropbox\Consortium WASH RDC\08 Outils prog + M&E\02. Outils prog\Etape 1 - Coordination et MOU\Selection AdS Lusanga\_vf mai 2014 (ACF)*

- e. a population that can cover the management and maintenance costs of water supply infrastructure;
- f. a 'critical mass' of a cluster of villages or neighbouring villages;
- g. and other criteria to be defined by the BCZ, authorities and local Consortium member.

It is to be noted that, in order to increase the effectiveness of the actions undertaken, the Consortium advocates the selection of clusters of villages as this encourages competition and/or complementary actions.

*Evaluation of this aspect involves reviewing the methodology established by the DRCWC to select the sites of intervention to determine whether this is well-adapted, transparent and sufficiently incorporates the recommendations/choices made by the local authorities (ZS, province).*

This selection process is thus based on a set of mainly pragmatic and clearly defined criteria. Other criteria not currently being taken into consideration may have hindered programme progress or generated tension in the communities during the first and second phases of villages. For instance, these include: village clusters, which are home to several 'clans/families'; villages located far away from the BCZ; villages that present major logistical constraints; villages with no (or very low) financial capacities. It is to be noted that, during its Technical Working Group (TWG) meeting of May 2014, the Consortium worked to improve the village selection process based on the lessons learned from phase 1. The changes made involved (i) improving coordination with the authorities<sup>13</sup> and (ii) enhancing promotion and marketing to stimulate demand in the communities<sup>14</sup>. This work (lessons-learned) culminated in the 12 Steps Manual being updated to "*clarify the details, including how to include the part of the approach based on letters of commitment and the impact on the other steps and their timing*".

It was not within the scope of this evaluation to visit the villages not selected for the programme; however, from interviews conducted with the agencies and BCZ, it would appear that the reasons for a village's rejection were explained to the community and that these reasons were acknowledged even if they were not always accepted.

Neither the national or provincial levels are particularly involved in selecting the sites. They are simply informed of the decisions made locally by the BCZ and the agency.

***☞ The site selection methodology established by the DRCWC is well-adapted and is very similar to the methodology developed for the national programme. The villages that have submitted a request are jointly assessed by the BCZ and agency using a set of pragmatic criteria. Nevertheless, some of the criteria were under-estimated during phase 1 and so were reviewed in June 2014 and then incorporated into the 12 Steps Manual to maximise the impact of the agencies' work during implementation of phases 2, 3 and 4.***

<sup>13</sup> Jointly define the eligibility perimeter by reviewing acceptable accessibility and favourable socio-economic and hydro-geological conditions and by excluding the Healthy Village health areas to ensure that the intervention areas/health areas selected provide a sufficiently high beneficiary population living in villages of between 300 and 10,000 inhabitants, using the quota developed by the CCU as a guide.

<sup>14</sup> When selecting villages where there is demand, prioritise village clusters and achieving critical mass. Specific criteria will be defined for each situation in conjunction with the authorities.

### b) Alignment of the sites selected with the population's demand

As outlined in paragraph 0, site selection took place following a social marketing campaign to provide communities and village elders with information on the programme and enable them to determine whether the cost/benefit<sup>15</sup> ratio of joining the programme was acceptable or not.

The figure below shows the flyer that can be used to stimulate community demand

Figure5: Flyers distributed during step 2 – Initial village mobilisation



*This aspect involves assessing whether the advocacy and social mobilisation activities conducted to encourage a village's participation in the programme were undertaken by the NGO only or whether the NGO also involved village elders and opinion leaders. Similarly, it is necessary to determine the extent to which the methodological tools used to select the villages were based on a demand-based marketing strategy.*

Following the ACF pilot project in Bandundu, the 12 Steps Manual was enhanced in 2014 by the production of a guide on community mobilisation and communication tools<sup>16</sup>. This guide is very comprehensive and provides agencies with step-by-step guidelines for including community mobilisation in the 12 steps of the programme. For step, the objective of sheet 1, step 2 street marketing, stipulates that "an initial commitment from a person approached will subsequently facilitate the long-term ownership of behaviours and programme facilities (during awareness-raising phases)". The methodology used to mobilise households thus fosters a demand-based approach.

Once the initial marketing campaign has been carried out, the village's willingness to commit to improving its living conditions is confirmed by the collective signature of a commitment agreement. It is important that this is not just signed by the head of the village as was the case at the start of the programme<sup>17</sup>. It is interesting to note that the form that was previously used contained a wealth of information. Thus, could be used to create a 'village information file' showing the project history and the document history as this evolved into the document produced by ACF. This could reinforce the fact that the demand-based approach used with

<sup>15</sup> Here, the costs are considered to be those associated with labour and time, etc., whereas the benefits include improvements in the community's health and access to safe drinking water, etc.

<sup>16</sup> Dropbox\Consortium WASH RDC\08 Outils prog + M&E\02. Outils prog\Etape 2 - Marketing et selection\A - Marketing et promotion\ Guide des outils de communication et mobilisation communautaire\_oct 2014 [ACF]

<sup>17</sup> Dropbox\Consortium WASH RDC\08 Outils prog + M&E\02. Outils prog\Etape 2 - Marketing et selection\B - Selection\ Lettre de demande et critères de sélection oct 2013 (ACF)

the communities and the information collected by the agencies are both essential for further work on the programme.

☞ *At the start of the programme, the social marketing campaign appears sufficient for stimulating communities' interest in submitting a letter of application to the programme. Whilst this is highly positive, it should also be tempered by the fact that communities very rarely refuse offers of external support. Is this actual demand or mere interest and is commitment not still being driven by demand for an improved water point?*

**c) Relevance of the sites selected given the initial DRCWC goals: is this a definitive or evolving situation?**

The sites selected were defined upon submission of the document to DFID. These sites (province, ZS) not only reflect the partner NGOs' desire to work in zones that were familiar to them but were also selected using the criteria presented in section 0.

The Consortium's stated aim was to work in rural areas and, ultimately, to work in all 10 of the DRC's secure rural provinces.

*This aspect involves determining whether the sites selected under this proposal are the same as those in which the NGOs work. If there are any differences, it will be necessary to assess how these facilitate or hinder programme progress.*

The interviews conducted with the various agencies show that the targeting has generally remained aligned to targeting initially outlined. However, some agencies have had to deal with tense social or security situations, which have forced them to reduce/review their strategies and/or interventions:

- **Concern, in Katanga:** frequent delays in Q3 – Q4 leading to modification of the technical option (boreholes instead of tube wells) and delays in the recruitment phase.
- **CRS, in Kasai Oriental:** staff evacuated for 1 month (Q3 – Q4).
- **ACF, in Bandundu:** substantial reduction in the time allocated to villages in the Popokabaka health zone and reduced staff numbers compared to the initial activity schedules.

In order to increase the critical mass effect and coverage of their activities, other agencies have opted to review their list of target villages. Thus, for example, instead of carrying out activities in Sud-Kivu, **ACTED** has opted to increase its activities in the Kongolo zone in Katanga, the zone next to Mbulula, which was their area of intervention in phases 1 and 2.

☞ *Unstable social or security situations have disrupted the work of agencies in some areas, although activities in these areas continue. One agency has reviewed its targeting, which has benefited the programme as its aim has been to increase programme coverage in the province of Katanga.*

**d) Adequacy of the approach set-up to guarantee equity of access to programme benefits for all population groups (within the communities)**

There are three key aspects to equity of access to water and sanitation: geographical differences in service provision; discrimination or excluding vulnerable and marginalised groups from access to services; affordability.

*The aim here is to determine whether the approach used by the Consortium fosters the involvement of inhabitants in activities (thus preventing frustrations) and also to assess local authorities' involvement in the programme.*

For the DRCWC, independently of the implementing agencies, the entire population in the villages of intervention has access to the WASH activities proposed through the 12 Steps approach.

In addition, the most vulnerable population groups (the elderly, widows and the disabled) were identified by the RECOs at the start of the process. These people are placed on a social tariff for water (which is free); however, some claim to have received no help (from the agency<sup>18</sup>, 'dynamic' committee or the rest of the community) to construct their household latrines and state that, due to their physical/financial situation, they are unable to carry out the work themselves.

As far as equity/accountability with regard to local authorities is concerned, it is currently difficult for Hydroconseil to determine whether the comments/feedback/recommendations from the MCZ and their teams are effectively taken into account in the agencies teams' daily activities. Only 2 BCZ were interviewed, which is too few to enable reliable conclusions to be drawn. Nevertheless, discussions with the agencies and the 2 BCZ (1 in Katanga, 1 in Bandundu) suggest that the incorporation of BCZ feedback varies, mainly depending on how far away the BCZ is located from the NGO base. The nearer the BCZ, the easier it is for the BCZ and NGO to communicate. However, it appears that some BCZ are only marginally involved, which could seriously jeopardise the sustainability of activities during the post-certification phase (what happens to the information and knowledge held on the communities and process in the village? Refusal to monitor a village in which the BCZ has not carried out any activities)<sup>19</sup>.

***☞ Equity is one aspect of the programme that needs to be improved. Improving the inclusion of vulnerable population groups in the programme, and in the 'sanitation' component in particular, would help assuage the frustrations of marginalised groups and target the entire community.***

### ***e) Adequacy of the approach set-up to take gender issues into account***

The project proposal stipulates that the DRCWC should take the gender aspect into account at all stages of programme implementation, notably by reviewing:

- The division of tasks between men and women, both in households and in the community;
- The needs of women, men and children with regard to water, sanitation and hygiene.

Once this preliminary work had been carried out, the DRCWC worked on involving the various groups, identifying any areas of inequality and endeavouring to reduce this inequality through tailored social mobilisation activities.

<sup>18</sup> It is to be noted that it is not the agency's role to replace the communities in providing the support they could/should give to those people identified as vulnerable. However, the agencies are close enough to the communities to be able to identify existing community mutual assistance mechanisms within the village and so initiate discussions in order to use these mechanisms to improve access to water or sanitation.

<sup>19</sup> The BCZ have 8 scheduled monitoring visits a month, all stakeholders combined (compared to 42 for the EVA programme) and the NGO officers are directly responsible for social mobilization and construction work (or outsource this to external providers).

Furthermore, each of the implementing agency teams is also required to take gender issues into account.

*This aspect involves assessing whether the approach used by the Consortium provides a clear understanding of the male/female social dynamic within the communities and identifies initiatives to stimulate the involvement of each of the target groups, at the same time as ensuring it has no outside destabilising influence on the community but fosters change of and by the communities and their leaders.*

Gender issues are taken into account in the programme through 2 inter-connected processes:

- Targeted communication for both men and women to ensure that the entire population feels involved in and takes ownership of the activities. The outcome of this communication strategy and the male/female dynamic introduced through the programme activities are clearly reflected in committee governance.
- Involvement in community activities, from selecting the location and design of facilities (based on financial and technical feasibility) onwards. This helps reduce waiting times at the water point, for example, or reduce incidents of violence between men and women. As far as latrines in institutional buildings are concerned, the gender aspect is taken into account by ensuring there are separate blocks of latrines for men and women (especially in schools) and by ensuring privacy (in both schools and households).

During the field phase, Hydroconseil noted that inclusion of the gender aspect in the programme varies from one agency to the next and from one province to another and is notably dependent on the social structure in place prior to implementation of the programme.

- **Katanga - village:** although there are female WASH committee members (between 30 and 40%, in general), these women do not appear to be particularly involved in discussions or decision-making on village development projects. Furthermore, according to their interviews, the women's only participation in the programme involved transporting building materials to the construction site.
- **Katanga – school:** access to sanitation in schools takes gender into account as there are separate latrine doors for boys and girls, although there are no separate toilet blocks. In addition, the girls' toilets have not been adapted to take menstrual hygiene management into consideration<sup>20</sup>.
- **Bandundu – village:** the women appear to be slightly more involved in all stages of the programme and particularly in the committee decision-making process. There is gender parity in each committee and women hold key positions. Although there are only very few activities that specifically target women (which is generally the case in all provinces/agencies), SI has created a number of women-only initiatives: Maman Leaders, Nzango. In the FGD held with the women, it was difficult to determine exactly how useful these women felt these activities to be for their involvement in the programme: some were simply content to be involved in activities with other women, whereas others considered the activities useful as it is up to them to 'teach' their husbands good practices. It was outside the scope of this evaluation to assess whether the lessons learned from these initiatives have been put into practice.

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<sup>20</sup> This is perhaps not a priority, but it is now frequently included in international 'WASH in Schools' programmes, hence why we have highlighted it in this report.

Due to the limited time available for field visits and the specific anthropological nature of gender issues, the conclusions drawn from the few interviews conducted need to be treated with caution.

☞ *Taking gender issues into account in a programme is a complex task if no prior anthropological analysis is carried out. For the DRCWC programme, this aspect is more or less well-incorporated but varies between agencies and provinces (and depends on the social structure in place prior to the programme).*

## D.3. Effectiveness: Achievement of the results targeted by the project

### D.3.1. Quality of the intervention process: operational resources

#### ***a) Effectiveness of the 12-step implementation approach, the Technical Guide and the Monitoring and Evaluation framework and ability to achieve the results or to adjust the methodology***

The approach selected by the Consortium consists of 12 steps. These 12 steps are similar to the 8 + 2 steps used by the Healthy Villages and Health Schools Programme.

To supplement these 12 steps, there is a technical guide that contains 'instructions/minimum standards' for the construction of the various water supply and sanitation facilities and infrastructure to be used by all agencies, as well as a description of the 12 step process. The aim of this guide is to ensure all agencies use a harmonised methodological approach and construct facilities to the same standard nationwide.

Lastly, the programme also has a third tool, a monitoring and evaluation (M&E) framework, which provides a common structure for the 5 Consortium members. The aims of the M&E framework are notably to *collect improved quality data to assess the progress of quality results and sustainable outputs during implementation.*

*This aspect involves analysing the quality of the approach (efficiency and effectiveness) as set out in the 12 step intervention strategy, the technical guide and the M&E mechanism and tools: are these tools in place? Are they adapted to the context? Are they used by the agencies in the field?*

*For ease of reference, each of the 3 tools will be covered separately.*

### **12-step implementation approach**

This approach is similar to that used by the EVA programme. Thus, it appears to be adapted to the situation encountered in the DRC (see D.1.1.a)) and the results achieved using this methodology are visible in the field (*the majority of households have implemented important feasible small actions - Petites Action Faisables Importantes - PAFI*). In addition, the flexibility of this tool can also be seen in both the field and programme documentation (and justification is provided for any changes made). For the following phases, a number of modifications were made:

- The software approach is now more focused on marketing the *Petites Actions Faisables Importantes (PAFI)*;
- Work to mobilise the committee starts earlier in the process;

- There is a more detailed economic model;
- Steps 1 and 2 on selecting the AS and villages have been revised;
- Steps 8 and 9 on progress towards the 7 standards and hardware decision-making have been revised.

Modifications are introduced gradually through learning by doing. However, some changes or additional information is lacking, particularly with regard to:

- **The post-certification strategy:** this includes only one planned visit to villages and WASH committees by the implementing agency, handover to the BCZ and support integrating the villages into the BCZ supervision programme.
- **Water point construction / rehabilitation:** this is running behind schedule, meaning that it is not possible to provide long-term monitoring/support to the water committee following the handover of facilities.
- **WASH activities in the target schools and villages:** these are currently carried out in accordance with the agencies' preferences or financial resources. As there is no overarching directive, SI partially used the EVA programme (Bandundu); however, this was not the case for Concern or Acted in Katanga.

## Technical Guide

This guide appears to be very comprehensive, adapted to the local technical context and used by all agencies in the field. Overall, the facilities recommended in this guide are of good quality.

Nevertheless, there is some information missing from this guide, notably:

- A section providing recommendations for sizing water points based on population and population growth figures, as well as strategic advice on siting the water points. The agencies have a number of technical guides available (e.g.: *Water and Sanitation for Populations at Risk – ACF –2005*) that contain technical information on how to size facilities and advice for siting water points within a village. Nevertheless, this information is fairly generic and not tailored to the situation in the DRC. It would therefore be worthwhile to add a section (or as additional comments or tips) to the Technical Guide that contains tailored guidelines on infrastructure sizing and siting, adapted to DRC context. A section on pit sludge management in rural areas (ECOSAN, double pit system, etc.).
- Plans, examples of bills of quantities, photographs of standard facilities, generally used in DRC, and capitalized from WASH DRC partners. Including plans and bills of quantities would help save agencies time when sizing their facilities. Also, some references of 'how to' guide could be added in the Guide (For example, the UNICEF Mali 'WASH in Schools' Technical Guide could be used) A section on monitoring construction work and dealing with security issues could also be included.

## Monitoring and evaluation framework

### *Monitoring tools for quantifying the logical framework indicators*

Key information is collected using common tools that are consistently applied in accordance with the M&E framework developed for the programme. An overview of the tools used, along with comments from Hydroconseil as to their 'quality', is provided in the table below.

**Figure 6: List of monitoring tools implemented by the Consortium**

Type of tools	Comments from consultants team
Data collection form for ACTED cartography	The cartography to be carry out by ACTED will enable to ensure that the information

Type of tools	Comments from consultants team
	collected at the community level is forwarded, centralised then used at a “macro” level. The data collection form, in addition of GPS coordinate, might include an identification number in order to easily identify the water point, after its construction.
KAP survey’s questionnaire	Questionnaire very complete. It could be interesting to include bacteriological tests in few households, in order to be sure that hygiene practices linked with the water chain are correct (if any sign of tough diarrhoea). This control can be also set up in a randomly way or in case of proved bad hygiene practice.
ZDS assessment form	Questionnaire very complete.
Water Committee assessment form	Questionnaire very complete. Be careful with the currency used.
Water point assessment form	Questionnaire very complete.
School assessment form	Add a question about latrines’ emptying
Community focal points assessment form	Questionnaire very complete.

All of these tools are integrated and comprehensive and enable the monitoring of all the indicators outlined in the initial project proposal. They enable each agency to monitor the various activities implemented. However, as highlighted by certain programme managers, in the field, analysing these different questionnaires can prove highly time-consuming. Some agencies (such as CRS) have begun to investigate other methods of analysing this data (SPHYNX, data capture terminals, etc.).

All the data collected at key periods of the programme using these tools is shared with the CCU, who in turn produces consolidated information to provide all agencies, national partners and donors with an overview of programme progress. This data is also included in the quarterly reports. However, given that the aim of the programme is to be community-based and focused on communities’ financial capacities, there appears to be some disagreement over monitoring and the inclusion of data ‘considered to be key’ by the government and/or DFID and/or the DRCWC, which has sometimes created tension<sup>21</sup>. This is due to the fact that not only do the government and other partners helping to increase the number of ‘healthy villages’ in the DRC need to harmonise the data collection protocol and nationally useful key indicators, but the agencies also need to continue to collect data for both ‘donor’ and ‘agency/head office internal’ indicators. This topic was discussed at the recent internal technical review held in May 2015.

### *Evaluation tools*

The monitoring aspect is supplemented by an evaluation component to undertake regular reviews of the results achieved by the Consortium. The aim of external evaluations is to

<sup>21</sup> The Consortium does monitor the indicators collected by the national programme’s KAP survey, but collects extra info as well. The Consultant does not want to compare these two monitoring systems, notably because meetings have been scheduled between the national coordination body and the CCU to harmonise the approaches and find common ground.

assess programme delivery and sustainability. As with the monitoring results above, the CCU disseminates information to all agencies, national partners and donors. The evaluation findings are seen by the Consortium to form part of its continuous learning process and help it identify successes and good practices.

#### *Other tools*

Additional tools that fall outside the general 'monitoring and evaluation' scope are used in the joint initiative, research and innovation projects implemented by the relevant organisations. This additional information provides data on progress made and feeds into joint continuous learning approaches. A number of action-research projects have been conducted since the start of the programme, including:

- An innovative cholera risk and disaster reduction project led by SI;
- A climate and environmental assessment conducted by the CCU;
- A study of the spare part supply chain overseen by CONCERN;
- A behaviour change study and pilot project managed by ACF;
- A programme cartography initiative led by ACTED;
- An internal analysis (Concern) of WASH Committee training and support conducted by the CCU (Feb-April 2015);
- Research and a pilot project on water 'PAFI' conducted by the CCU (with ACTED for the pilot project, to be implemented in July 2015).
- A research study on promoting and monitoring sanitation and hygiene 'PAFI' overseen by the CCU (June 2015).

All monitoring and evaluation documents are available to stakeholders through 'Drop Box'; this repository is constantly updated by the DRCWC.

*☞ The monitoring and evaluation system is effective and well-structured and continuously provides the DRCWC stakeholders with information on the programme status. However, updating the system can be time-consuming (particularly the narrative section) for the agency teams (especially when consolidating information for the quarterly report).*

#### ***b) Enhancing coordination, participation and planning at the macro, meso and micro levels; producing and disseminating evidence for sustainable and community-based solutions to WASH needs in the DRC***

One of the DRCWC's aims is to help improve coordination, participation and planning opportunities at the macro, meso and micro levels between Consortium members, government bodies, service providers and other WASH sector stakeholders.

In order to better achieve this aim, the DRCWC is structured around a CCU (Consortium Coordination Unit), whose role is to carry out advocacy work and communicate with external partners on behalf of the five NGOs.

*This aspect involves reviewing whether the coordination structure created for the programme (CCU) and the activities it carries out help improve WASH sector coordination in the DRC. This review will particularly focus on the other DRCWC agencies' perception of this unit and how its operations impact on the project lifecycle.*

The CCU appears essential for harmonising, managing and guiding the 5 NGOs' activities towards a common goal. Within the context of the DRC and for an initial project to harmonise the work of these NGOs, this unit is relatively small given the amount of work generated by such a programme and the short amount of time available for putting activities in place.

The agencies are very satisfied with the CCU and the role it plays. They are aware that, without such a unit, it would be impossible to progress and report to DFID as successfully as they are now.

The work undertaken by the CCU since the start of the programme has essentially focused on structuring the intervention approach and on making internal operational tools available to the DRCWC. As a result, communication with government and development partners has occasionally been neglected and has not been helped by the fact that the unit was without a communications manager for a number of months. A Knowledge Management and Communications Coordinator has recently been recruited to improve internal knowledge-sharing.

However, the external reviews and the DRCWC's participation in all sector events/meetings/presentations in the DRC have helped establish a basis on which to now further formalise coordination and/or advocacy efforts. It is also to be noted that, for advocacy to be successful, it is important to be able to justify the DRCWC's positions. However, the Consortium and activities have not yet been in place long enough (the first phase has not yet been completed) to produce the evidence required. Nevertheless, certain avenues are now emerging and are being shared with the government and other sector stakeholders (business plan, PAFI – eau, etc.).

On other more commonly covered topics in the DRC (management committees, spare parts, etc.), discussions with other stakeholders do take place but appear somewhat insufficient to result in standardised activities within a given zone without permanently adding further elements. It appears essential that the conditions of sustainability of actions and accountability to users are respected. This conclusion also needs to be viewed in relation to the fact that there is no active sector coordination framework.

***☞ The coordination structure set up for the programme (CCU) and the activities this carries out enables NGO members' activities to be harmonised. The CCU helps strengthen WASH sector coordination in the DRC; however, its activities could be made even more effective by putting an active sector coordination framework in place.***

### **D.3.2. To date, achievement of the 7 results targeted by the project**

The programme covers 7 distinct objectives that all feed into the main project aim, which is to create: "*an integrated and sustainable environment. Household health and hygiene has been adopted and managed by the communities and integrated into the local governance institutions providing the services and consolidated by local partners and the government*".

*This aspect involves assessing DRCWC progress against its objectives and expected outputs, in terms of both quality and quantity.*

The most recent data provided to the Consultant is from the last quarterly report submitted at the end of March 2015. At this time, DRCWC progress was as follows:

**Output 1: Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level**

The table below shows the progress made towards achievement of output 1, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 7: Progress towards achievement of Output 1 – March 2015**

Output 1 :	Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level			
In total, 327 731 individuals in 287 project sites are gaining increased knowledge of improved WASH practices for Wave 1, Wave 2, and the start of Wave 3.	Indicator	Target End Year 2	Achieved to date	%
	I 1 - 1 : Number of males and female adults, boys and girls who have knowledge of at least two critical moments for hand washing	128 986	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1. Nevertheless, the estimation made by the Consortium (logframe updated) speak about 182 493 persons (142%)</i>	
	I 1- 2 : Number of males and females, boys and girls with knowledge of at least 1 stated transmission and 1 prevention methods of water borne disease	128 986	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1). Nevertheless, estimation made by the Consortium (logframe updated) speak about 182 493 persons (142%)</i>	
	I 1-3 : Number of males and females, boys and girls who demonstrate correct hand washing behaviour with soap /ash  (Target: at least 70% of Targeted Population; 50% male, 50% female)	128 986	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1). Nevertheless, estimation made by the Consortium (logframe updated) speak about 182 493 persons (142%) of the vague 1)</i>	
	I 1 – 4 : Number of villages observed to be clean # of Zone de Sante who are assessed as functioning “well” or “very well” in organisational, technical and response capacity assessment (Target:	191	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end</i>	

<b>Output 1 :</b>	<b>Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level</b>		
	100% of Zone de Sante score >4 in evaluation)		of the vague 1). Nevertheless, estimation made by the Consortium (logframe updated) speak about 173 sites (91%)

The indicators for this output were redefined in December 2014. However, as the end-of-phase 1 KAP survey has not yet been carried out, it has not been possible for the Consultant to update these. Nevertheless, the Consultant did conduct a quick survey, during the short field work, which highlighted a number of trends (see .0.0. )□F). **These trends reveal that behaviours are beginning to change, as for example, the daily use of latrine, as well as the water conservation routines.**

*☞ It has not been possible to evaluate progress towards achievement of output 1. However, the quick survey carried out by the Consultant shows people's behaviours are beginning to change.*

### **Output 2: Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level**

The table below shows the progress made towards achievement of output 2, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 8: Progress towards achievement of Output 2 – March 2015**

<b>Output 2 :</b>	<b>Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level</b>			
13 ZDS are developing their capacity. 9 of these ZDS are in Wave 1 and will receive a full assessment of their capacity in Q7-Q8 after the 18 month intervention. 1731 RECOs have been trained for Wave 1 and will receive their final assessment in Q7-Q8. 1295 further RECOs will be targeted in Q7-Q8 as part of Wave 2 and 3.	<b>Indicator</b>	<b>Target End Year 2</b>	<b>Achieved to date</b>	<b>%</b>
	I 2- 1 : # of Zone de Sante who are assessed as functioning “well” or “very well” in organisational, technical and response capacity assessment (Target: 100% of Zone de Sante score >4 in evaluation)	13	9	69,2%
	I 2 -2 : % water points per quarter which break down that are successfully repaired within 7 days by trained local service provider	40%	N/A	N/A
	I 2- 3 : # Relais communautaire who score >4 in evaluation of their WASH knowledge, capacity and level of activity. (Target: 70% of RECOs score >4 in evaluation)	2 466	1 721	70%
	I 2 -4 : # of visits per month to WASH infrastructure and community institutions at village level by zone de santé staff which are documented correctly (Target: all Zone de Sante make at least one monthly visit to village level)	13	6	46%

Output 2 :	Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level			
	I 2.5 : % of epidemic outbreaks where zone de santé launch a response within 72 hours (a rapid response is launched within 72 hours to all epidemic outbreaks by all zone de sante)	100%	4 out of 4 so far	100%
	I 2.6 : Among the 20 Caritas Staff trained, involved and coached by CRS, % that will have acquired WASH technical expertise (Target 80% of the targeted staff have a positive evaluation)	0	0	0%

During the first phase, the agencies provided capacity-building support to BCZ and RECO members and to the target health zones (100% of the phase 1 target achieved, i.e. 40% of the final target). All of the RECOs interviewed during the evaluation have good technical knowledge, thus proving that the training provided by the field teams was effective.

The BCZs' involvement, which is determined by the number of visits they carry out a month, appears to vary from one province to the next and from one agency to another. The reasons for this include:

- the distance and ease of travel between:
  - the NGO base and the BCZ;
  - the BCZ and target villages.
- the strategies put in place for BCZ involvement by other sector stakeholders: these can prove more worthwhile for the BCZ than the strategy offered by the DRCWC (no standard procedure for providing remuneration or materials);
- the 'competition' from other projects within the same health zone, which increases the BCZ members' workloads.

At the moment, it is somewhat difficult to assess the capacity of a health zone to respond to a cholera outbreak, as only four responses have been implemented since the start of the programme. However, the skills transfer that has taken place between SI and the other agencies suggests that the agencies will be able to respond effectively; however, this may not be the case at health zone and health area level.

***☞ Achievement of this output is currently mixed. While RECO training is progressing well, additional efforts need to be made to involve the BCZs.***

### **Output 3: Representative, accountable and responsive Community Committees are established by community members**

The table below shows the progress made towards achievement of output 3, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 9: Progress towards achievement of Output 3 – March 2015**

Output 3 :	Representative, accountable and responsive Community Committees are established by community members			
155 WMCs have been elected for Wave 1 and their capacity-building is in progress. This will further be	Indicator	Target End Year 2	Achieved to date	%
	I 3.1: Number of water management committees established, reactivated or re-elected through a democratic election	388	140	36%

Output 3 :	Representative, accountable and responsive Community Committees are established by community members			
supported by operational research in Q7-Q8 to improve training and support to WMC, especially on developing and using Business Plans for water services.	process (target 100%)			
	I 3.2 : Number of water management committee members (male and female) trained (Target: 100% members trained per WMC)	2 718	1 240 in progress	46%
	I 3.3 : % of population satisfied with water management committee performance (Target: 100% satisfaction with WMC)	50%	<i>Not known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1)</i>	
	I 3.4 : Number of water management committees that have met at least once in the previous 2 months and minutes of the meeting are available (TARGET: 80%)	311	<i>Not known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1)</i>	
	I 3.5 : # of WMCs where at least 50% of the official positions (president, vice president, treasurer and secretary) are occupied by women	311	28	9%

In December 2014, there were some activities that had still not yet been put in place by the agencies, hence why, at the mid-term evaluation point, it appeared that progress has been slow. However, during the Consultant's field visits, it became clear that the agencies' activities had significantly advanced, particularly as regards the training of committees (around 100% of the committees created during phase 1 had received at least one training session).

In addition, all the committees met by the Consultant were active, as illustrated by the frequency of meetings, their communication and reporting to the community, their community action plans, fee collection and knowledge of their individual roles. Furthermore, all the households interviewed stated they were satisfied with the management committee and its role in the community.

The agencies' management committee capacity-building is effective and focuses on community leaders. However, as the committee training modules have only just been developed, this capacity-building is not yet complete (particularly as regards ensuring economic sustainability of the water point).

***In December 2014, achievement of output 3 appeared mixed. However, at the time of the evaluation, the agencies had made considerable progress with the committees.***

#### **Output 4: Communities have sustained and improved access to and availability of potable water**

The table below shows the progress made towards achievement of output 4, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 10: Progress towards achievement of Output 4 – March 2015**

Output 4 :	Communities have sustained and improved access to and availability of potable water
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Output 4 :	Communities have sustained and improved access to and availability of potable water			
32 improved water points are complete and a minimum 167 water points will be constructed for Wave 1	Indicator	Target End Year 2	#	%
	I 4.1 : Number of persons that use an improved drinking water source during both wet and dry season (Target: at least 80% of total number of households per community)	206 744	57 000	27,6%
	I 4.2 : # of improved water sources have acceptable bacteriological water quality (100% of improved water sources 0 E.coliforms per 100ml)	388	<i>Not known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1)</i>	
	I 4.3 : Number of households who collect at least 15 litres per person per day of potable water from safe water sources (Target: at least 80% of households collect 15 litres of water per person per day)	34 467	<i>Not known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1)</i>	
	I 4.4 : Number of households who transport and stock water in hygienic manner (clean and covered receptacles, , fingers don't touch the water when pouring, receptacles cleaned with soap, sand or ash at least once per week)	34 467	<i>Not known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1)</i>	

The majority of the indicators listed above have not been assessed, essentially because most of the planned water points have not been built. At the end of March 2015, only 44% (84/191) of the water points scheduled for phase 1 (which is due to end in July 2015) had been constructed. There are a number of reasons for this lack of progress: the time required for the preparatory phase (setting up teams and bases) was under-estimated; there have been problems getting materials delivered to certain areas; work has been hampered by the weather conditions (rainy season).

It has also not been possible to review other indicators, such as the hygienic storage of water or access to drinking water, as data for these has not yet been collected (final KAP survey).

The facilities visited by the Consultant that have been built are generally of good quality and meet the technical specifications set out in the technical benchmark documents. Nevertheless, the Consultant team did identify several areas for improvement, which would help increase coverage (both qualitatively and quantitatively) of all the population's needs, namely:

- i) Geo-physical and hydro-geological studies were not systematically carried out during the implementation of phase 1. For example, ACTED did not undertake geophysical tests because they mainly constructed manual boreholes and/or tapped into areas of water resurgence (a desk-based hydrogeological study was undertaken). Given that drilling boreholes with poor yields is a low-cost option and the fact that ACTED's preferred type of water point is the water catchment, the agency decided that this type of study was not required for phase 1. However, given the number of negative drilling results obtained, despite the aim begin to optimise the time required for construction in the target areas, ACTED will be systematically conducting these studies during phase 2. Although Concern has

developed an adequate methodology, it appears that very few agencies carry out systematic water quality analyses to measure levels of heavy metals<sup>22</sup>. It is also to be noted that there is no defined protocol to help the agencies determine whether this type of analysis should be conducted or not (when an analysis does or does not need to be carried out).

- ii) Using the downward catchment method in areas of sandy soils to prevent subsidence.
- iii) Securing sites during construction work.
- iv) In certain areas, queues were observed at the boreholes. The number of water points will need to be increased to prevent this adversely affecting the local people and/or the opening hours could be reviewed to take peak periods into account.
- v) Not all the people are satisfied with the siting of the water points and households sometimes revert back to using poor practices (using surface water for drinking).

***In December 2014, achievement of output 4 appeared mixed. However, at the mid-term evaluation point, the agencies appeared to be getting back on track, suggesting that the output will be successfully achieved by the end of the programme.***

### Output 5: Communities have improved and sustained access to sanitation facilities

The table below shows the progress made towards achievement of output 5, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 11: Progress towards achievement of Output 5 – March 2015**

Output 5 :	Communities have improved and sustained access to sanitation facilities			
58,867 households in 287 project sites are improving household sanitation through Small Doable Actions to construct or improve latrines, handwashing stations and waste disposal holes. A sample of the 32,619 households in 174 project sites for Wave 1 will be assessed as part of the endline KAP survey in Q7-Q8.	Indicator	Target End Year 2	Achieved to date	%
	I 5.1 : Number of households who use a hygienic family latrine that is no more than 50m from their home (Target: At least 80% of households use a hygienic latrine less than 50m from their home)	34 457	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1). Nevertheless, estimation made by the Consortium (logframe updated) speak about 47 976 households (139%)</i>	
	I 5.2 : Number of households with soap or ashes and water at a hand washing station inside or within 10 paces of latrines (Target: At least 80% of households)	34 457	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1). Nevertheless, estimation made by the Consortium</i>	

<sup>22</sup> Nevertheless, all agencies carry out standard bacteriological and chemical tests during the construction of the water point.

Output 5 :	Communities have improved and sustained access to sanitation facilities		
			<i>(logframe updated) speak about 47 976 households (139%)</i>
	I 5.3 : # Households with a designated solid waste disposal system (family or community) and evidence that those facilities are in use(at least 80% of households)	34 457	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1). Nevertheless, estimation made by the Consortium (logframe updated) speak about 47 976 households (139%)</i>
	I 5.4 : % of schools that have improved hygienic gender segregated latrines with locking mechanism (100% of schools, 1 stand for 30 girls/60 boys	40%	<i>Not exactly known at present because only monitored via KAP 1 and KAP 2 (at the beginning and at end of the vague 1). Nevertheless, latrines are planned in up to 74 schools for Wave 1 and 2.</i>

The indicators for this output had not been assessed at the time of drafting the quarterly report or conducting the mid-term evaluation as the agencies had not completed the end-of-phase 1 KAP survey.

Nevertheless, the majority of the communities involved in phase 1 visited by the Consultant team have put PAFI in place (building their own latrines; handwashing facilities; covered storage containers, etc.). Households have good knowledge of hygiene practices (i.e. knowledge of the 5 critical handwashing times, faecal-oral transmission channels, etc.). This demonstrates that the awareness-raising activities conducted by the different agencies are of good quality and achieve positive results. However, the extent to which this knowledge is put into practice remains unclear. For example, handwashing practices are not always followed correctly and the handwashing facilities, installed under the PAFIs, are not always used.

Hygiene promotion and latrine construction activities are not systematically carried out in schools. The initial stated strategy of the Consortium was to construct latrines and to conduct hygiene education sessions in 1 school located per 5 targeted villages. . Actually, given that there are more schools in reality than 1 per 5 villages, the actual selection of the schools has depended on the each agency's available budget and how it can adapt it to the number of schools that exist. Therefore, not all the schools within a village are targeted (although some agencies do conduct awareness-raising campaigns in all a village's schools). The activity package provided to schools includes:

- teacher training to help teach hygiene education lessons (PESE model);
- the construction of school latrines;
- children awareness-raising through water and sanitation-related activities.

All the teachers and children interviewed demonstrated good knowledge of good hygiene practices. This shows that the agencies' work is sufficient; however, it was difficult to assess

the actual application of knowledge gained through the programme within the time available for the evaluation<sup>23</sup>.

The school latrines visited in Katanga<sup>24</sup> are of good quality; however, there are a number of aspects that could negatively impact on their sustainability, such as: the suitability of some of the materials used for the superstructure (wood / presence of termites); understanding of the double-pit system principle (poorly sized and/or the teaching staff do not understand the pit emptying system).

*It was not possible to assess the achievement of this output during the mid-term evaluation. Nevertheless, field observations revealed that the majority of households/schools have put PAFI in place and have a sound understanding of good hygiene practices, even if there is uncertainty over the practical application of these. Nevertheless, a doubt subsists about the added value generated by the hygiene education sessions, in schools where there was no construction of sanitary facilities.*

**Output 6: Increased coordination, participation and planning at the macro, meso and micro levels between consortium members and governance structures, service providers and other stakeholders in the WASH sector**

The table below shows the progress made towards achievement of output 6, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 12: Progress towards achievement of Output 6 – March 2015**

<b>Output 6 :</b>	<b>Increased coordination, participation and planning at the macro, meso and micro levels between consortium members and governance structures, service providers and other stakeholders in the WASH sector</b>			
Coordination at provincial levels is exceeding targets, although progress on national coordination and national/provincial visits is more difficult	<b>Indicator</b>	<b>Target End Year 2</b>	<b>Achieved to date</b>	<b>%</b>
	I 6.1 : Number of meetings at National level with WASH actors within the CNAEA in which the Consortium participates (expansion of VEA Cellule S&E meeting)	24	11	46%
	I 6.2 : Number of coordination meetings at Provincial level convened or facilitated by the Consortium members with WASH actors within the CPAEA	28	15	54%
	I 6.3 : Number of technical M&E /Technical support monitoring reports produced by Provincial representatives of the CPAEA and by National representatives of the CNAEA to project areas	38	2	5,3%

<sup>23</sup> In Bandundu, latrine construction in schools had not begun at the time of the visits.

<sup>24</sup> The construction work on school latrines had not started in Bandundu at the time of the field visit.

<b>Output 6 :</b>	<b>Increased coordination, participation and planning at the macro, meso and micro levels between consortium members and governance structures, service providers and other stakeholders in the WASH sector</b>			
	I 6.4 : Number of ZDS where the Consortium intervenes which input the village data to national database of Village et Ecole Assainis	8	0	0% <sup>25</sup>

The indicators relating to the organisation of provincial and national level coordination meetings show that the achievement of this output is on track. The Consortium has sometimes found it difficult to organise national and provincial level visits, due notably to the logistical constraints encountered in the DRC (the implementing areas are far from the Provincial capitals, and it was underestimated to what extent Provincial level authorities required being integrated into decision-making, and the authorities themselves have limited availability to go on field visits). The Consortium would like to revise the objectives for each step to align them with the actual situations encountered.

**Overall, achievement of output 6 is at a satisfactory level. However, the Consortium would like to revise the step objectives to improve their alignment with the situations encountered.**

**Output 7: The Consortium produces and disseminates evidence for sustainable, community based solutions to WASH needs in the DRC**

The table below shows the progress made towards achievement of output 7, set out in accordance with the various indicators, which were revised in December 2014:

**Figure 13: Progress towards achievement of Output 7 – March 2015**

<b>Output 7</b>	<b>The Consortium produces and disseminates evidence for sustainable, community based solutions to WASH needs in the DRC</b>			
<b>Internal Technical Reviews and external advocacy / lessons learned workshops are on track</b>	<b>Indicator</b>	<b>Target End Year 2</b>	<b>Achieved to date</b>	<b>%</b>
	I 7.1 : Number of Aires de Santé with WASH resources mapped and shared with WASH sector actors (ACTED Mapping)	48	0	0%
	I 7.2 : Number of learning or advocacy events convened by or facilitated by the Consortium on WASH sector issues	6	6	100%
	I 7.3 : Number of Technical Review Meetings/Workshops convened by the Consortium Coordination Unit with Consortium member agencies to assess programme progress	5	5	100%

Achievement of this output is progressing smoothly. The various technical reviews and other workshops are proving worthwhile and act as a real platform for information-sharing between agencies and between the Consortium and other sector stakeholders, who would not

<sup>25</sup> Note that this is in progress – until now the national database was being revised and the collaboration with VEA / UNICEF to work out how to integrate data has been quite slow.

otherwise meet. The cartography was been put on stand-by in late 2014 due to uncertainty over redefinition of the budget, but will be caught up at the end of Wave 1 to capture and document this data.

☞ **Achievement of output 7 is on track.**

☞ **Overall, the Consortium has fallen somewhat behind schedule when compared against the initially planned results. This is perhaps due to the fact that the time required for the preparatory phase was under-estimated. However, it should be possible to get back on track fairly quickly as the time required for the other phases has now been optimised.**

**Although there are a few areas for improvement, the quality of the activities being undertaken by the agencies is good.**

### D.3.3. Risk mitigation and flexibility

#### a) Identification of the reason of the degree of achievement and analysis of the risk mitigation strategy set up by the CCU

The programme document submitted to DFID did not include the risks that could impact on the success of the programme. However, since December 2013, the six-monthly reports have listed the main programme-related risks. Identifying these factors has enabled the Consortium to revise their approach and review the risk register over the subsequent quarters. These revisions are ongoing with the latest risk register, updated in March 2015, being provided to the Consultant for the purposes of this evaluation.

<b>Risk Register</b>	
This risk register has been developed to ensure the successful development of a WASH Consortium with agreed principles on working together, governance structures are in place and minimum standards are agreed. The headings are described in more detail below:	
Risk -	These are the top appeal related risks as assessed by member agencies; no changes should be made to these cells
Risk Category -	Each risk has been categorised using: financial, fraud, operational, reputational, security and safety, legal and regulatory, other; no changes should be made to these cells
Impact -	<b>Select the level of impact the risk will have if it occurs - from High, Medium or Low, using the drop down list</b>
Likelihood -	<b>Select the likelihood of the risk actually occurring - from High, Medium or Low, using the drop down list</b>
Score -	Based on the selections made about Impact and Likelihood, a numerical score will be calculated automatically
Risk Ranking -	Based on the score the risk will be given a gross ranking of either High, Medium or Low automatically
Current Controls -	<b>Please enter your update to current controls in these cells; <i>please do not repeat information provided previously</i></b>
Strength of Current Controls -	<b>Select the strength of your agency's current control designed to contribute to reducing the risk (impact and/or likelihood) from Weak, Medium and Strong using the drop down list</b>
Score -	Based on the selection made about Strength of Current Controls, a numerical score will be calculated automatically
Risk Ranking -	Based on the score the risk will be given a net ranking of either High,

	Medium or Low automatically
Planned Controls -	<b>Please enter any update to the description of controls and mechanisms you plan to put in place which will contribute to further reducing the risk; <i>please do not repeat any information previously provided</i></b>
Risk Owner -	In this cell the person with responsibility for overseeing the risk should be noted
Additional Risks -	<b>Please add any other risks which you consider to be high to the formatted rows and complete all the columns</b>

*The aim here is therefore to determine whether the Consortium has put a risk management policy in place for the programme and, if so, assess whether this is applied and regularly updated. It is also useful to identify the alert mechanisms set up through the monitoring system that enable the CCU or agencies to take the mitigating measures required.*

The risk register developed is highly comprehensive and each party's risk monitoring responsibilities are clearly defined (board, lead agencies, member agencies, etc.)<sup>26</sup>. In total, the CCU and the board are currently monitoring 38 risks on a six monthly basis. However, this does not appear to be linked to an alert mechanism from the M&E system put in place by the DRCWC.

***The risks relating to the programme (notably governance-related risks) are recognised and listed. Monitoring is undertaken on a regular basis by the lead agency and the board to ensure that member agencies take the appropriate mitigation measures.***

### ***b) Flexibility of the programme, adaptation to change, opportunities, citizen or staff feedback***

As outlined above, the programme developed by the Consortium is highly flexible with regard to its activities, which are adapted based on the agencies' feedback from the field. This feedback is collated through the narrative quarterly reports and, more specifically, during the workshops held for the TWG/internal review.

*This aspect involves assessing whether the DRCWC and member agencies have had to change their activity schedule or activity types to better adapt to the context and make the most of the opportunities available, thus demonstrating the flexibility of the programme.*

After 2 years of implementation, 4 changes have been made to the programme. These changes have been well-reasoned and all aim not only to improve the proposed approach, but also to document the "adaptive programming" approach implemented by DFID in other programmes, thus helping to promote this initiative. Following any changes to the structure of the programme, the 12 Steps Manual and programme tools are updated accordingly.

	<b># of Key adaptations addressed and main topic</b>
<b>Q1 – Q2 report</b>	-

<sup>26</sup> Dropbox\Consortium WASH RDC\03 Rappports\01 Rappports biannuels DFID\03 S3 Biannual Rep Jul to Dec 2014\ Annexe 5 - Risk Register - February 2015

	# of Key adaptations addressed and main topic
<b>Q3 – Q4 report</b>	Two Detailed development of economic approach to better define and measure life-cycle costs: Revision of village selection process to increase likelihood of success and reach beneficiary targets
<b>Q5 – Q6 report</b>	Two Immediate integration of key lessons from community mobilisation and behaviour change research Overall review of 12-step process for Waves 2 and 3 after community mobilisation and supply chain research

In addition, each quarter, the DRCWC identifies the main areas/sources of concern to ensure it remains aware of any issues and can adapt the programme methodology and tools if required. The planned changes for Q7 and Q8 are listed below:

	Key adaptations planned for Q7-Q8
<b>Mar 2015</b>	<b>Streamlining of M+E framework and revision of some tools:</b> - Integration of KAP with national database.
<b>Apr 2015</b>	<b>Review of exit strategy from Zones de Santé</b> , to ensure the minimum support required to local actors between certification (after approx. 18 months) and the first official post-certification monitoring visit (approx. 6 months later, when the village becomes part of the national post-certification programme).
<b>Apr-Jun 2015</b>	<b>Development of additional programme tools:</b> - Project and financial management training and tools for committees. - Formats for Business Plan approach which can be used by communities and local authorities (not just by NGOs). - Tools for community monitoring of Small Doable Actions. - Other tools for knowledge management and learning at community level.
<b>Aug 2015</b>	<b>Review of 12 step process in advance of wave 4</b> , including key issues not sufficiently addressed so far such as gender and equity

*The "adaptive programming" approach has been successfully put in place by the DRCWC. This involves incorporating feedback from staff but not from the population, which could be introduced to add value to the programme. It is to be noted that, although this is an interesting approach (citizen feedback) and has been implemented as part of several WASH programmes (WASH in Schools in Mali, for example), it remains complex to successfully design and manage.*

#### **D.3.4. Adherence to the schedule and programme implementation stages**

In the project document, the Consortium provided an overall activity timetable that was subsequently broken down by target health area.

*Here, it is necessary to determine whether the Consortium defined an activity schedule and review whether the initial schedule is being adhered to at the mid-term point. The evaluation will focus on analysing the reasons for any changes, along with the corrective measures put in place and their impact.*

The Consortium has been adjusting the initial activity schedule from the very outset of the programme to take account of the delays accumulated during the partner agreement signature phase (that caused an estimated delay of about 6 months, due to an uncertainty

and long-set up period for NGOs and delays in procuring materials). To compensate for this, the agencies and the CCU have staggered the activities more equally over time and have merged the launch of phases 3 and 4.

The other changes made to the activity schedule are clearly outlined and explained in the quarterly activity reports submitted to DFID; however, they are not clearly listed on the activity schedule itself. The main aim of these changes is to improve the intervention methodology by:

- Increasing the time available for the preparatory studies to improve the 'software' intervention strategy;
- increasing the intervention period for phases 2 and 3 based on the lessons learned from phase 1, particularly increasing the water committee monitoring/support period following construction of the water points.

However, some changes have also been made as a result of uncertainty over the programme budget, which has led certain agencies to suspend their activities for a number of months.

*☞ The activity schedule was drawn up at the start of the programme, where it was immediately subject to substantial delays (uncertainty and long-set period for NGOs and delays in procuring materials). The DRCWC successfully reacted to this and, although some delays remain (particularly on phase 1), activities are back on track overall. The 'delays' to certain activities are due to the Consortium wanting to improve the quality of its activities (and the definition of its intervention strategy), which is to be commended.*

### D.3.5. Beneficiaries' satisfaction

Ownership of a project by the beneficiaries can notably be assessed by determining their satisfaction with the activities implemented. Once this has been determined, the quality of the interventions needs to be reviewed as this is one of the main factors that can influence beneficiary satisfaction.

This analysis is carried out based on the feedback received through the Focus Group Discussion meetings held with the agency coordinators in the field. However, at the moment, although some agencies have occasionally introduced a 'complaints' box, none of the member agencies have yet carried out a beneficiary satisfaction survey<sup>27</sup>.

*This aspect involves assessing whether, after one year of programme implementation in the communities, the 'beneficiaries' have assimilated and use the key concepts and whether they are satisfied with the activities carried out by the agencies.*

The majority of the rural populations targeted by the first phase of the programme have adopted the new hygiene practices (using latrines and handwashing facilities, etc.) and state they are proud and satisfied with this behaviour change. They also claim to be satisfied with their water points and the role of the rural WASH committees (98% of the people interviewed men, as well as women).

<sup>27</sup> The M&E system mainly focuses on the link between users and the committee on the committee's accountability to these users (KAP survey + WMC file). There is currently no data available for analysis and little structured reporting of accountability information between local stakeholders.

These beneficiaries are also satisfied with the activities undertaken by the various agencies in the villages.

Nevertheless, the Consultants did identify a few areas of dissatisfaction, namely:

- i) Long queues at the water points;
- ii) Failure of the agencies to explain the reasons for certain technical decisions to the committees.

In order to enable beneficiaries to express their satisfaction/dissatisfaction with the proposed activities, each Consortium member has developed a complaint handling mechanism (CRM) so that:

- Communities' concerns can be addressed at the appropriate level;
- There are effective complaint management procedures in place that includes mediation, if necessary.

Each agency has established its own complaint handling mechanism. They have ensured that the procedure (who is to receive the complaint, how, who is to respond and in what timeframe) has been understood and approved by the community.

As part of this complaint handling mechanism, some agencies have installed a 'complaints box' at the water points. Dissatisfied users can write down their complaints and post them in this box to be dealt with by the management committee, who must respond within as short a time as possible. There are also other types of complaint handling mechanisms in place; the committee can pass on a request to an implementing agency, for example.

*☞ Beneficiary satisfaction (men as well as women) is relatively high, both with their own behaviour changes and with the role of the management committees. The management committees are also satisfied with the work conducted by the agencies. Complaint handling mechanisms have been put in place, but it is still too early to determine how well these work.*

## D.4. Efficiency

### D.4.1. Human resources

Each agency has its own organisational chart for the programme based on the water point construction strategy selected (sub-contractors or in-house team) and on the agency's logistical/administrative procedures. Each team contains foreign and local staff and is sub-divided into a 'software' team and a 'hardware' team.

**Figure 14: Overview of the composition of each agency's teams**

Agency	Team composition dedicated partially or entirely to DRCWC
<b>ACTED</b>	<p><b>NATIONAL STAFF</b> : 2 Assistant Programme/project Manager ; 4 WASH Supervisor /Coordinator ; 8 Assistant WASH Supervisor /Coordinator ; 10 Animator/Hygiene Promoter/ CDO ; 1 Engineer ; 7 M&amp;E/ Accountability officer ; 17 Drivers, mechanics (field &amp; province), 8 Logistics staff (field &amp; province) ; 7 Admin/HR staff (field &amp; province), 5 Finance staff (field &amp; province) ; 16 Security Guards (field &amp; province) ; 10 Other domestic staff (field &amp; province) ; 5 Drivers, mechanics (Head office) ; 10 Logistics staff (Head office) ; 7 Admin/HR staff (Head office) ; 6 Finance staff (Head office) ; 9 Security Guards (Head office)</p> <p><b>INTERNATIONAL STAFF</b> : 2 Head of Mission ; 1 Programme Manager/Coordinator ; 2 Programme Advisors/Technical ; 1 Finance Staff ; 1 Logistics Staff ; 2 Area/Province Managers/Coordinators ; 2 Programme Support officer ; 1 M&amp;E/ Accountability officer</p>

Agency	Team composition dedicated partially or entirely to DRCWC
	<p>↘ % of staff mobilization within the programme (dedicate to the programme) : 8,7 % of international staff / 91,2 % of national staff – represented 33 % of the allocated budget</p>
<b>CRS</b>	<p><b>NATIONAL STAFF</b> : 1 Project Manager ; 1 Assistant Programme/project Manager ; 1 WASH Supervisor /Coordinator ; 1 Animator/Hygiene Promoter/ CDO ; 1 Rig Operator ; 1 Assistant Rig Operator ; 1 Rig Mechanic ; 1 Pump Technician ; 1 Water Quality Analyst ; 1 Mason/mud logger ; 1 M&amp;E/ Accountability officer ; 2 Drivers, mechanics (field &amp; province) ; 1 Logistics staff (field &amp; province) ; 1 Finance staff (field &amp; province) ; 1 Security Guards (field &amp; province) ; 1 Admin/HR staff (Head office) ; 1 Finance staff (Head office)</p> <p><b>INTERNATIONAL STAFF</b> : 1 Programme Manager/Coordinator ; 1 Programme Advisors/Technical ; 1 Finance Staff ; 1 Area/Province Managers/Coordinators ; 1 Assistant Programme Manager</p> <p>↘ % of staff mobilization within the programme (dedicate to the programme) : 22 % of international staff / 78 % of national staff – represented 28% of the allocated budget</p>
<b>ACF</b>	<p><b>NATIONAL STAFF</b> : 2 Assistant Programme/project Manager ; 9 WASH Supervisor /Coordinator ; 8 Animator/Hygiene Promoter/ CDO, 1 Engineer ; 6 Drivers, mechanics (field &amp; province); 3 Logistics staff (field &amp; province) ; 3 Finance staff (field &amp; province) ; 12 Security Guards (field &amp; province) ; 6 Other domestic staff (field &amp; province) ; 6 Drivers, mechanics (Head office) ; 6 Logistics staff (Head office) ; 4 Admin/HR staff (Head office) ; 3 Finance staff (Head office) ; 12 Security Guards (Head office)</p> <p><b>INTERNATIONAL STAFF</b> : 2 Head of Mission ; 1 Programme Manager/Coordinator ; 1 Programme Advisors/Technical; 3 Finance Staff ; 3 Logistics Staff ; 3 Area/Province Managers/Coordinators</p> <p>↘ % of staff mobilization within the programme (dedicate to the programme) : 14 % of international staff / 86 % of national staff – represented 31 % of the allocated budget</p>
<b>SI</b>	<p><b>NATIONAL STAFF</b> : 2 Programme/Project Manager ; 2 Assistant Programme/project Manager ; 6 Animator/Hygiene Promoter/ CDO ; 3 Rig Operator ; 2 Pump Technician ; 5 Drivers, mechanics (field &amp; province) ; 3 Logistics staff (field &amp; province) ; 2 Admin/HR staff (field &amp; province); 5 Finance staff (field &amp; province) ; 4 Other domestic staff (field &amp; province) ; 3 Drivers, mechanics (Head office) ; 2 Logistics staff (Head office) ; 2 Admin/HR staff (Head office) ; 1 Finance staff (Head office)</p> <p><b>INTERNATIONAL STAFF</b> : 1 Head of Mission ; 2 Programme 2 Manager/Coordinator ; 2 Finance Staff ; 2 Logistics Staff; 2 Area/Province Managers/Coordinators</p> <p>↘ % of staff mobilization within the programme (dedicate to the programme) : 21% of international staff / 79% of national staff – represented of 35,8% of the allocated budget</p>
<b>CONCERN WW</b>	<p><b>NATIONAL STAFF</b> : 1 Programme/Project Manager ; 2 WASH Supervisor /Coordinator ; 9 Animator/Hygiene Promoter/ CDO ; 1 Engineer ; 2 Assistant Engineer ; 2 Rig Operator ; 2 Rig Mechanic ; 2 Pump Technician ; 1 Water Quality Analyst; 3 Mason/mud logger ; 1 M&amp;E/ Accountability officer ; 6 Drivers, mechanics (field &amp; province) ; 5 Logistics staff (field &amp; province) ; 1 Admin/HR staff (field &amp; province) ; 3 Finance staff (field &amp; province) ; 14 Security Guards (field &amp; province) ; 4 Other domestic staff (field &amp; province) ; 3 Drivers, mechanics (Head office) ; 1 Logistics staff (Head office); 1 Admin/HR staff (Head office) ; 2 Finance staff (Head office)</p>

Agency	Team composition dedicated partially or entirely to DRCWC
	<p><b>INTERNATIONAL STAFF</b> : 1 Head of Mission ; 2 Assistant Head of Mission ; 1 Programme Manager/Coordinator ; 1 Finance Staff ; 1 Logistics Staff ; 1 Area/Province Managers/Coordinators ; 1 Assistant PM - M&amp;E/geologist</p> <p>↳ <b>% of staff mobilization within the programme (dedicate to the programme) : 13% of international staff / 87% of national staff – represented of 29,3% of the allocated budget</b></p>

*The aim here is to assess whether the (quality and quantity of) human resources allocated to the programme are sufficient for implementing the Consortium's programme in an optimum manner.*

The discussions held with the project teams (which were limited by the time available) indicate that the team set-up is appropriate for the work being carried out in the field. However, the more in-depth analysis conducted in March 2015<sup>28</sup> on the link between the software methodology and composition of the teams in the field reveals that the 'software' teams are slightly too small. Thus, even if the ratio is suitable for implementing the community-based approach, the facilitators generally also have other tasks to perform within the agency itself and so are not entirely dedicated to the programme activity. The issue therefore appears to be one of task-sharing rather than of poorly-sized teams.

There is high staff turnover, particularly among experienced foreign staff, and all agencies find replacing these staff members somewhat difficult. This could be due to the 'difficult/isolated' living conditions encountered in rural areas of the DRC, as well as to the fact that few local people are able to take up these positions without a long training period. This staff turnover can also sometimes lead to important information on ongoing activities, the project's history and DRCWC philosophy being lost. The DRCWC is currently working on how best to preserve this information (lesson-sharing, summer university, briefing for new arrivals, etc.).

In addition, many of the local teams have transferred from the so-called 'emergency' programme and so have needed some time to adapt to the 'development' programme. Thus, training has had to be provided from the project managers on other types of response, knowledge and behaviours and there have been longer intervention times for the first phase of the programme.

The agencies have taken the gender aspect into account by forming mixed-gender teams. However, the agencies have highlighted that it is difficult to recruit female staff in the DRC as they receive few applications from women and those women who do apply are often not suitably qualified<sup>29</sup>.

**☞ According to the different interviewed agencies, the number of human resources appears appropriate for the Consortium's target strategy. The teams are also suitably skilled. However, the high staff turnover could have an impact on the project and it is difficult to achieve a balanced gender mix within the agencies' teams.**

<sup>28</sup> Report produced by Franck Flachenberg (RT Santé Environnemental CWW)

<sup>29</sup> It seems that Concern has wanted to develop other strategies to increase the number of female staff members (partnerships with universities in particular). However, no further information on this was provided to the Consultants during this evaluation.

### ***b) .Relevance of the geographical location of the program's human resources***

Proximity to the communities is central to the 'bottom-up' intervention strategy established by the DRCWC.

The location of the field bases and sub-bases is vital for ensuring both proximity to the communities and an optimised logistic supply chain (i.e. accessible by road or pirogue), while enabling frequent communication with the BCZ.

All the agencies' central coordination offices are in Kinshasa; however, they have also opened field bases and sometimes sub-bases to ensure they are as near to the intervention areas as possible. Most of the target villages are located on the main roads that link the field bases to the sub-bases<sup>30</sup>.

*Given this situation, it is necessary to review the geographical location of the intervention teams and to assess their workload (ratio of villages to facilitators in particular).*

The ACTED, SI and CONCERN WASH teams are represented by a project manager located in the administrative centre of the intervention sector and there is also a field base managed by a base manager (or field coordinator), who is in charge of logistical, administrative and security aspects. More specifically, in the case of SI, the field coordinator was initially responsible for two areas of intervention, Katanga and Bandundu. However, given the length of time it was taking to travel between the two areas, a second field coordinator position was created and supervision of the two areas split between the two. This has also helped ensure foreign staff members spend more time at the field bases. Local staff members (facilitators, supervisors) have no fixed base but are encouraged to live in the villages.

Some agencies (ACF and SI, for instance) also have a WASH coordinator based either in Kinshasa or in the province capital.

In each of the agencies, each facilitator is responsible for an average of 4 villages (meaning they monitor around fifty RECOs). The facilitator teams and their supervisors are based near main roads and manage activities in neighbouring villages so as to make the best use of both their time and their logistical resources.

***☞ The deployment of teams in the field seems appropriate to enable the logistical and physical constraints encountered in the intervention areas to be overcome. Supposing that the division of software/hardware tasks has been correctly defined, the teams do not yet appear to be under-staffed. However, this issue will need to be addressed at the start of phases 2, 3 and 4, as these could lead to an overlap and increase in the number of villages/facilitators. The geographical distribution of the agencies within the field is appropriate and addresses the logistical constraints encountered in the DRC.***

### ***c) Adequacy of the DRCWC's structure and governance to implement the 12 steps***

The programme is built around the intervention of a consortium of international NGOs, the lead agency of which is Concern. This joint working relationship has been formalised through

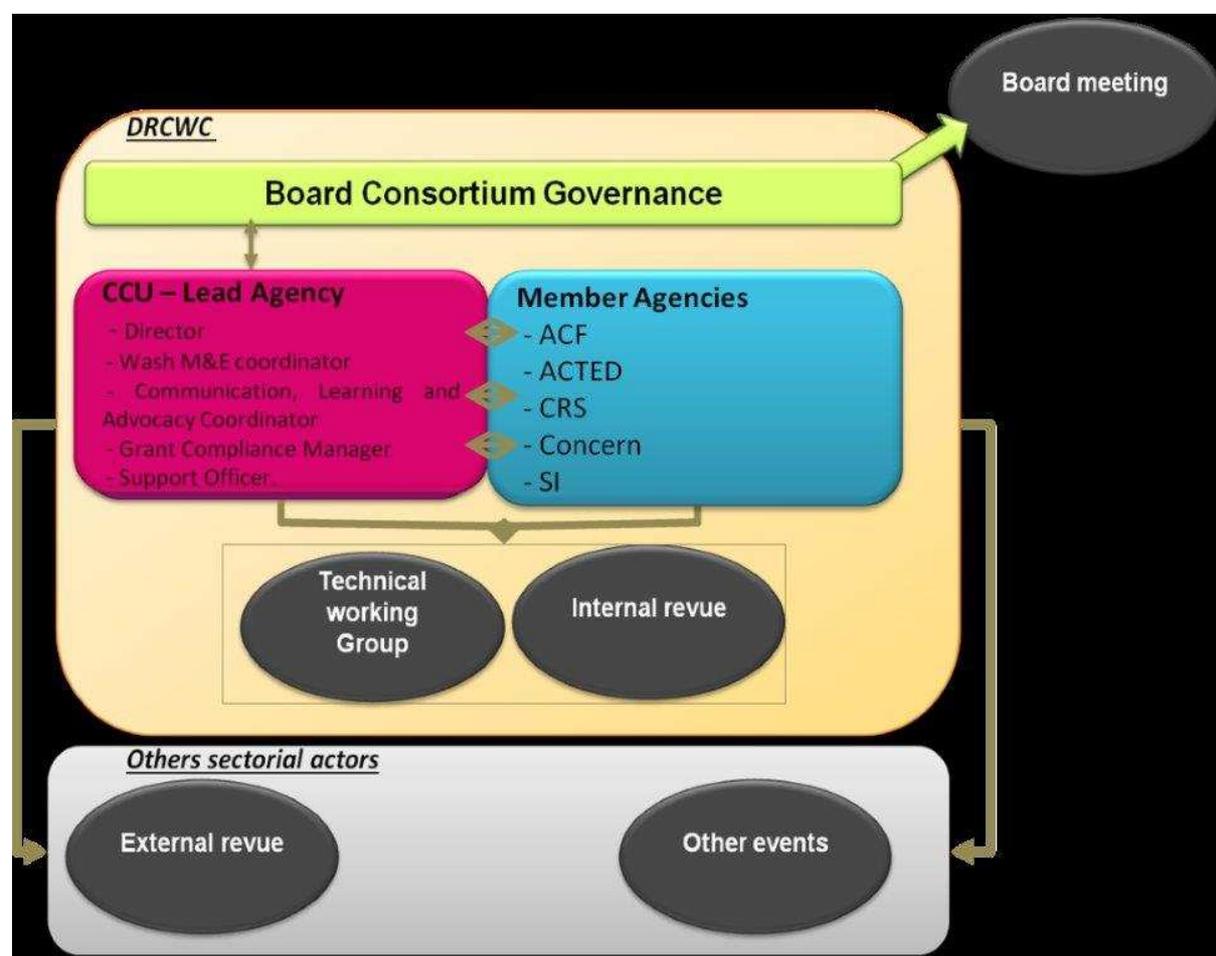
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<sup>30</sup> Analysis conducted with only 3 agencies met in the field.

a 'Governance Agreement', signed on 1<sup>st</sup> July 2013, which establishes the legal basis and structure of the partnership between DFID, the lead agency and all member agencies. Upon signing the contract document, the agencies joining the Consortium agree to follow the (previously discussed and approved) approach and principles set out in the contract.

The structure of the Consortium is provided in the figure below:

**Figure15: Structure of the WASH Consortium**



*This aspect involves reviewing the DRCWC structure and governance set-up and assessing whether the current structure is adapted to this type of programme and to the DRC.*

To supplement this section of the evaluation, the Consultant would like to recommend two internal reviews produced by Concern in the 1<sup>st</sup> quarter of 2015.

- Report on the Consortium support visit of 10 to 22 March 2015 by Franck Flachenberg, Environmental Health Adviser;
- Report by Nellie Kingston (Concern) on Consortium governance<sup>31</sup>.

The second of these documents contains an in-depth risk analysis, but was not available for use in this evaluation report. Overall, it appears that the Consortium's governance is not specifically adapted to monitoring the guidelines established by the CCU (and approved by the member agencies). This is notably because the CCU does not have the direct power to enforce these guidelines. Furthermore, these guidelines are not themselves directives that

<sup>31</sup> Not available at the time of the evaluation so not provided to the evaluation team.

must be applied by the agencies<sup>32</sup>. This flexibility could be considered an advantage (as is the case in other WASH consortiums) as it also makes it possible to draw on different methodological approaches and share lessons learned.

The Consortium structure and leeway given to each agency to express their opinions in the various TWG and board meetings are both satisfactory and ensure the 'individuals/structures' are on an equal footing (e.g.: the various country representatives and project coordinators, etc.). In order to improve the monitoring of the agencies' work, it would perhaps be useful to develop a reporting or monitoring document for each of the programme's 12 steps.

***☞ Programme governance is acceptable and is aligned with the underlying principles of setting up consortiums. A partnership agreement between each agency and the lead agency was signed in 2013 and sets out the role of each party. Additional analyses are provided in the report drafted by Nellie Kingston.***

## **D.4.2. Financial resources**

### ***a) Analysis of the draft budget and of the budget execution: are they in line?***

The total budget submission to support the DRC WASH Consortium over a 4 year period was GBP 24,078,956 and had been developed by each of the 5 implementing agencies and the Consortium Coordination Unit. The initial budget was aligned to the programme's logical framework and the programme outputs. Each agency budget takes the working environment in which the agencies operate into account, follows individual agency policy and procedures for personnel costs, with support costs depending on the number of offices and bases located in the operational areas.

*The aim here is to review the programme budget structure and assess whether this is appropriate for meeting the underlying programme objectives.*

The main budgetary information is provided in the table below.

<sup>32</sup> Extract from Franck Flachenberg's report on governance: "At the moment, it appears that some of the project managers, those with a more emergency response and/or hardware background, are 'profiting' from this 'weakness' to wrap the CCU recommendations up into a package that, from the outside, looks as though it complies with the proposal...but, in fact, is very similar to what they were doing before".

Figure 16: Budget breakdown by agency

Agency	Budgetary distribution (GPB)	% operational costs	% functioning costs	% indirect costs
ACF	4 389 264	68%	25%	7%
ACTED	4 401 151	74%	19%	7%
CRS	3 737 309	83%	11%	7%
CONCERN	4 122 335	74%	19%	7%
SOLIDARITES	4 647 374	76%	17%	7%
CCU	2,647,009	90%	4%	7%
<b>TOTAL</b>	<b>23,944,441</b>	<b>76%</b>	<b>17%</b>	<b>7%</b>

Analysing the budget breakdown makes it possible to assess the balance between the operating budget and the investment budget. **Operating expenditure accounts for nearly 17% of the total budget, which is entirely reasonable** given the situation encountered in the DRC (where substantial logistical resources are required). However, this breakdown does vary from one agency to the next<sup>33</sup>.

- ACF breakdown: 68% / 25%;
- CRS breakdown: 83% / 11%.

One reason for this is the fact that agencies are structured differently and do not have the same access to their own funds and the same safety rules, which can raise operating costs. The CCU breakdown is 90% / 4%<sup>34</sup>, which is due to the types of activity undertaken and CCU-specific operating budget items.

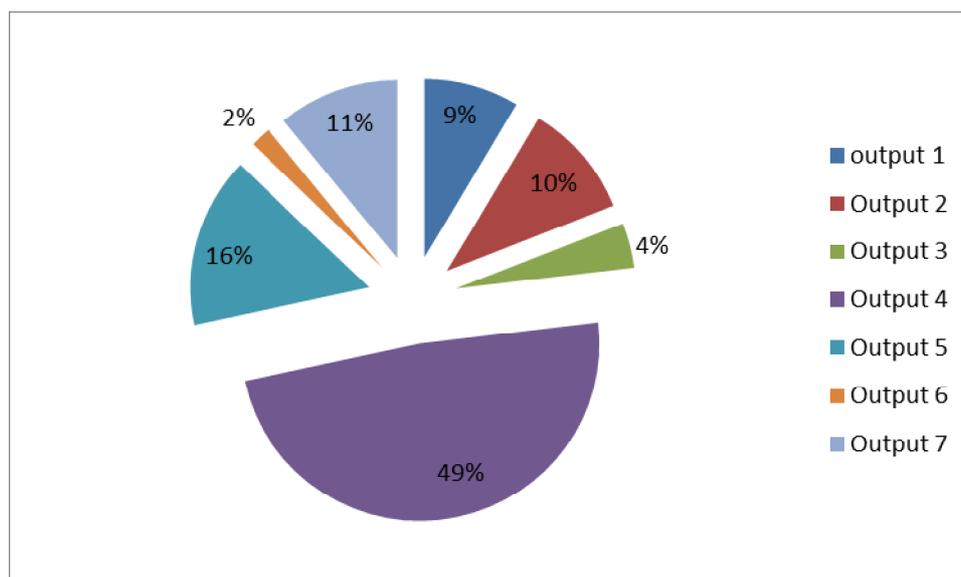
The figure below provides detailed information on the investment budget for the expected outputs of the programme. This budget is not **uniformly spread between the 7 main outputs**:

- Output 4 (water point construction) and output 2 (BCZ capacity-building and RECO training/motivation) both have larger budgets, accounting for 1/2 and 1/6 of the programme investment budget respectively. However, this is only logical and thus no cause for concern.
- Output 6 (coordination activities) and output 3 (setting up and training committees) account for less than 10% of the investment budget. This is because output 6 mostly involves communication activities and meetings and the activities for output 3 are voluntary and so have few associated costs.

<sup>33</sup> It is to be noted that in the budget amendment submitted to DFID following the budget reduction, this difference between agencies will be levelled out.

<sup>34</sup> The CCU investment/operating budget breakdown is relatively surprising. It is notably due to the fact that foreign CCU staff members are listed under 'programme' costs rather than under operating costs.

Figure 17: Breakdown of investment budget by objective



The budget breakdown is consistent with the Consortium strategy. As stated above, the main areas of investment relate to water point construction ('costly' compared to other programme activities) and to the hygiene and sanitation promotion process (40% of the investment budget (outputs 1+7+3+5)), which involve the most activities.

*The breakdown between operating and investment costs is appropriate for the context, despite this breakdown varying between agencies due to the different NGO set-ups. In addition, the initial overall budget allocated to each output appears consistent with the Consortium's strategy.*

### b) Adequacy of the amounts invested for the results obtained

The table on the following page shows the expenditure for the first two years of the programme.

Figure 18: Budget expenditure at the end of March 2015

All costs	ACF	ACTED	CRS	Concern	Solidarités	CCU	TOTAL Programme	TOTAL withdraw (03/15)
Programme costs	966 485	1 509 501	1 242 491	1 298 050	1 387 831	528 387	17 621 062	6 932 745
Support Costs	585 055	455 854	335 993	321 603	589 339	273 442	4 756 920	2 561 287
Indirect costs	108 670	137 636	110494	113 387	138 407	56 187	1 566 459	664 780
<b>Total</b>	<b>1 660 210</b>	<b>2 102 991</b>	<b>1 688 978</b>	<b>1 733 040</b>	<b>2 115 577</b>	<b>858 015</b>	<b>23 944 441</b>	<b>10 158 812</b>
% prog	58%	72%	74%	75%	66%	62%	73,59%	68,24%
% supp	35%	22%	20%	19%	28%	32%	19,87%	25,21%
% indirect costs	7%	7%	7%	7%	7%	7%	6,54%	6,54%

*This aspect involves reviewing programme expenditure and checking that this is in line with the initial forecasts. Should any discrepancies be revealed, the evaluation will focus on identifying whether these could have been foreseen and if they could adversely affect upcoming activities (request for an extension of funds). The budget will also be reviewed to determine ratios.*

The table above shows that, at the mid-term point, 42%<sup>35</sup> of the funding initially requested (for the period) has been used. Thus, issues relating to the amounts utilised are as follows:

- The agencies are struggling to spend the budget allocated by DFID within the initially allotted timeframes. This is due to the fact that the programme's main hardware investment has not yet been made (e.g. water point construction) and, compared to the target achieved in Q8, there has been under-spend on a number of budget headings (particularly on headings relating to outputs 2, 3, 4, 5, 6, and 7). The agencies are finding it difficult to spend the funds allocated to them each year for setting up their activities.
- The DFID disbursement limit of £5m a year is having an impact on the agencies' disbursement procedures as they need to ensure that their expenditure is spread equally over each year and over each phase. Otherwise, there is a risk that the later disbursements will be truncated and the agencies will be unable to complete the activities for the final phase due to lack of funding.

In July 2014, following internal budget cuts, DFID informed the DRCWC that it would be revising the initial WASH Consortium budget. For the remainder of 2014 and the first six months of 2015, uncertainty surrounding this announced budget cut brought field work to a standstill as the agencies were unwilling to start activities that they couldn't later complete. Initially, DFID stated they would reduce the budget by 30%. Ultimately, however, the figure was substantially lower than the initial forecast and this issue was addressed by all the agencies, with support from the CCU. This budget review is leading the agencies to make a few revisions to their strategy; however, the precise nature of these was not communicated to the Consultant during the evaluation as discussions are still ongoing. **In addition, the average cost of investment per beneficiary outlined in the initial project proposal was 43 GBP.** Compared to other projects previously implemented by the agencies, this cost is slightly high (for other projects in rural areas this cost is 30 GBP per beneficiary), but this is because it also includes the Consortium governance, coordination and monitoring and evaluation costs.

At the end of quarter 8, some agencies re-estimated the investment costs as part of the budget review requested by DFID.

Analysis of the financial documents has revealed that the majority of NGOs are currently under-spending on their 'software' budget and this is particularly true of ACTED and SI. Budget spending on 'hardware' approximately corresponds to the infrastructure built.

The CCU works to ensure there is good financial management within the agencies and, to this end, issued some 'advice' in a document published in April 2015 to optimise investment:

- Where there is budget under-spend, agencies are advised to make additional investment by carrying out a more in-depth community diagnostic, for instance, conducting extra visits as part of the exit strategy or by putting up notice boards, etc.
- In the event of budget over-spend, agencies are requested to target more demographically and technically 'feasible' areas for phases 2, 3 and 4.

***☞ At the end of Q8, most of the agencies have spent the budget allocated to the 'software' activities and thus spending is in line with initial forecasts. However, following a request from the donor to reduce the programme budget, the agencies are currently reviewing their budgets. Cutting the budget too much could adversely affect the quality of the facilities built and give the agencies less flexibility over the types of water point they install.***

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<sup>35</sup> Soit 10 158 812 GPB sur 23 944 441 GPB

## D.5. Sustainability: ownership of the project by the beneficiaries, durability and reliability

### D.5.1. Development and implementation of a project exit strategy

*a) Establishment of a project exit strategy during the inception phase: relevance and realism*

*b) Establishment of a project exit strategy during the inception phase: relevance and realism*

The exit strategy outlined in the project document is based on the following premise:

“A sustainable exit strategy can be ensured by focusing on the communities, by putting them in touch with service providers and local and national government bodies and by working with all these entities to build knowledge and resilience and ensure the sustainability of interventions”.

Sustainability is addressed by providing capacity-building to local government bodies, who offer services to target groups, through organisations, by ensuring community autonomy and by providing solutions to key sustainability issues through operational research and programme implementation data analysis to inform future programming.

*This aspect involves determining whether there is a clear, harmonised exit strategy in place and if this has been communicated to member agencies. If there is such a strategy, it is important to review the roles assigned to local government actors and to identify the factors that could have a negative impact on the exit strategy established by the DRCWC.*

There is no real, clearly defined exit strategy; however, discussions on this were held during the Technical Working Group Programmes meeting of February 2015 and at the internal technical review meeting held in May 2015. This lack of a longer-term vision around what is to happen after the end of the agencies' activities and following certification of a village is one of the programme's major weaknesses, particularly as regards phase 1.

The following factors can adversely affect sustainability of a programme if they are not implemented at the very outset of the process and if they are not incorporated into the exit strategy.

- Consistency with national and international policies and strategies;
- Involvement of all sector stakeholders (public, private, civil society) at an intermediate level;
- Community involvement and the establishment of a water point management committee;
- Inclusion of the gender aspect at all stages of the project;
- Capacity-building for the relevant stakeholders;
- Establishment of a fee system for water point management and maintenance;
- Development of a spare parts supply chain.

Most of these factors have been incorporated into the programme; however, some of these need to be improved / worked on and included in the exit strategy. In particular, the factors relating to the development of a spare parts supply chain and involving the BCZ to take over the 'supervision' / monitoring of the committees and their water points as part of the national post-certification process (which had not been defined when the Consortium wrote their proposal and remains theoretical as it is only due to be implemented as part of phase II of

the 2013-2019 national programme). As a result of some of the issues highlighted in the paragraphs above, although it varies between provinces, in general, BCZ involvement is fairly low and strategies for the provision of spare parts are still being defined.

- ☞ ***There is currently no clear exit strategy, although the main aspects of this have been discussed by the various agencies. The fact that this exit strategy was not set up at the outset means that sustainability of the activities conducted in the phase 1 villages cannot be guaranteed.***

### **D.5.2. Analysis of the potential sustainability of the programme compared to other sector approaches**

As seen above, the DRCWC is currently working on 4 factors recognised by the Consortium as being vital to the sustainability of the activities implemented. These factors were identified from lesson-sharing and feedback from each agency and, more generally, from other WASH stakeholders in the DRC. These 4 factors are:

- **Setting up an economic model for the water points:** the DRCWC has begun to discuss the need to install infrastructure using a long-term economic approach and taking the specific features of the various contexts into account. These principles are currently being covered in the training delivered to agency teams and management committees.
- **Formalising a spare parts supply chain:** following a review of spare parts provision conducted by CWW in 2014, CWW has recently undertaken action-research into how to create / revive a spare parts supply chain in the provinces being targeted by the WASH Consortium. The agencies are to start work on developing this supply chain within their respective provinces of intervention (for example, by creating a network of spare parts suppliers for Vergnet pumps, such as Getraco in Bandundu, or by using a pilot approach based on the Caritas network in Kasai Oriental).
- **BCZ capacity-building:** the Consortium wants to involve members of the health zone central board in managing the monitoring of WASH activities, and encourage other local institutions to co-manage this, following the agencies' departure from the target health zones. This will require capacity-building for the BCZ members and a willingness on their part to take over responsibility for the WASH infrastructure.
- **Consortium support for the community focal points** to ensure continuity in hygiene promotion activities: these community focal points are linked to the health zone and health area through the Development Committees (CoDev) and the WASH Committees. Thus, the Consortium is working with the existing mechanism at ZS/AS level to ensure the sustainability of hygiene promotion activities within the areas of intervention.

In addition, the Healthy Villages and Healthy Schools programme, which the Consortium interventions contribute to, has conducted a sustainability assessment to identify the various factors that have a significant impact on the sustainability of the activities carried out, specifically looking at: (i) the proposed step-by-step approach and (ii) the partnership with the DRC government set up through the BCZ.

57 correlations with relation to the villages status was studied. The table below summarizes their impact to retain or lose the "Healthy Status"

	Chance factor	Neutral	Risk factor	No useful statistical inf.	Total
Healthy Village process support	16	1	6	6	29

Context	6	2	1	1	10
Quality of monitoring	3	2	1	0	6
Active committee	10	0	2	0	12
<b>Total</b>	<b>35</b>	<b>5</b>	<b>10</b>	<b>7</b>	<b>57</b>

Thus, the parameters that impact on a village's preservation of status are as follows:

- **Geographical location:** easy access (short distances and accessible by road);
- **Active Healthy Village committees and all this entails:** training of members, appointment of women to key posts, involvement of an influential member of the community;
- **Effective support from BCZs:** BCZ involvement throughout the process has a considerable impact on preservation of status. For this support to be effective, BCZ members require training and means of travel;
- **Support from NGOs** who are not supervised negatively affects the preservation of status. This indicates that the implementing partners' capacities are generally poor, and are especially weak for social mobilisation;
- **The quality of the facilities built** can have a negative impact on villages when this is poor, in the same way as the quality of the support provided by NGOs and BCZ supervision capacities;
- **Adherence to and effective implementation of the process** also has an impact due to the awarding of unfounded certification and the use of PAC, which positively influences the preservation of status;
- **Synchronisation with the Healthy School programme:** the presence of a Healthy School within the village has a positive impact on the preservation of status;
- **The strength of local beliefs** is considered a barrier to behaviour change, which is relatively intuitive.

The following parameters were found to have little or no impact on preservation of status, however: village size; the length of the process and length of time post-certification: the latter probably due to the fact that not enough time has yet passed for the impact to be properly assessed<sup>36</sup>.

*This section involves reviewing whether the programme developed by the DRCWC has successfully identified the drivers of sustainability and placed them at the forefront of all activities.*

The Consortium has considered some of these drivers by setting up external studies and the agencies have begun internal discussions on these factors. However, this discussion process is starting slightly late for three of the factors, namely: (i) the spare parts supply chain; (ii) the sustained involvement of the BCZs; and (iii) the monitoring of implementation of the economic model following installation of the water points. These are not yet operational despite the fact that phase 1 is now coming to an end. This jeopardises the future of the

<sup>36</sup> Hydroconseil, 2014 – Etude sur la durabilité du programme national EVA – disponible sur demande auprès de l'UNICEF RDC ou de la coordination nationale EVA

water points built in these villages, particularly as the post-certification period is very short (6 months) and involves few activities.

The DRCWC consideration of sustainability drivers is cross-referenced with those of the Healthy Villages and Healthy Schools programme in the table below:

<b>Durability hypothesis</b>	<b>DRCWC consideration</b>	<b>Comments</b>
<b>Geographical location</b>	Yes	Review of the selection process after the vague 1.
<b>Active Healthy Village committees and all this entails</b>	Not enough	The DRCWC works on the committee's training and support <sup>37</sup> . However, these activities have been implemented lately in the vague 1's process. This aspect should be improved for the other 'vagues'.
<b>Effective support from BCZs</b>	Not enough	The DRCWC wouldn't like to lean upon the BCZs. Nevertheless, the DRCWC has not found the good point of institutional anchorage at local level. The strong involvement of the 'Infirmiers Titulaires' and the 'RECOs' mitigates this statement.  The DRCWC's politic aimed to the logistical support to BCZ, IT and RECOs is not clearly defined and doesn't enable an adequate implication of these actors (this point is made worse by the BCZs remoteness compared to the intervention areas).
<b>Support from NGOs</b>	Yes	The Consortium's structure, composed by 5 international NGOs, enable to ensure a good quality of interventions, just as the CCU's M&E visits. However, a drawback can be noticed about NGOs' 'emergency approach'. This can harm the sustainability of the actions and the sustainability of the behaviour changes.
<b>The quality of the facilities built</b>	NA	Difficult to comment - few water points (boreholes, wells, and spring catchments) have been visited as part of this assessment.  The guidance could be improved.
<b>Adherence to and effective implementation of the process</b>	Yes	The Community Action Plan, in the EVA Program constitutes a fundamental element in the appropriateness of the actions by the beneficiaries. The DRCWC approach is this way is adequate (latrines choices, economic viability of the water point, etc.).
<b>Synchronisation with the Healthy School programme</b>	Not enough	The intervention strategy in schools is not enough structured, even if the agencies, according to their own wishes, attempt to implement activities in schools.
<b>The strength of local beliefs</b>	No	This was supposed to be addressed by the addition of 'analysis of barriers' following the ACF study on behavior change – but this has not yet been fully implementing across all the agencies.

***☞ The DRCWC has successfully defined the programme's sustainability drivers. Some of these have been implemented while***

<sup>37</sup> The development of training modules for Committees has been designed, by identifying the gaps in the existing training (including the training for committees in the national programme)

*others have experienced delays; however, discussions have taken place through numerous workshops and action-research projects.*

### **D.5.3. Ownership by the community: PAFI highlight to date and most significant changes within the community**

Behaviour change theory is central to the Consortium's programme. Behaviour change within the community triggered through the *Petites Actions Faisables Importantes* -PAFI (handwashing, using the latrines, treating water at home) helps reduce diarrhoea-related diseases.

*This involves assessing whether the approach used by the Consortium at the mid-term point, but after 12 months of activity on phase 1 and 6 months of activity on phase 2, has led to hygiene practice behaviour change in the community.*

*To review this aspect, the Consultant conducted a brief household survey (as the end-of-phase 1 KAP survey had not yet been carried out). 10 households were surveyed in each of the 11 villages visited by the Consultant. This survey has helped identify general trends, but none of these stand out as being representative. It was not possible to estimate the variation in the number of cases of diarrhoea-related diseases; there is no readily available epidemiological data in the areas visited by the Consultant, either at agency or BCZ level.*

The analysis will focus on 3 main areas of behaviour change:

- The water chain: drawing, storing, transporting and treating water;
- The use of hygienic latrines;
- Handwashing practices.

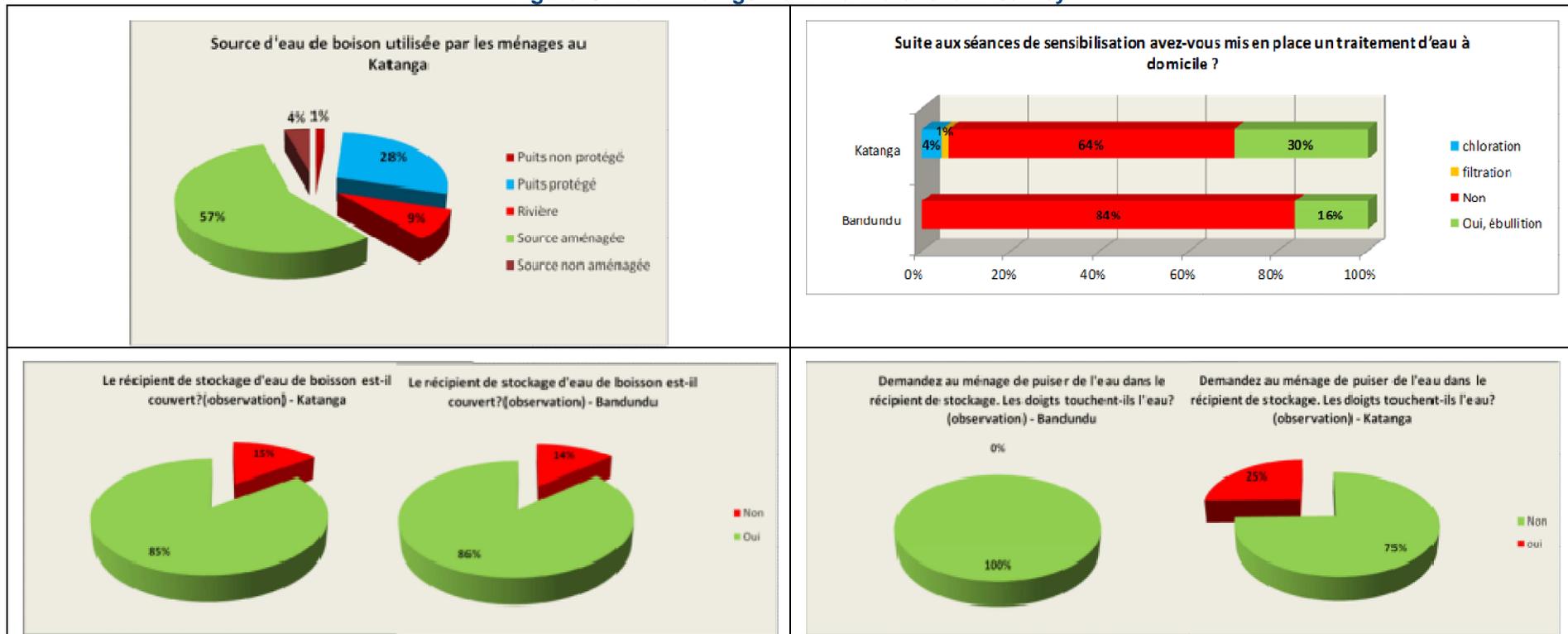
This analysis will be compared to the baseline study carried out at the beginning of the phase 1 process in order to identify the main behaviour change trends among the population.

#### **Main findings for the water chain: drawing, storing, transporting and treating water**

- **Water source:** 85% of the people surveyed in Katanga stated that they use improved water points; but a lot of infrastructure have not been built at the time of the evaluation. This figure shows a **very visible behaviour change for this aspect** as *93% of the population in the target villages involved in phase 1 used unprotected water sources prior to the DRCWC programme*, meaning there has been an increase of 78%.
- **Treating drinking water:** 35% of the people surveyed in Katanga and 16% of those surveyed in Bandundu treat their water before drinking (all practices combined), which is still a low figure, particularly given that the water points have not yet been improved. *During the initial KAP survey, 1.4% of households stated they treated their drinking water.* Although there has been a marked improvement on the baseline situation, **this PAFI has not been assimilated into households' behaviour.**
- **Storing drinking water:** 85% of the storage containers seen in the households were covered and households employ good water drawing practices (100% in Bandundu compared to 75% in Katanga). These figures show that **behaviour is starting to change** as a result of the DRCWC programme as the figure stood at *23% in the baselines study conducted at the beginning of the programme.*

The figures below show the Consultant's observations following analysis of the data collected in the field.

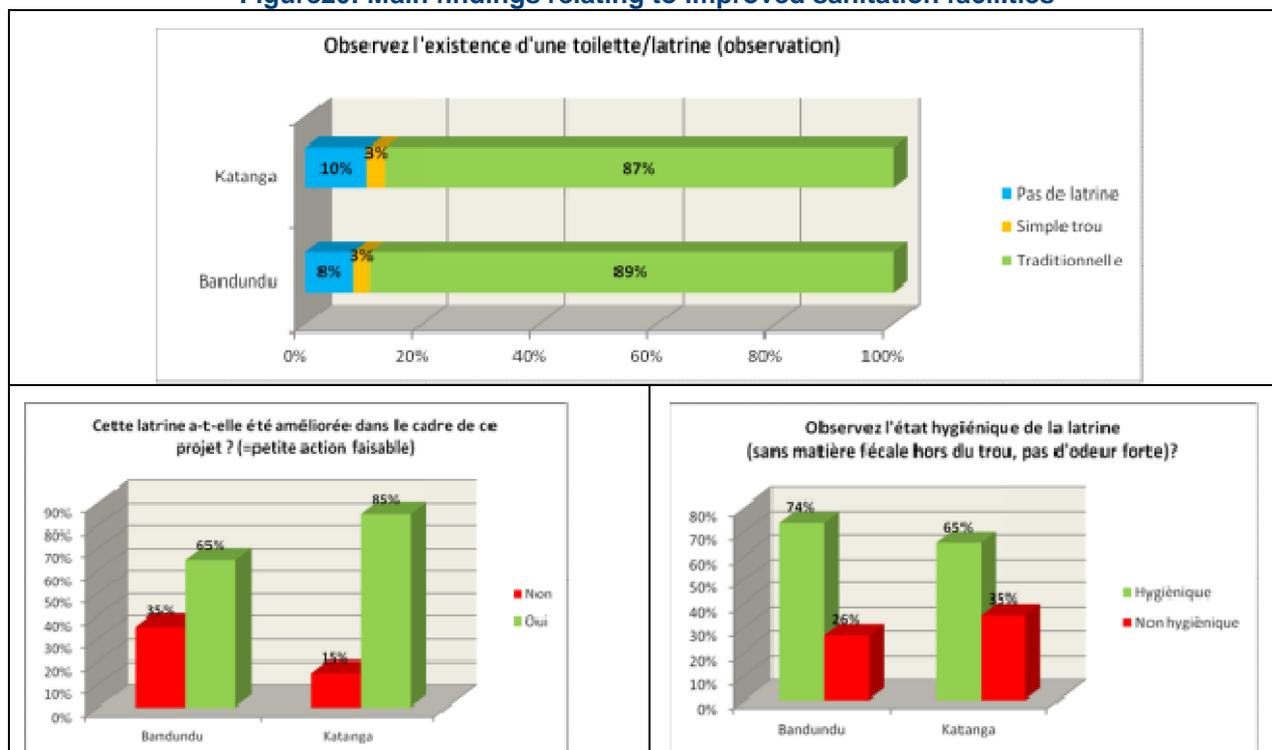
Figure19: Main findings from the 'water chain' survey



## Main findings relating to the use of latrines

The following figures provide information on households' family sanitation practices.

**Figure20: Main findings relating to improved sanitation facilities**



- Only 9% of the people surveyed said they did not use the latrines. For those people with a household latrine, 74% in Katanga and 65% in Bandundu<sup>38</sup> stated that they had built them under the programme, thus demonstrating the **real added value of the programme with regard to behaviour change**. Prior to the programme, only 3% of households had a hygienic family latrine available for their use<sup>39</sup>.
- 74% of the facilities seen in Bandundu are hygienic, compared to 65% in Katanga. This shows that **the households surveyed have generally assimilated good latrine use practices**.

However, it is to be noted that, whilst there has been a clear change in behaviours, the quality of the facilities varies widely from one household to the next despite the introduction of the assisted self-build principle<sup>40</sup>.

In addition, certain situations (surface water table, sandy soil) have made it necessary for the agencies to give greater consideration to how best to support households to build their own latrines; however, these households have not been trained despite the agencies having knowledge of these difficult contexts<sup>41</sup>.

<sup>38</sup> This figure is due to the fact that some households already had latrines before the start of the programme.

<sup>39</sup> Initial baseline study conducted by the DRCWC.

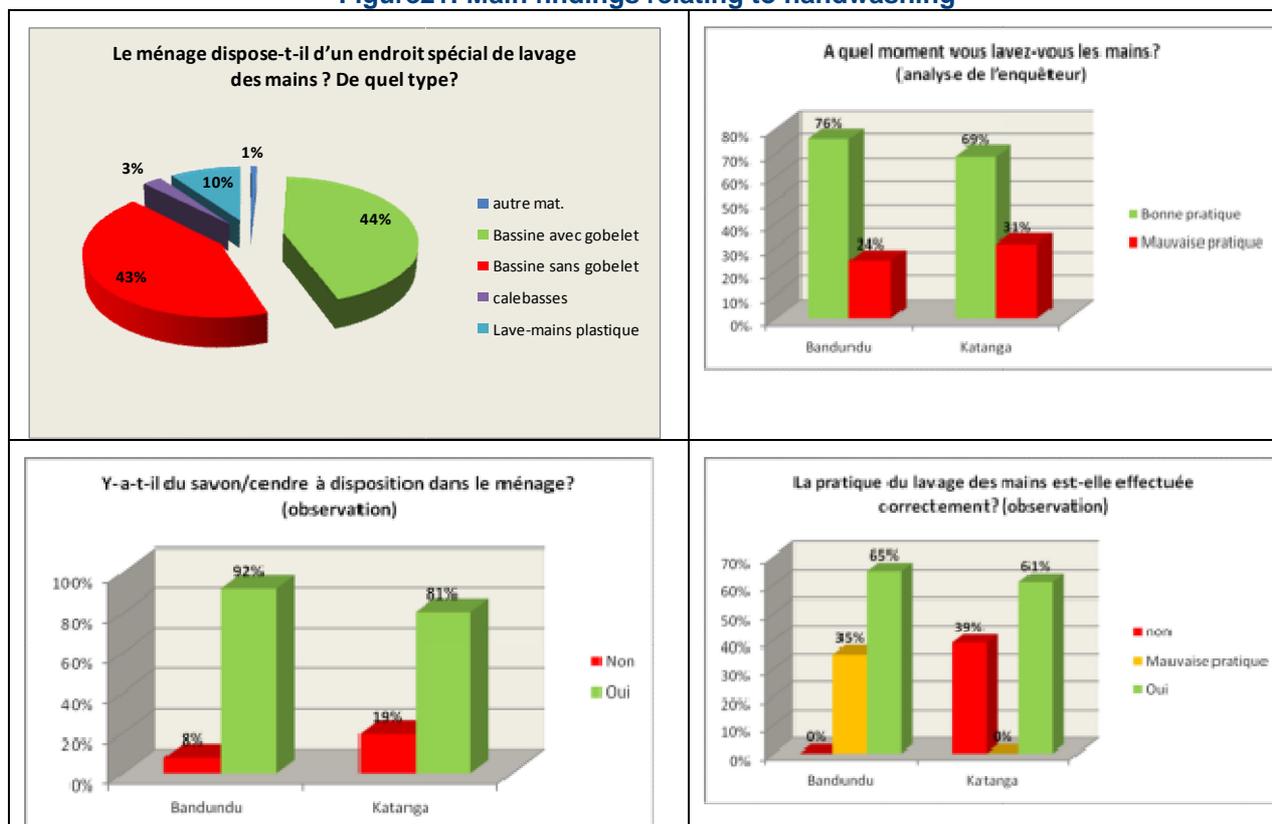
<sup>40</sup> This relates to the structural elements (stability of the traditional slab or materials to increase safety, for example) rather than to the aesthetic aspects.

<sup>41</sup> People in this type of situation are immediately placed in the quota of the 20% of people who cannot have access to sanitation under the 'Health Villages' standards. Although it is recognised that addressing these issues cost both time and money, this remains unacceptable.

## Main findings relating to handwashing

The following figures provide information on households' handwashing practices. We asked each household surveyed to wash their hands in front of us, just as they would do normally.

**Figure21: Main findings relating to handwashing**



- 90% of the households surveyed have handwashing facilities (compared to 3% at the start of the programme). The most common type of handwashing facility is the basin, either with (44%) or without (43%) a cup. **This last figure reveals a concerning lack of understanding among households of the principle of using clean water to wash hands.** However, it is to be noted that there is a significant difference between the 2 provinces visited as, in Bandundu, household practices appear better with only 35% of households using the basin without a cup, compared to 46% in Katanga.
- 85% of the households interviewed had soap or ash, and **the use of this was encouraging** (visually checked by the enumerators but not monitored in detail as part of this activity).

Although the majority of households have put handwashing facilities in place and have a good understanding of handwashing practices (76% of households in Bandundu are aware of the 5 critical handwashing times, compared to 69% in Katanga), it is unclear whether this understanding is actually put into practice. During the survey, around 35% of households did not wash their hands correctly.

In addition, it is to be noted that the PAFI handwashing facilities located next to the latrines are very often overlooked by households and the fact that many of them contained no water confirms that they are no longer or have never been used.

*According to the brief survey carried out by the Consultant, there has been clearly visible hygiene behaviour change, due particularly to the agencies' focusing on the PAFI. More specifically, although people are aware of proper handwashing practices, it remains unclear as to whether these are actually followed.*

## D.5.4. Ownership by local bodies

### a) *Capability of local actors to deliver or support other key factors to ensure sustainable rural WASH services (accountability)*

One of the programme's objectives is to "protect the added value of activity implementation" and enhance the resilience of communities by providing them with all the information required and local focal points to autonomously manage problems with the water points and address failures to follow good hygiene practices.

*The aim here is to assess whether the communities are sufficiently informed of the procedure to be followed in the event of a problem or breakdown on the water points (who should they contact? How? What information do they need to pass on? etc.) and review the sustainability of the process put in place and the methods used to train the communities or a community member to repair the water point.*

None of the committees interviewed knew what to do in the event of a breakdown on the water point or where they are to obtain spare parts. This can be explained by the fact that:

The **spare parts supply chain** is not yet up and running in the areas of intervention. The agencies are still in the process of identifying the various actors (suppliers, private and public institutions, etc.) and the repairs process is still being defined. In addition, there are a number of obstacles that need to be overcome over the next few months to make this supply chain operational. The action-research project revealed a large number of constraints, including high transport costs and time, slow stock turnover and high storage costs and lack of working capital among suppliers. These make it difficult for the various agencies to ensure spare parts are readily available (due to distance and cost), particularly for water points fitted with handpumps.

**The technicians and committee members** are still being trained on the specific features of their water points. This training is delivered once the facility is handed over to the communities. However, the technician is also involved in the construction of the water point.

***The spare parts supply chain is still not operational, thus it is difficult for the committees to know what to do in the event of a breakdown on their water point. In addition, as these are newly built facilities, the technicians have not yet received training from the agencies on how to repair them.***

### b) *Capability of local actors to finance the lifecycle costs of the WASH services developed*

The sustainability of a water point is dependent on the ability and willingness of the population to pay fees to cover the cost of water point management and maintenance over the short, medium and long term.

The DRCWC has initiated discussions on the need to install infrastructure using a long-term economic approach that takes the specific features of the various contexts into account. Consequently, each agency has developed economic models for each type of water point installed based on the principle of achieving financial sustainability:

**Figure22: Definition of financial 'sustainability'**

<p><b>Operating and minor maintenance costs:</b> <b>'Sustainability 1'</b></p>	<p>Operating, routine maintenance, minor maintenance and small-scale repair costs (regular tasks that need to be carried out each year), for instance:</p> <ul style="list-style-type: none"> <li>• Water point manager or operator fees;</li> <li>• Committee operating costs (materials, travel, etc.);</li> <li>• Marketing costs and costs related to collecting and managing money;</li> <li>• Costs to ensure accountability, transparency and</li> </ul>
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	<ul style="list-style-type: none"> <li>communication;</li> <li>• Hygiene promotion costs;</li> <li>• External support or monitoring fees (e.g.: water quality monitoring by a local technician; fees to be paid by the local authority);</li> <li>• Routine maintenance;</li> <li>• Consumable items for routine maintenance (grease, etc.);</li> <li>• Small spare parts.</li> </ul>
<b>Cost of major repairs: 'Sustainability 2'</b>	Spending on major repairs (which are regular and typically scheduled every 2 to 5 years depending on the type of facility), including: <ul style="list-style-type: none"> <li>• Fees paid to the local repairman + transport costs;</li> <li>• Spare parts + transport.</li> </ul>
<b>Complete rehabilitation costs (equivalent of investment costs): 'Sustainability 3'</b>	Water point rehabilitation or replacement (typically after 10 to 20 years depending on the type of facility).

*This aspect involves assessing whether the approach used by the Consortium for the economic models has been assimilated by the committees and whether the communities have set up a water point management model to achieve the pre-defined financial sustainability.*

The work being undertaken to ensure financial sustainability and develop methods to involve the community and ensure ownership of this approach is the polar opposite of how the communities and teams are used to working (water is predominantly free-of-charge). The approach is in the process of being formalised through the development of a complete lifecycle to help 'proactive' committees.

It would appear that the committees are currently aware of 'the way of working' that the agencies are introducing; however, they are not sufficiently involved in the NGOs work processes that 'somewhat impose' a type of water point on them based on their 'economic potential'. As outlined above, the communication strategy has only just been finalised, thus it has not been possible to accurately assess this aspect during the mid-term evaluation.

This concept appears to be more or less 'well-understood' by the agencies. Some of the agencies are encouraging the committees to properly discuss the price of the service (taking the population and types of facility into account), whereas others have set a fixed minimum price<sup>42</sup>.

In addition, it was noted that, fees are now being collected from the communities to a certain extent. For example, in two villages in Katanga province, fee collection rates currently stand at 28% in the village of Kiamba and at 52% in Kasanzi. Given that people in the DRC are not used to having to pay for water, **this situation is encouraging, but also shows that longer-term support from the NGO is required following construction of the water point.** However, this support has not been put in place for the villages visited for this evaluation (end of phase 1).

With regard to the business plan produced and the communities' current community financial management practices, it would appear that most of the committees from phase 1 will be able to achieve 'sustainability 1'. However, this will require ensuring that the community's willingness-to-pay either remains the same or improves. As things stand, there is some uncertainty over whether 'sustainability 2 and 3' will be achieved as these appear unrealistic given the current situation<sup>43</sup>. Nevertheless, achieving these would provide the committees with longer-term visibility. In addition, the financial and technical sustainability of the facilities also depends on the establishment of a spare parts supply chain (simple and local, so low-cost) and

<sup>42</sup> Discussions on the price of the service in Bandundu had not yet been initiated in the communities visited.

<sup>43</sup> The Consortium highlighted in its programme Manual that 'level 3' is certainly unrealistic.

on the committee's ability to identify suitably qualified people to resolve technical problems on the water point.

*☞ The achievement of 'sustainability 1' appears to be on track; however, the agencies still have a lot of work to do to ensure the achievement of 'sustainability 2' and 'sustainability 3', which require a spare parts supply chain to be put in place, willingness on the part of the community to continue to pay their water fees, and which will need support of many actors on a very long term.*

## D.6. Cross cutting issues

The inclusion of cross-cutting approaches is often essential to a development programme's sustainability. Thus, when developing its project proposal, the Consortium incorporated the following aspects: gender and equity; working with governments on the decentralisation process; links between implementation and coordination; working with civil society; climate change; accountability and community participation.

*The aim here is thus to assess whether the cross-cutting issues included in this proposal have been effectively taken into account in the programme's strategy, planning and implementation.*

*The various analyses of the cross-cutting issues are outlined in the table below, as these have already been covered elsewhere in this report.*

All observations made on these cross-cutting issues are summarised in the table below.

**Figure 23: Analysis of the programme's cross-cutting issues**

Cross-Cutting Issue	Consultant Analysis Outline
Gender and equity	<p>Including gender in a programme is a complex task if no prior anthropological study has been carried out. This aspect is relatively well-incorporated into the DRCWC programme, but varies among agencies and provinces (in accordance with the social structure in place before introduction of the programme). However, given the Consultant profiles and time available for the evaluation, it has been difficult to fully assess this issue.</p> <p>Equity is one aspect of the programme that needs to be improved. Actually, some vulnerable people (as elderly people) had not received help by others community members for constructing / improving their sanitary infrastructure, on several targeted villages. Increasing the integration of vulnerable population groups into the sanitation aspects would help reduce frustration among marginalised groups and ensure the entire community is targeted. Including all population groups would also help ensure sustainability of the facilities as they would prove useful to all.</p>

Cross-Cutting Issue	Consultant Analysis Outline
<b>Working with the government on the decentralisation process</b>	<p>The programme is struggling to assert itself within the institutional landscape of the DRC water and sanitation sector. With the Water Act currently being reformed and the decentralisation process slowly taking place, the DRCWC has not yet clearly identified which key legitimate stakeholders should be involved at the different stages of the programme.</p> <p>In addition, the DRCWC programme is aligned to the healthy villages (VA) programme led by the Ministry of Public Health, but as yet has no real institutional footing within the VA programme, which can create tension around each party's role and added value.</p> <p>Finally, the programme is successfully working with the local authorities within the communities, which is vital as, without their involvement, it would be impossible to ensure sustainability.</p>
<b>Implementation / coordination linkages</b>	<p>The link between implementation and coordination is currently very good. The M&amp;E system makes it possible to regularly monitor activities at all levels of the programme; all the information is consolidated by the coordination unit and communicated to all levels (macro, meso, and micro). At the macro level, however, there is a lack of close coordination between the managers of the national programme and the DRCWC, due to a very few organised coordination meetings (this is the same for other major sector stakeholders and highlights the lack of a sector consultation framework outside of emergency response projects. Nevertheless, on some specific technical issues (e.g integration of M+E data with the national database), the coordination between the two entities is closer.</p>
<b>Working with civil society</b>	N/A
<b>Climate change</b>	<p>A study was carried out in 2014 to ensure that the DRCWC programme put corrective measures in place to tackle climate change. Following this, training modules were made available to the various agencies. In addition, the technical guide appears appropriate for reducing the environmental risks associated with the construction of WASH infrastructure and the various agencies have been implementing its key environmental protection recommendations.</p>
<b>Accountability</b>	<p>Under the project, accountability is ensured by:</p> <ul style="list-style-type: none"> <li>• a <b>complaints handling mechanism</b> that enables people to submit a complaint to the committee and the committee to submit a complaint to the agency. However, not all agencies have put this mechanism in place.</li> <li>• a <b>breakdown alert and management mechanism</b>. However, there are a number of issues outstanding, such as the decision-making process for the local repairmen, the responsibilities of the IT, SEA, SNHR and political and administrative authorities.</li> </ul>
<b>Community participation</b>	<p>The programme follows an extensive participatory community-based approach (establishing PAFI, providing materials, self-promotion of the target group, etc.).</p>

***All of the cross-cutting issues have been included in the programme and operational strategy. However, some of these could be improved, such as gender and equity within the communities.***

## E. Evaluation Results

### E.1.1. Full Evaluation Matrix

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
<b>A. RELEVANCE AND COHERENCE: APPROPRIATENESS OF THE PROJECT TO THE CONTEXT , NEEDS, DEMAND AND NATIONAL STRATEGIES</b>						
A.1.	Sectoral coordination and institutional alignment mechanisms	A.1.1.	Is the project aligned to the national strategies set out by the Congolese authorities for water and sanitation?	- Level of alignment with national strategies	Bilateral interviews with UNICEF, DFID, and ONGs Documentation review	Although it focuses on rural areas and financially vulnerable population groups, the DRCWC's aims and expected outputs are perfectly aligned to national strategic and operational guidelines.
		A.1.2.	What mechanisms are used at local and national level to ensure coordination and the exchange of information to prevent overlap/duplication of actions between the different NGOs working in the WASH sector and in the DRCWC areas of intervention?	- Level of coordination with other non-governmental actors working in the sector	Bilateral interviews with NGOs : Acted, ACF, SI, CRS, Concern and UNICEF Bilatéral interview with EVA managers/CNAEA/C PAEA/Zone de santé	Other stakeholders are aware of the DRCWC areas of intervention, both at national/provincial level through the Consortium's presentation meetings and at local level through close collaboration with the BCZ, the programme's institutional focal point. The target health zones are primarily those targeted by the Ministry of Health (via the EVA programme – 9 health zones in common); however, the target Health Areas are different to ensure actions are complementary. The extensive reporting process, external technical reviews and joint supervisory visits (CCU, national EVA coordination body) ensures each party's expectations are well-coordinated.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
A.2	Relevance regarding DRC context, donors and the profile of the implementing agencies	A.2.1	Is the DRCWC's 9 point strategy relevant, appropriate and realistic? Are some activities missing?	<p>Description and analysis of DRCWC's 9 point strategy, according to the national and local WASH context.</p> <ul style="list-style-type: none"> <li>- Is it relevant to implement WASH activities in AS already known by the agencies?</li> <li>-Is focus on rural communities local knowledge to develop adapted for DRC ?</li> <li>- Does an evidence based learning and research process are good strategy to implement such a program?</li> <li>- Are create technical guideline and emergency response plan on WASH issues a good way to work on rural area?</li> </ul>	<p>Documentation review</p> <p>Bilateral interviews with NGOs : Acted, ACF, SI, CRS, Concern and UNICEF and DFID</p>	<p>All of the points included are relevant and consistent, particularly given the current institutional uncertainty and the Congolese government's lack of resources to effectively address the population's water and sanitation needs and maintain a satisfactory level of public health (cholera, etc.).</p>
		A.2.2	Is the program developed by the DRCWC in line with the DFID water sector strategy ?	<ul style="list-style-type: none"> <li>- Are the activities matched the DFID expectations?</li> <li>- What are the divergent points and what are the justifications?</li> </ul>	<p>Bilateral interviews with DFID and NGOs</p> <p>Documentation review: DFID Strategy, DRCWC strategy</p>	<p>The DRCWC strategy is consistent with the DFID guidelines for carrying out interventions in the rural WASH sector. There are, however, a few differences, notably resulting from the fact that some of the target provinces were removed from the list of priority intervention areas during the inception phase. Furthermore, advocacy has not been a real priority for the DRCWC to date, which is understandable given the work that has had to be carried out since the beginning of the programme to structure the approach.</p>

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		A.2.3	Does the association of 5 international NGO relevant and appropriate to meet the objective?	<ul style="list-style-type: none"> <li>- Why is a 5 NGO association relevant?</li> <li>- What are the benefits compare to other WASH program financed by DFID?</li> <li>- What are the main challenges?</li> </ul>	Bilateral interviews with NGOs Bilatéral interviews with DFID and with the EVA program managers	It is difficult to define the true added value of the 5 international NGOs' interventions on improving the sustainability of activities. The creation of the consortium has helped with brainstorming and the sharing of experience; however, on occasion, and particularly at the beginning, the CCU has had to go to a lot of effort to build a common sense of belonging
A.3	Coherence of the program vis-à-vis past or current actions undertaken in the WASH sector	A.3.1	Is the theory of change valid?	Are the logframe assumptions and the evidence for these assumptions justified in DRC ?	Documentation review Bilateral interviews with NGOs and other stakeholders	The theory of change on which the project is based is both relevant and adapted to the water and sanitation context in the DRC. The expected outputs / impacts are consistent (logical framework) and based on the agencies' previous experience. Some of the assumptions, such as ownership by local stakeholders and their level of coordination (meso, macro, micro), are not solely dependent on the work undertaken by the DRCWC, but will require sector coordination to be renewed and all stakeholders to assume their responsibilities.
		A.3.2	Ongoing review of the approach and continuous improvement	<ul style="list-style-type: none"> <li>- Is there an analysis of good and poor practices, consideration of successes and failures, mid term reviews, lesson sharing sessions ?</li> <li>- Have the recommendations been taken account ?</li> </ul>	Documentation review: technical review (internal and external), research projects, minute of field visits, minutes of Technical Working Groups, updates to Programme 12-Step Manual, biannual reports Bilateral interviews with NGOs' team and EVA managers at national level	The programme is extremely flexible. This flexibility is based on a process of continuous learning that takes place through the internal and external technical reviews and action-research and enables Consortium members to discuss and brainstorm ideas. These meetings are popular with all member agencies and provide the CCU with a good overall vision of the programme's strengths and weaknesses.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
<b>B. COVERAGE</b>						
B.1.	Relevance of the sites selected by the project, alignment to the populations' needs, etc.	B.1.1.	Were the criteria used in the methodology for selecting beneficiary sites appropriate and known by the beneficiary and local bodies (ZS, AS)?	Analysis of site selection criteria / demand evaluation methodology: - Is the methodology used to select beneficiaries adapted and transparent? - To what extent were national / local authorities in the selection of sites of intervention ?	Bilateral interviews with the agencies and local authorities Documentation review: 12 steps manual, etc. Minutes of Technical Reviews which focused in this issue.	The intervention sites selected appear to be relevant and complement other WASH sector activities. There is no detailed WASH mapping at local level to indicate who is doing what where. To compensate for this, the agencies have worked closely with the BCZ, who should theoretically hold this information. In addition, selection is carried out using epidemiological criteria provided by the BCZ, which helps enhance the relevance of the interventions.
		B.1.2	Is the site selection properly aligned to inhabitants' demand?	Analysis of the project's social engineering and communication activities undertaken with community leaders and the population- Is the methodology used to select beneficiaries on a demand-based request?	Analyse of the selection process (minute of meeting, faisability studies, etc.)Bilateral interviews with the agenciesFocus group with beneficiaries	At the start of the programme, the social marketing campaign appears sufficient for stimulating communities' interest in submitting a letter of application to the programme. Whilst this is highly positive, it should also be tempered by the fact that communities very rarely refuse offers of external support. Is this actual demand or mere interest and is commitment not still being driven by demand for an improved water point?
		B.1.3	Does the final site selection meet the initial DRCWC goals? Is this a definitive or evolving situation?	Analysis of DRCWC goals. Analysis of the site selected - Are any differences between the desired sites / actual program sites or likely to evolve before the end of the program ? Why ?	Analysis of project document, especially history described in biannual reports on this issue. Bilateral interview with agencies	Unstable social or security situations have disrupted the work of agencies in some areas, although activities in these areas continue. One agency has reviewed its targeting, which has benefited the programme as its aim has been to increase programme coverage in the province of Katanga.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		B.1.3	Is the program coverage and geographical (complementarily with others programs within the agency, implementing by another agency) targeting relevant and appropriate?	<ul style="list-style-type: none"> <li>- Is the location of the site practical for the field team (disseminate, on 1 axe, etc.)</li> <li>- Are other NGOs work there?</li> <li>- Have these villages already got some ameliorated water sources or sanitation facilities?</li> </ul>	Analysis of feasibility studies, cholera data and water and sanitation coverage Analysis of project document Bilateral interview with agencies and National EVA manager//CPAEA at provincial level	The site selection methodology established by the DRCWC is well-adapted and is very similar to the methodology developed for the national programme. The villages that have submitted a request are jointly assessed by the BCZ and agency using a set of pragmatic criteria. Nevertheless, some of the criteria were underestimated during phase 1 and so were reviewed in June 2014 and then incorporated into the 12 Steps Manual to maximise the impact of the agencies' work during implementation of phases 2, 3 and 4.
B.2	Equity	B.2.1	Is there equity of access to the program for all population groups? Are different approaches used (awareness-raising, motivation, etc.) for the different target population groups: women, children, disabled, etc.?	<ul style="list-style-type: none"> <li>- Have the inhabitants involved in DRCWC's intervention passed on any frustrations ?</li> <li>- Have the local authorities involved in the program? If not why and did they express their discontent?</li> </ul>	Focus discussion with the target population as well as Water Management Committees	Equity is one aspect of the programme that needs to be improved. Improving the inclusion of vulnerable population groups in the programme, and in the 'sanitation' component in particular, would help assuage the frustrations of marginalised groups and target the entire community.
		B.2.2	Does the DRCWC's methodology take sufficient account gender issues?	<ul style="list-style-type: none"> <li>- Analysis of the existence of a such strategy</li> <li>- Analysis of gender activities implemented under the Program</li> <li>- Identify the missing activities according DFID expectations</li> </ul>	Focus groups with women Documentation review Bilateral interviews with NGOs.	Taking gender issues into account in a programme is a complex task if no prior anthropological analysis is carried out. For the DRCWC programme, this aspect is more or less well-incorporated but varies between agencies and provinces (and depends on the social structure in place prior to the programme).

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
<b>C. EFFECTIVENESS: ACHIEVEMENT OF THE RESULTS TARGETED BY THE PROJECT</b>						
C.1.	Quality of the intervention process: operational resources	C.1.1	Are the 12-step implementation approach, the Technical Guide and the monitoring and evaluation framework exist and appropriate to achieve the results or to adjust the methodology ?	<ul style="list-style-type: none"> <li>- How effectively and efficiently have the 12-step implementation approach been implemented in the intervention areas? ,</li> <li>- How effectively and efficiently have the Technical Guide been implemented in the intervention areas?</li> <li>- Are processes for the quality control of engineering works sufficient? (including but not limited to the Technical Guide)</li> <li>- How effectively and efficiently have the monitoring and evaluation framework been implemented in the intervention areas? (Outputs 1-5)</li> </ul>	Documentation review: 12 steps manual, Technical guide, Monitoring & evaluation tools Bilateral interviews with NGOs	The monitoring and evaluation system is effective and well-structured and continuously provides the DRCWC stakeholders with information on the programme status. However, updating the system can be time-consuming (particularly the narrative section) for the agency teams (especially when consolidating information for the quarterly report).

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		C.1.2	How effectively and efficiently has the Consortium (i) increased coordination, participation and planning at the macro, meso and micro levels, and (ii) produced and disseminated evidence for sustainable, community based solutions to WASH needs in the DRC? (Outputs 6-7)	Analysis of the coordination meeting's quality and quantity delivered at macro, meso and micro levels by the Consortium- What is the coordination structure in partners' point of view?- Do they think there was a formal coordination or an informal collaboration?- What were the outcomes of the coordination between the agencies ?- How did it impact the project implementation?	Bilateral interviews with NGOs and other stakeholders Technical review and national workshop documentation Documentation review: Monitoring and evaluation tools	The coordination structure set up for the programme (CCU) and the activities this carries out enables NGO members' activities to be harmonised. The CCU helps strengthen WASH sector coordination in the DRC; however, its activities could be made even more effective by putting an active sector coordination framework in place.
C.2.	Achievement of the 7 results targeted by the project (these results will be further broken down)	C.2.1.	Output 1: Have awareness and knowledge in communities been improved?	<ul style="list-style-type: none"> <li>- Have the agencies conducted socio-economic assessment to demonstrate effective entry point?</li> <li>- Have the communities identified the good/bad practises (knowledge, hygiene and sanitation marketing, etc.)?</li> <li>- To date how many communities have elaborated their "community behaviour change planning"?, and how do they understand it (why doing that)?</li> <li>- To date, have some behaviour changes been observed?</li> <li>- Same at school</li> </ul>	Analysis of field reports, KAP studies, and other relevant documentation. Focus group with targeted population Direct observations	It has not been possible to evaluate progress towards achievement of output 1. However, the quick survey carried out by the Consultant shows people's behaviours are beginning to change.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		C.2.2	Output 2: Has Governance Capacity Institutions been increased?	<ul style="list-style-type: none"> <li>- How many formal agreement between the DRCWC and institutions have been signed and what are their purpose?</li> <li>- Have ZS assessment been realised?</li> <li>What are the result and how many capacity building plans have been setting up, to date?</li> <li>- How many "RECO and CARITAS staff" have been reinforced in their wash component? Was it usefull?</li> <li>- Number of dysfonctional water point assess (and by who) and timeline (72h)/effectiveness of the corrective mesure ?</li> <li>- When "epidemic outbreak" appears : who activate the emergency plan, how, etc.?</li> </ul>	Analysis of field reports, KAP studies, and other relevant documentation Bilateral interviews with local authorities (AS/ZS and water committees)	Achievement of this output is currently mixed. While RECO training is progressing well, additional efforts need to be made to involve the BCZs.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		C.2.3	Output 3: Has Autonomous Water Management Committees (WMC) been Facilitated ?	<ul style="list-style-type: none"> <li>- Number of WMC established or reactivated (and how?)?</li> <li>- Number of the WMC trained and evaluation of their level of functionality?</li> <li>- To date, are these WMC been operating? What is the population satisfaction level?</li> <li>- Have complaints mechanisms/register been setting up? For what use?</li> </ul>	Bilateral interviews with NGOs and WMC Documentation review : water point check-list evaluation, WMC training report, material, baseline//endline Operational research on WMCs in March-April 2015 (presentation available, report to follow)	In December 2014, achievement of output 3 appeared mixed. However, at the time of the evaluation, the agencies had made considerable progress with the committees
		C.2.4	Output 4:Has access to potable water been increased?	<ul style="list-style-type: none"> <li>- Number of person using improve water points and having good practises (transport, stock and use)? (link with output 1) - Have quality and quantity of clean water been improved by the program? And how to mesure it? - Number of water points constructed within the project without breakdown to date? (link with output 2) - Same at school</li> </ul>	Analysis of field reports, KAP studies, and other relevant documentationFocus group with targeted population and/or quick household survey	In December 2014, achievement of output 4 appeared mixed. However, at the mid-term evaluation point, the agencies appeared to be getting back on track, suggesting that the output will be successfully achieved by the end of the programme.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		C.2.5	Output 5: Have environmental and household sanitation been improved?	<ul style="list-style-type: none"> <li>- To date, coverage in terms of household hygienic latrine?</li> <li>- Use of soap or ashed for the washing hands practises ? And localisation within the plot?</li> <li>- Have solid waste management within the household/community been durably improved by the program ?</li> <li>- Same at school</li> </ul>	Field visits and focus groups with targeted population and/or quick household survey (observation)	It was not possible to assess the achievement of this output during the mid-term evaluation. Nevertheless, field observations revealed that the majority of households/schools have put PAFI in place and have a sound understanding of good hygiene practices, even if there is uncertainty over the practical application of these.
		C.2.6	Output 6: Has Linkages between communities and government structures been facilitated and has capacity of public services providers increased?	<ul style="list-style-type: none"> <li>- Number of meeting facilitated with the wash sector at national level? Provincial level?</li> <li>- Existence of the institutional visit/reporting mechanisms (what kind of support by DRCWC and utility)?</li> <li>- Elaboration of recommendations at National/Provincial level: number, quality and inclusion in the implementation between each coordination meeting (with justifications)</li> </ul>	Bilateral interviews with local bodies Focus group discussion	Overall, achievement of output 6 is at a satisfactory level. However, the Consortium would like to revise the step objectives to improve their alignment with the situations encountered.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		C.2.7	Output 7: Does the DRCWC produced and disseminated evidence for sustainable, community based solutions to Wash needs in the DRC ?	<ul style="list-style-type: none"> <li>- Number of AS with WASH resources mapped and shared with WASH sector actors?</li> <li>- Number of Advocacy Workshops / Advocacy Lesson learning Events facilitated by the DRCWC on WASH sector issues</li> <li>- Number of Technical Review Meetings/Workshops convened within the DRCWC agencies to assess programme progress and utility</li> <li>- Percentage of recommendations from joint initiatives adopted either by Consortium members, non-Consortium NGOs or endorsed by donors (link with output 6)</li> <li>- Number of annual conference where DRCWC aggregated data/ evidence/ research is presented and discussed</li> </ul>	<p>Bilateral interviews with NGOs, and others project stakeholders</p> <p>Documentation on all research and innovation projects</p>	Achievement of output 7 is on track.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
C.3	Risk mitigation and flexibility	C.3.1	Have the anticipated results for the project's been achieved? What are the main reasons for this? Could DRCWC have mitigated this risk at the start of the program or during the first 24 months of intervention?	- What are the risks identified at the beginning of the program ? What kind of mitigation process/follow up was put in place by the DRCWC? - Has the monitoring conducted helped identify gaps / delays in results ? - During the implementation, does the DRCWC setting up an alert process in place ? If yes, is this managed by the DRCWC team or each agencies ? How ?	Documentation review : proposal document, bianual report, etc.Bilateral interviews with NGOs team Risk register	The risks relating to the programme (notably governance-related risks) are recognised and listed. Monitoring is undertaken on a regular basis by the lead agency and the board to ensure that member agencies take the appropriate mitigation measures.
		C.3.2	Is the programme's flexibly responding and adapting to changes, opportunities and citizen feedback?	- Does the DRCWC or agencies could change the activities, delay some in order to take in consideration the situation? - Does the program face to large changes context/opportunities? What was the reaction?	Bilateral interviews with agencies Documentation review: proposal document, bianual report, recommendations produced by the review/field visits etc.	The "adaptive programming" approach has been successfully put in place by the DRCWC. This involves incorporating feedback from staff but not from the population, which could be introduced to add value to the programme. It is to be noted that, although this is an interesting approach (citizen feedback) and has been implemented as part of several WASH programmes (WASH in Schools in Mali, for example), it remains complex to successfully design and manage.
C.4	Adherence to the schedule	C.4.1	Did the activities take place within the set timeframes?	- Is there an activity schedule ? - Have the timetable and planned timing been respected to date ? - If there are any delays, are these being taken into account in the project (corrective measures for the remaining months), was they predictable?	Analysis of activity schedules, activity reports Bilateral interviews with agencies	The activity schedule was drawn up at the start of the programme, where it was immediately subject to substantial delays (uncertainty and long-set period for NGOs and delays in procuring materials). The DRCWC successfully reacted to this and, although some delays remain (particularly on phase 1), activities are back on track overall. The 'delays' to certain activities are due to the Consortium wanting to improve the quality of its activities (and the definition of its intervention strategy), which is to be commended.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
C.5	Beneficiary satisfaction	C.5.1	Did the users fully understand the change and are they satisfied of the activities implemented?	<ul style="list-style-type: none"> <li>- Is beneficiary satisfaction measured on a regular basis ?</li> <li>- What are the main point of insatisfaction? How the agencies are dealing with?</li> <li>- Is there lots of vandalism, boycotts or other ? Is it possible to identify the reasons ?</li> <li>- Is there a complaint mecanism set up with the program? (link with output 3)</li> </ul>	Focus groups with beneficiaries Bilateral interviews with agencies	Beneficiary satisfaction (men as well as women) is relatively high, both with their own behaviour changes and with the role of the management committees. The management committees are also satisfied with the work conducted by the agencies. Complaint handling mechanisms have been put in place, but it is still too early to determine how well these work.
<b>D. EFFICIENCY</b>						
D.1	Human resources	D.1.1.	Were sufficient human resources deployed (quantitatively & qualitatively as well as their background “emergency/development”) to enable proper implementation of the program?	<ul style="list-style-type: none"> <li>- Is the staff work schedule appropriate ?</li> <li>- Are staff sufficiently skilled ?</li> <li>- Are tasks sufficiently skilled ?</li> <li>- Are tasks clearly and appropriately distributed between the different members of staff ?</li> </ul>	Bilateral interviews with agencies Analysis of the job descriptions and the organization chart.	The deployment of teams in the field seems appropriate to enable the logistical and physical constraints encountered in the intervention areas to be overcome. Supposing that the division of software/hardware tasks has been correctly defined, the teams do not yet appear to be under-staffed. However, this issue will need to be addressed at the start of phases 2, 3 and 4, as these could lead to an overlap and increase in the number of villages/facilitators. The geographical distribution of the agencies within the field is appropriate and addresses the logistical constraints encountered in the DRC.
		D.1.2	Is the geographical location of the program's human resources appropriate?	<ul style="list-style-type: none"> <li>- How many village per agent?</li> <li>- How were the villages spread off by agent ?</li> <li>- What is the frequency and the duration of routine visit/activity visit, etc.?</li> </ul>	Bilateral interviews with agencies Recommendations of report from internal part of mid-term evaluation	According to the different interviewed agencies, Tthe number of human resources appears appropriate for the Consortium’s target strategy. and the The teams are also suitably skilled. However, the high staff turnover could have an impact on the project and it is difficult to achieve a balanced gender mix within the agencies’ teams.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
		D.1.3	Is the DRCWC's structure and governance appropriate to the 12 steps implementation?	Analysis of the DRCWC's structure and governance and comparison with the present context - How to plan the 12 steps activities among the agencies? - Is it easy to follow and feed-back the activities with the DRCWC structure?	Bilateral interviews with agencies Report of the internal evaluation of governance (available soon)	Programme governance is acceptable and is aligned with the underlying principles of setting up consortiums. A partnership agreement between each agency and the lead agency was signed in 2013 and sets out the role of each party. Additional analyses are provided in the report drafted by Nellie Kingston.
D.2	Financial resources	D.2.1	Have the actual project costs matched initial forecast? Could DRCWC have mitigated this situation at the start of the program or during the first 24 months of intervention?	- To date, has forecast expenditure been adhered to ? - If overspend was it predictable? Could it brought back into line before the end of the project ?	Analysis of financial documents, BoQ and others.	The breakdown between operating and investment costs is appropriate for the context, despite this breakdown varying between agencies due to the different NGO set-ups. In addition, the initial overall budget allocated to each output appears consistent with the Consortium's strategy.
		D.2.2	Are the amounts invested commensurate with the results obtained?	- To date, analysis of the main ratios : average cost of the project / activities / per beneficiary - Distribution between operations / investment	Analysis of financial documents, BoQ and others. Discussion with specialist currently supporting the Consortium on developing a full Value for Money policy	At the end of Q8, most of the agencies have spent the budget allocated to the 'software' activities and thus spending is in line with initial forecasts. However, following a request from the donor to reduce the programme budget, the agencies are currently reviewing their budgets. Cutting the budget too much could adversely affect the quality of the facilities built and give the agencies less flexibility over the types of water point they install

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
<b>F. SUSTAINABILITY: OWNERSHIP OF THE PROJECT BY THE BENEFICIARIES, DURABILITY AND REPLICABILITY</b>						
F.1	Development and implementation of a project exit strategy	F.1.1	Was an exit strategy defined during the program design phase? It is relevant and realistic? Does it only depend of the DRCWC intervention?	- Was an exit strategy part of the proposal? - Does it link the agencies work and the futur role of the IT, SEA, AC? - Could external factors impact negatively the exit strategy? If yes does the DRCWC work on it?	Documentation review and bilateral interviews with agencies	There is currently no clear exit strategy, although the main aspects of this have been discussed by the various agencies. The fact that this exit strategy was not set up at the outset means that sustainability of the activities conducted in the phase 1 villages cannot be guaranteed
		F.1.2	How does the potential sustainability compare to other approaches in the sector?	- Could we consider that the program is more sustainable than other program financed by DFID? How and why? - Does DRCWC identify some sustanaibility issues? To date, how they work on it to mitigate?	Bilateral interviews with agencies Bilateral interviews with DFID, UNICEF	The DRCWC has successfully defined the programme's sustainability drivers. Some of these have been implemented while others have experienced delays; however, discussions have taken place through numerous workshops and action-research projects
F.2	Ownership by the community	F2.1	Are there any behavior change trends to date (PAFI) ?	- Has the Program enable to reduce the prevalence of water linked diseases ? - Are there any visible changes in hygiene practices within households (handwashing, water storage ...) ? - Are there any visible behavior changes in schools linked with WASH activities ?	Analysis of existing baselines and KAP studies Focus group discussion with beneficiaries Direct observation (villages and schools).	According to the brief survey carried out by the Consultant, there has been clearly visible hygiene behaviour change, due particularly to the agencies' focusing on the PAFI. More specifically, although people are aware of proper handwashing practices, it remains unclear as to whether these are actually followed.

Key Questions		Indicators		Questions/Observations/Specific designations	Data source and collection method	Analysis Result
F.3	Ownership by local bodies	F.3.1	To what extent are local actors capable of delivering on or supporting other key factors for sustainable rural WASH services (redevability)?	<ul style="list-style-type: none"> <li>- Do the communities know the "information scheme" in case of maintenance/breakdown, etc?</li> <li>- Does this scheme sustainable (context change/how to transmit the information, to who?) ?</li> <li>- How have the community been trained on maintenance, where are located the spare parts ( are there some small or centralized storage stores, are they provided?)</li> </ul>	Bilateral interviews with local bodies Focus group with Water Management Committees Domentation review Spare part supply chains study 2014	The spare parts supply chain is still not operational, thus it is difficult for the committees to know what to do in the event of a breakdown on their water point. In addition, as these are newly built facilities, the technicians have not yet received training from the agencies on how to repair them.
		F.3.2	To what extent are local actors capable of financing the life-cycle costs of the WASH services developed?	<ul style="list-style-type: none"> <li>- Is it possible to set up community financial mechanism to prevent the maintenance costs?</li> <li>- Have the communities been reinforced on Business Plen (analysis on revenue/expenses for a standard water point)</li> <li>- What are the population's willligness to pay ? Is that evolved the intervention of the DRCWC? How?</li> </ul>	Bilateral interviews with local bodies Focus group with Water Management Committees Domentation review	The achievement of 'sustainability 1' appears to be on track; however, the agencies still have a lot of work to do to ensure the achievement of 'sustainability 2' and 'sustainability 3' , which require a spare parts supply chain to be put in place, and willingness on the part of the community to continue to pay their water fees, and which will need support of many actors on a very long term..

## E.1.2. Cross cutting issues Focus

G - CROSS CUTTING ISSUES					
G1	Cross cutting issues	G1.1	<p>Have the cross-cutting issues identified in the proposal been effectively taken into account in strategy, programming and implementation?</p> <p>The cross-cutting issues identified are the following, but other relevant issues identified as part of the evaluation should also be considered:</p>	<p><b>Gender and equality / Working with government in the decentralisation process</b> / Linking implementation and coordination / Working with civil society / Climate and environment / <b>Accountability</b> / Participation of programme participants.</p>	<p>Focus group discussion with beneficiaries Discussion with agencies and local bodies</p> <p>All of the cross-cutting issues have been included in the programme and operational strategy. However, some of these could be improved, such as gender and equity within the communities.</p>

## F. Main Recommendations

The recommendations outlined here have been produced by Hydroconseil but were also discussed and prioritised by the Consortium members at the internal technical review meeting held in May 2015.

### F.1. Strategic recommendations

#### F.1.1. Short-term recommendations

Based on the recommendations produced, the DRCWC intends to initiate discussions with the board and with DFID shortly (within the next few months), even if these issues cannot all be 'resolved' immediately:

- **Enhance the synergy between the EVA Programme and the Consortium's contribution (flexibility, innovation, etc.):** this involves reviewing and/or intensifying the DRCWC's position to the national programme led by the government. Currently, although both programmes have similar objectives and use similar approaches, the DRCWC is still seeking to position itself as the 'laboratory for the national programme', a position that is not properly understood by the other sector stakeholders. It is therefore necessary to:
  - **Formalise the Consortium's position as the 'laboratory for the Healthy Villages programme and/or the rural WASH sector', if possible.** If accepted by the leading national authorities, this position would help legitimise the various approaches used by the DRCWC. Attention must, however, be paid to ensuring that the intervention is used as a means of obtaining positive outcomes and not as an end in itself. Once tested, and if the results are good, it would be useful if the Healthy Villages programme were to integrate the activities into its step-by-step process<sup>44</sup>. This will involve the signature of a MoU and a clear division of responsibilities between the two interventions.
  - **Advocate with donors for the rapid re-launch of the inter-programme coordination meetings.**
  - **Increase the geographical coordination between the 2 programmes to improve intervention coverage within each health zone (by working in the health area in a more concerted manner).**
- **Discuss and conduct a comparative analysis of the approaches developed, not only by the EVA programme, but also by other WASH programmes to harmonise funding for the BCZ and other stakeholders (for instance, at province level, ZDS/ADS, APA or ETD, village level, RECO).** This would make it possible to put harmonised or complementary strategies in place, thereby reducing the 'competition between programmes' and increasing stakeholder motivation to work on a 'low subsidy' programme. This discussion needs to be held at the national level and led by the government (e.g. by CNAEA).
- **Increase the intervention time for phases 1 and 2 to improve the potential sustainability of these phases.** Here, it is important to identify the additional funding options that could be used to support the phase 1 and 2 exit strategy and develop post-certification monitoring activities. These activities should be viewed as an initial 'test' to integrate the villages supported by a stakeholder working outside the national programme into the national long-term post-certification process.

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<sup>44</sup> The main recommendation produced by the Consortium itself following Hydroconseil's presentation.

- **Consider the Consortium governance risks:** see the recommendations included in the reports by Nellie Kingston of Concern and the recommendations produced for the audit carried out by DFID, when these are made available.
- **Improve awareness of gender in rural WASH programmes in the DRC and develop minimum 'standards' and guides for use by sector stakeholders (outside of the Consortium).** This involves collecting nationally available information (from other donors, the government, etc.), analysing the information gaps and, if necessary, requesting a (multi-programme, multi-province) anthropological study be conducted to identify the factors/linkages between gender and sustainable behaviour change and proper facilities management. If it is not possible for the Consortium to investigate this approach itself, it should support advocacy efforts or initiate dialogue on this topic.
- **Institutionally embed the programme with one or several supervisory ministries (review the time, budgets and human resources required to provide this governance and coordination support).** As part of the decentralisation process, this firstly involves identifying the supervisory ministries of the institutions or APA to whom the Consortium wishes to support with their WASH activities. It is important to ensure that these bodies have the legitimacy to work in the sector and are sufficiently well-structured (and have an average to high level of operational capacity) to ensure they do not hinder programme delivery (by requiring too much time, energy and resources to set up). It is to be noted that, by way of comparison, the EVA is supported by the Ministry of Health, which has the legitimacy to work on hygiene and sanitation issues, but whose water sector-related responsibilities are less clear. To ensure stakeholder ownership and involvement, UNICEF has spent 10 years working with the Ministry and its provincial agencies.

### F.1.2. Long-term recommendations

These recommendations are to be discussed by the board and DFID before 2017, but are not currently a priority for programme implementation. They will be used as a basis upon which to develop any future activities (phase 2).

- **Initiate discussions around sub-contracting activities out to local NGOs:** this involves assessing national NGOs' strengths and weaknesses, drawing up a shortlist of NGOs able to work with international NGOs and developing a sub-contracting strategy to reduce the number of international staff and associated costs, as well as community 'bias or temptation' that surrounds international NGOs' activities (as communities see these as being synonymous with money).
- **Assess how well the Consortium's international NGO members (and other INGOs) have implemented the water and sanitation development programme:** this also involves assessing the strengths and weaknesses of the international NGO staff members involved in the programme (self-evaluation would be possible) to identify training gaps and establish an appropriate capacity-building plan. This will also help promote 'healthy competition' between NGO members, who will be encouraged not to rest on their laurels. The second aspect of this recommendation covers those NGOs not involved in the programme but who would be interested in joining the Consortium. For these NGOs, it would be worthwhile conducting a comparative analysis of their added value to the programme.
- **Refocus the targeting of areas of intervention, not including areas where there are high constraints (rivers, village 'clusters', vulnerability, logistics, isolation), to foster sustainability:** in the DRC, water and sanitation needs are high and widespread

across all provinces. Thus, whether the areas of intervention have significant or acceptable logistical constraints, people's access to water and sanitation needs to be improved.

- The focus should thus be on working in ZS/AS/villages where there are few constraints, notably in order to establish sustainable monitoring and spare parts supply chain processes but also because these activities are logistically less costly and pose fewer sustainability-related 'risks'.
- Work in ZS/AS/villages where there are significant constraints should be limited (perhaps in accordance with a 'cholera' criterion) and the intervention package or standards could be simplified, albeit in the knowledge that these villages may not thus be included in the JMP figures (particularly for the water component).
- Priority should be given to working in the AS located near the BCZ, at the same time as ensuring that the programme remains geographically complementary to the EVA programme.

## F.2. Programme recommendations— for the TWG programmes

The programme recommendations are more detailed and should be immediately taken into consideration by the Consortium in order to improve the quality of their activities. Some of these recommendations overlap or supplement the strategic recommendations:

- **Expedite work to plan the exit strategy and hold the necessary discussions with the donor:** although evidently urgent for phases 1 and 2, having an exit strategy in place is equally important for phases 3 and 4 as it should be implemented in tandem with the software + hardware activities:
  - Clarify each stakeholder's role at the 3 levels of intervention (macro, meso, micro), as well as the exit strategy objectives (where do we want to be? What are we unable to do? What linkages need to be established with other programmes (and when) to ensure the sustainability of activities?);
  - Define the resources required (HR, financial, logistics);
  - Develop regular sub-activities and a skills transfer and monitoring plan (particularly to ensure sustainability of the water point and of the monitoring of information/warning channels);
  - Put knowledge management promotion into practice through the exit strategy.
- **Standardise and formalise activities in schools by improving construction 'standards' and (the beneficiaries' and teams') understanding of the technologies used:**
  - The national EVA programme appears relevant and adapted to the Consortium's activities in schools, thus it would be useful to initiate discussions with national level EVA programme managers to define the Consortium's added value to some of the EVA activities and key stages to ensure that the schools supported by the DRCWC can be incorporated into the 'Healthy Schools' process;
  - Identify the activity costs (hybrid latrines, teachers' manual, communication aids, PESE training, awareness-raising activities);
  - Ensure other school 'infrastructure' aspects are not overlooked just because this is a water and sanitation programme. The main concern of headteachers and teaching staff is the extremely dilapidated state of the classrooms. Thus, in order to ensure children attend school, their priority is not latrine construction, but rather building improvements (particularly to the roof)<sup>45</sup>.

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<sup>45</sup> It would be worth reviewing the work to support reconstruction of the school by using local materials (not including the roof) undertaken as part of the Healthy Villages programme in Bandundu.

- Ensure the teams, then the headteachers/teachers/COPA, have a sound understanding of the technologies used (especially double pit latrines) and of routine maintenance principles.
- Ensure gender is taken into account in school latrine construction (i.e. build separate toilet blocks for girls and boys).
- **Define the Consortium's position as regards ensuring the most vulnerable population groups are provided with access to sanitation:** the approach used by the Consortium is interesting as it aims to support communities to organise improving their sanitation facilities themselves. It is therefore important to:
  - Maintain this momentum by supporting the committee and community leaders to identify mutual village assistance mechanisms;
  - Review the option and impact of using a portion of the water point fees collected to pay local builders to construct latrines for the most vulnerable members of the community.
- **Improve latrine self-construction supporting activities:**
  - The self-construction of latrines is taking place in the communities but this does not appear to be well-managed enough to ensure either the overall quality of the facilities built (pits and slabs) or proper routine maintenance (including the slab cover);
  - In some specific situations (friable soil, groundwater rising to the surface), agencies need to offer adapted technical solutions and provide more support to households who are building their own latrines.
- **Enhance the 'hygiene/water chain' practice messages and make people aware of their own shortcomings:** the theory communicated through the messages has been well-assimilated by the communities, but its practical application remains limited. 'Health' data is collected by the RECO (on severe cases of diarrhoea, in particular). For households that have had a reported case of diarrhoea, we recommend combining the 2 analyses in order to establish a more detailed assessment (simple bacteriological water test, analysis of vulnerability factors, etc.) of the households' health practices (water hygiene and handwashing), followed by further awareness-raising for each household to address the issues identified. This remains highly theoretical and the practical procedures still need to be defined; however, this will also make it possible to place the IT and MCZ at the centre of the loss of good practice warning system. This is therefore an area worth exploring, but should not require any high material expense.
- **Make the spare parts supply chain operational:** assessments have been carried out by both the CCU and UNICEF (who is partially working in the same areas of intervention). Thus, it is now necessary to:
  - Harmonise the approaches to define a common intervention strategy to simplify the messages and clarify the details of a mechanism that can be replicated for the BCZ and IT should a village not included in the programme declare an interest in repairing its own infrastructure;
  - Rapidly implement the defined strategy.
- **Reduce the international NGO presence and consolidate local ownership (define programme visibility and logo?):** the programme's philosophy is that "the community works for the community" and "should move away from taking a 'wait-and-see' attitude". The constant presence of the agencies' and donor's logos is hindering this disengagement. It would be worthwhile considering introducing a community water service logo, for instance, and setting up an associated community creative competition.

### F.3. Programme / knowledge management recommendations – for the TWG programmes + CCU

- **Plan the tools and training that the teams and partners will require for the last phase**, thus:
  - Improve the teams' understanding of the concept, operation and purpose of providing a service to consumers (economic model and marketing);
  - Enhance and support the integration of new arrivals and partners in the field to ensure they have a sound understanding of the Consortium's intervention philosophy (already carried out for coordination staff arriving in Kinshasa, but not yet rolled out for all field staff).
  
- **Improve the effectiveness of action-research by jointly defining the priority requirements for improving the programme<sup>46</sup> and by preventing the same study being double-funded with the aim of adapting the work undertaken to the specific situation of a particular agency.** Each agency leading its own action-research project should also ensure that the work carried out can be easily assimilated by all field staff through training (with the support of the CCU and external consultants if required). This particularly applies to the study conducted by the ACF in Bandundu which does not include a specific training budget.
  
- **Improve accountability to the population and the BCZ and document the project history prior to 'handing over' the villages to the BCZ:**
  - An entire package of 'water point monitoring tools' could be developed to gradually establish a map of water points (geo-referencing, water point number, associated database), which would show the water point history, particularly as regards the monitoring of their functionality (by the RECO, the committee, IT, then ???). If no feedback is received about a water point, it is recommended that a system be set up to trigger an annual alert to inform the competent local authorities (SNHR, IT?), who would then carry out a monitoring visit.
  - Submit a summary/file to the BCZ, DPS and APA/ETD listing the activities conducted in the village, any resistance factors, and progress made towards improving the village's health situation, etc.
  - Keep people better informed of the technical options used (including their number and location), particularly for the water points.
  - Improve the complaints handling mechanisms outlined in the project document but poorly implemented by the agencies in the field.
  
- **Improve the service to consumers (water point), particularly in areas of high population density:**
  - Support the committee to improve its water point management (opening hours and frequency, etc.) – use the new committee modules.
  - Ensure the household to water point ratio is in line with international standards, which will probably require a review of the 'infrastructure' budgets<sup>47</sup>.
  - Improve the project teams' understanding of the concept, operation and purpose of providing a 'service to consumers'.

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<sup>46</sup> This has already been started for studies that were not defined in the proposal (committee training, PAFI eau, monitoring of sanitation/hygiene PAFI for example). In addition, these points have been discussed at TWG Programme meetings.

<sup>47</sup> The ratio outlined in the proposal is 750 people to a water point, which is already higher than the international standards.

## F.4. Operational recommendations– for agencies + CCU

- **Identify feasible staff / time/ village ratios:** it will be necessary to conduct a detailed analysis of the time required to properly carry out all the activities in all the villages targeted by the agencies in order to fine-tune the upcoming programme phases. It is to be noted that this was not possible during phases 1 and 2 as the agencies were still in their activity stabilisation phase.
- **Improve reporting to enhance its effectiveness and efficiency (time spent/outcome):** programme reporting is carried out 3 times (internally for the agency head offices, for the CCU, for DFID => via the compilation of information by the CCU). Although useful, the information required for each report is not the same, which makes the reporting task cumbersome for the field teams.
  - Review the information required and the reporting formats and methods.
  - Clarify with the donor if greater transparency in the information provided to the donor on the key risks and strategic elements of the Consortium's approach<sup>48</sup>.

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<sup>48</sup> The DRCWC shares some information with DFID through the half-yearly reports (the strategic overviews and risk register, for instance). However, it appears in some areas that the donor requires more detailed information on results and the use of funds.

## G. Appendix

### Annex 1. : Short presentation of the Team composition

#### **Audrey CROCKER: Institutional Water and Sanitation Specialist - 7 years of professional experience**

Audrey Crocker has a double degree in urban planning and management of urban utilities. Graduated of the Regional Planning Institute of Aix en Provence, of the Political Sciences Institute of Rennes and of the AgroParisTech (ENGREF), her main expertise areas are urban policies, economical, social, environmental and territorial dynamics and urban services management (waste management, transports and more specifically the water and sanitation area). Audrey has joined **HYDROCONSEIL** in 2010.

She has an extensive knowledge of the water and sanitation interventions context in DRC as she has coordinated during two time the external monitoring and evaluation study on the National Ecole et Village Assainis Program in the Democratic Republic of Congo. More recently she was involved on the Durability Study of the EVA program (DFID Funding).

As part of these projects/Studies Audrey spent 9 months (resident expert) in the Bas-Congo province, 8 months (resident expert) in Bandundu and Bas-Congo Province, and 6 months (short term mission) in West Administrative Zone including Kinshasa, Bandundu, Bas-Congo and Equateur.

#### **Geraldine BERNARD: Water and Sanitation Specialist - 10 years of professional experience**

Holder of a Master 2 in hydrogeology, Geraldine Bernard began her career in the public sector (Water trade union) and in the private sector (research) in the South-East of France, before positioning for international opportunities. She worked as a water and sanitation specialist, including as project manager for many NGOs (Terre des Hommes, Solidarites International, Action against Hunger) as well as for offices (Tractebel, Degremont). The positions she has held in many developing countries (Haiti, Burundi, Tanzania, Laos, DRC, Djibouti, Ivory Coast, Ethiopia, etc.) allowed her to develop a strong expertise in technical support, coordination and evaluation of projects in the field of water and sanitation, particularly in rural and precarious urban areas. Geraldine joined **HYDROCONSEIL** in 2013. Since 2013, she had realized many WASH projects evaluations, notably in Haïti, Ghana, Niger, Burkina Faso, Philippines, Bangladesh and Ethiopia.

## Annex 2. : Work Plan

### General timetable

Activity	Location	Team Leader A. Crocker	Wash Specialist G. Bernard	Field Facilitators	Quality Insurance	Timeline											
						Month 1				Month 2				Month 3			
						S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12
<b>Contract Preparation</b>																	
Negotiation and signature of the contract	France	1															
<b>Phase 1 : Inception phase: desk study and evaluation methodology</b>																	
Collection and desk review of the documentation	France	1	1														
Establish stakeholder consultation list	France	1															
Selection of activities and sample for detailed investigation in the field	France		2														
Preparation of survey tools and detailed methodology (provisory version)	France	2	1														
Holding meetings with DRC Wash Consortium staff - Skype	France																
Collection of complementary desk data	France	1	1														
Finalization of survey tools and detailed methodology	France	1	1		1												
Submission of the inception report	France																
Consultation and peer reviewing by the DRC Wash Consortium + DFID	France																
<b>Phase 2 : Data collection phase: institutional meetings and field investigations</b>																	
Logistic organization of the field investigations with the support of DRC Wash Consortium	Kinshasa	1	1														
Interviews with the project partner organizations: Wash consortium key project staff, local bodies, other contractors, etc.	Kin/province	2															
Interviews with the WASH sector stakeholders: UNICEF, National Coordination EVA, DFID, etc.	Kinshasa		2														
Interviews on field with the project beneficiaries and observations: 2 provinces	Province	10	10	48													
<b>Phase 3 : Results analysis and evaluation report drafting</b>																	
Analyzing data collected and developing recommendations	Kinshasa	3	3														
Workshop in DRC to validate the provisional results	Kinshasa	1	1														
Preparation of the draft report	France	3	3		1												
Submission of the draft report	France																
<b>Phase 4 : Presenting and discussing conclusions and recommendations</b>																	
Consultation and peer reviewing by the DRC Wash Consortium + DFID	France																
Incorporating comments and producing final report	France	2	1		1												
Submission of the final report (French and English versions for the executive summary)	France																
		<b>29</b>	<b>27</b>	<b>48</b>	<b>3</b>												

Le tableau ci-dessous détaille les activités menées par les 2 consultants.

Phase	Dates	Audrey CROCKER	Géraldine BERNARD	
Inception phase (Phase 1)	16/04/2015	<b>Kick-off meeting</b>	-	
	From 17/04 to 07/05	Review of the documentation Inception report preparation	Review of the documentation Inception report preparation	
	10/05/2015	Travel Paris - Kinshasa	Travel Paris - Kinshasa	
Field phase (Phase 2)	11/05/2015	<b>Kinshasa meetings</b> Concern as Lead Agency DFID	<b>Kinshasa meetings</b> Concern as Lead Agency DFID	
	12/05/2015	<b>Kinshasa meetings</b> ACTED <b>Additional documentation review</b>	Kinshasa - Lubumbashi travel	
	13/05/2015	<b>Kinshasa meetings</b> CRS/GIZ/World Bank	Lubumbashi (logistics issues)	
	14/05/2015	Kinshasa - Bandundu Travel DPS Bandundu	LBB – Manono travel (UNHAS) <b>Manono meeting (Concern)</b> WASH Program Manager/Field coordinator	
	15/05/2015	Travel BDD ville - Kwamouth	<b>Field visit</b> Kameshi – Melio – Kasongo	
	16/05/2015	<b>Field visit</b> Osamaboko	<b>Field visit</b> Kiambi – Kitou / Kondé	
	17/05/2015	<b>Field visit</b> Lediba I & II	Manono - desk work BCZ meeting	
	18/05/2015	<b>Field visit</b> Lediba I & II (end)	<b>Field visit</b> Malata	
	19/05/2015	<b>Field visit</b> Ngambomi I & II Travel Ngambomi - Mushie	Manono - Lubumbashi Travel	
	20/05/2015	Travel Mushie - BDD <b>Bandundu meeting</b> SNHR/ Proved (Not available)/CPAEA (Not available)/Phone meeting UNICEF BDD	Lubumbashi – Kongolo travel (UHNASS) <b>Kongolo meeting</b> WASH RP - ACTED	
	21/05/2015	Travel BDD ville - Kinshasa	<b>Field visit</b> Kahamba – Liuba and Kiamba	
	22/05/2015	<b>Kinshasa meetings</b> SI/ ACF/UNICEF	<b>Field visit</b> Kasenzi	
	23/05/2015	<b>Kinshasa meetings</b> National Coordination EVA	<b>Field visit</b> Nkulula	
	24/05/2015	Data analysis	Kongolo (desk work) Debriefing with ACTED	
	25/05/2015	Data analysis	Lubumbashi - Kinshasa Travel	
	26/05/2015	Preparation of the PPT	Preparation of the PPT	
	27/05/2015	Preparation of the PPT	Preparation of the PPT	
	28/05/2015	<b>First field finding restitution</b> Travel Kinshasa - France	<b>First field finding restitution</b> Travel Kinshasa - France	
	Data analysis and reports writing (Phase 3 & 4)	From 29/05 to 18/06	Data analysis Evaluation report preparation	Data analysis Evaluation report preparation
		18/06/2015	Draft report submission (French)	Draft report submission (French)
From 22/06 to 03/07		Incorporating quick CCU comments (French) and translating	Incorporating quick CCU comments (French) and translating	
03/07/2015		Draft report submission (English)	Draft report submission (English)	
From 13/07 to 17/07		Incorporating CCU, DFID, Concern (Dublin) comments Final report submission (English)	Incorporating CCU, DFID, Concern (Dublin) comments Final report submission (English)	
<b>Number of working day</b>		<b>29</b>	<b>27</b>	

## Annex 3. : Theory of change

Output	Approach	Evidence	Assumption
Individuals demonstrate knowledge of the economic, social, health and environmental advantages of improved water, sanitation and hygiene for their communities at community and household level	The central component of the consortium approach is <b>sustained hygiene and sanitation campaigns</b> , the objective of which is to improve practices associated with water-related disease and unsanitary environments through different community entrance-points; however primarily through community institutions, mainly schools; and households.	<p>ACTED<sup>49</sup> has reported significant improvements in hygiene and sanitation practices following sustained promotion activities with women in their programmes in South Kivu and Equateur with improvements in food preparation and reported understanding that the origin of the water used for washing food is a factor affecting health. Targeting women in hygiene and sanitation campaigns specifically brought about improved health outcomes.</p> <p>It is accepted that knowledge alone on what causes diseases and how to prevent it is often not enough for real behaviour change to occur<sup>50</sup>. People need information which resonates with their emotions and desires to form an emotional connection with the subject as well as a rational one<sup>51</sup>.</p> <p>ACF will conduct a socio-cultural assessment to demonstrate effective entry points into communities to ensure that the emotional-rational catalysts are understood and exploited to ensure that hygiene and sanitation promotion activities are context specific and effective.</p>	Common hygiene and sanitation marketing and promotion processes accompanied by community planning can deliver behaviour change in an 18 month cycle with impact monitoring following 2 years.
Functioning governance institutions and service providers with increased capacity engage in WASH provision at the micro level	The focus of the programme is the community level. The establishment of linkages between the community leadership structure, local level government, government service providers and community based institutions is important to ensuring sustainability of the programme.	<p>Accountability relationships, especially between decision makers, service providers and the poor clients, are key to the success and failure of service provision<sup>52</sup>. The consortium members will work with these structures to <b>define roles and responsibilities; build and support capacity</b> to carry out these and ensure that the governance structures at this local level are <b>engaged and proactive</b>.</p> <p>The <b>capacity of local actors</b> responsible for WASH will be strengthened so that they can engage in the community based processes. Sustaining services, particularly in water supply, is prioritised to ensure that the</p>	Capacity building and facilitated coordination supported by formal agreements increases ownership. Mobilising existing local community volunteers and linking these to the water management committees will result in

<sup>49</sup> ACTED KAP Survey, South Kivu, Equateur 2011.

<sup>50</sup> Wijk & Murre 1995

<sup>51</sup> Water aid. Promoting good hygiene practices. Key elements and practical lessons. 2011.

<sup>52</sup> World Bank's World Development Report 2004, entitled "Making Services work for poor people" quoted in 'Squaring the accountability triangle', Eugenio Villar and Rebecca Dodd [http://www3.giz.de/E+Z/content/archive-eng/08-2005/foc\\_art3.html](http://www3.giz.de/E+Z/content/archive-eng/08-2005/foc_art3.html)

Output	Approach	Evidence	Assumption
		investment in service provision is not undermined.	more effective hygiene and sanitation campaigns and strengthen local linkages.
Representative, accountable and responsive Community Committees are established by community members	In order to ensure the success of the hygiene and sanitation campaigns, effective community organisation will be supported by strengthening or establishing <b>Water Management Committees</b> to ensure that autonomous user groups are in place to manage and maintain resources.	At any given time 30-40% of rural water supply systems in developing countries are not functioning <sup>53</sup> . WASH programming relies on effective community organisation such as Water Management Committees to ensure that an autonomous user group is in place to manage and maintain resources. The logic of the consortium approach is that improved access to water, combined with active participatory hygiene promotion through community-based committees, leads to improved hygiene awareness and practices and that communities will manage and maintain resources following the marketing, promotion and community action planning processes as well as the election and training processes for the committee <sup>54</sup> . The adoption of strict criteria governing the decision to proceed with water point rehabilitation or construction will put the responsibility on communities to decide if they can manage the resource and demonstrate this capacity during the programme.	Committees continue maintaining water points (it continues to remain a priority giving the potential for changing contexts)
Communities have sustained and improved access to and availability of potable water	<ul style="list-style-type: none"> <li>• Construction or rehabilitation of water points depending on development of a Business plan to ensure financial sustainability in the longer term</li> <li>• Training pump technicians and Water Management</li> </ul>	The WHO estimates that 88 per cent of diarrhoea disease instances are attributed to unsafe and insufficient water supply, inadequate sanitation, and hygiene. The lack of sustained access to safe drinking water and improved sanitation facilities is likely affecting non-health human development issues. Water supply and sanitation infrastructure will also impact on environmental conditions around people. All these issues complicate human development challenges (summarised from above) <sup>55</sup> .	Communities make informed decisions through community action planning to operate and maintain improved water points

<sup>53</sup> Evans, P., 1992. Paying the piper: an overview of community financing of water and sanitation. Delft: IRC International Water and Sanitation Centre.

<sup>54</sup> Water Management Committee Establishment/Set up and strengthening Process:

1. Facilitating election process for Water Management Committee members
2. Meeting with Water Management Committee, government authorities and service providers
3. Protocols signed with Water Management Committee, government authorities and service providers
4. Certificate of Ownership of water point
5. Three cycles of training in Committee Management (three trainings in committee management; water point management; cost recovery; conflict management)
6. Handover of water point to committee following 18 month KAP II and certification

<sup>55</sup> Strategic Impact Evaluation Fund, Impact Evaluation Cluster Note: Water Supply, Sanitation, and Hygiene for Sustainable Human Development, World Bank/SIEF 2012.

Output	Approach	Evidence	Assumption
Communities have improved and sustained access to sanitation facilities	<p>Committee</p> <ul style="list-style-type: none"> <li>• Triggering the construction or improvement of household latrines with hand washing points<sup>56</sup></li> <li>• Construction or rehabilitation of institutional latrines with hand washing points<sup>57</sup>, primarily in schools however also in selected health centres along with waste disposal facilities<sup>58</sup> under the condition of establishing a Business Plan</li> <li>• Advocate for commitment of the management to lobby towards B9 ZDS or to collect it from the expected income for Health centers</li> </ul>	Concern Worldwide in Katanga did not initially include a sanitation component in their WASH programme, in spite of a high number of people practicing open defecation. However, inadvertently due to the hygiene messaging and encouragement from agency staff, the communities participating in the project built their own latrines from locally available materials at minimal cost to themselves. By the end of the project, an estimated 80% of households had some form of latrine, thereby controlling defecation in the community. The population demonstrating practice of hygienic techniques regularly and effectively, and who had hand washing points next to the latrines with soap or cinders, increased from close to zero to around 50%. Health improvements indicated a 20% reduction in water-related diseases, according to health centre statistics <sup>59</sup> , and the percentage of households with a hygienic latrine increased from close to zero to an average of 40% <sup>60</sup> . Sustainable change happens when individual families are able to translate knowledge into practice with the necessary catalysts in place.	Hygiene and sanitation promotion and marketing leads to demand for sanitation facilities
Increased coordination, participation and planning at the macro, meso and micro levels	<b>Disseminating information and coordination</b> with other stakeholders on programme progress and learning will ensure that the emerging development agenda is strengthened.	To ensure sustainability <b>linking communities to local governance structures, service providers and other stakeholders</b> engaged in the WASH sector is an important activity to engage actors in coordination between micro, meso and macro levels. Coordination with key WASH actors will ensure that planning avoids duplication and competition. The consortium will play a proactive role in such coordination at all levels and	Cordination will lead to more coherent planning and improved management of the WASH sector

<sup>56</sup> The general approach to the sanitation aspect of the programme involves communities making the decision to build latrines from locally available materials as part of the hygiene programme. This is deemed to be more sustainable than the use of approaches and materials that are not replicable at community level nor within the funding capabilities of the poorer families in a community. Many households prioritise building their asset base and costly latrine interventions are not feasible. In some areas, the approach of distributing sanitation platforms as a form of subsidy was less effective to increase coverage than triggering demand and supplying tools and support. Demonstration latrines provide a useful aspiration for households to see what is possible in terms of household sanitation. These need to be context specific as the cost of cement and greater load-bearing requirements in the latrines means larger investments per family are required and are only undertaken by wealthier families. While sanitation platforms may be a useful demonstration, highlighting to households the potential that exists when moving up the sanitation ladder, basing a programme on these may have a negative impact where poorer families feel that latrines are not within their reach (Concern, 2011, *ibid*).

<sup>57</sup> Refers also to the construction of simple and low cost rainwater harvesting structures

<sup>58</sup> Refers to incinerators and placenta pit

<sup>59</sup> Katonta, Kisele, Mutendele and Kato Clinic registers - Q1 2010 compared to Q1 2011. Actual reduction in waterborne and water washed diseases is 46%, however this has been reduced to 20% in discussion with MSF. The value was reduced to take account of the impact of the increase in health care costs due to the departure of MSF in 2010.

<sup>60</sup> 2010-11 Knowledge, Awareness and Practice surveys, Concern WW DRC, Katanga

Output	Approach	Evidence	Assumption
between consortium members and governance structures, service providers and other stakeholders in the WASH sector		encourage participation of other actors in dialogue, lessons learning and advocacy.	
The Consortium produces and disseminates evidence for sustainable, community based solutions to WASH needs in the DRC	The Consortium members will adopt a <b>common approach</b> in programme areas. An agreed set of technical specifications will outline the standards to be reached for technical inputs and ensure a minimum level of quality in programming. The process and results will be measured using a common toolkit so that the consortium can produce a body of results for analysis to provide <b>evidence</b> that the approach is effective and leads to sustainable, community based solutions to WASH needs in the DRC.	There is a lack of knowledge and rigorous evidence related to WASH that would help inform better policymaking and advocacy efforts <sup>61</sup> . The consortium members assert that by adopting the common approach with associated tools and frameworks, such evidence will be generated to inform practice. There is a large investment in the coordination of the Consortium and in mapping of infrastructure at the unit of programming ( <i>Aire de Santé</i> ). The consortium commits to sharing information and engaging in constructive dialogue. See section below.	Improved analysis of programme implementation data leads to improved information basis for planning

<sup>61</sup>Strategic Impact Evaluation Fund, Impact Evaluation Cluster Note: Water Supply, Sanitation, and Hygiene for Sustainable Human Development, World Bank/SIEF 2012.