Evaluation

Concern Katanga WASH 2010-11 Programme

January 2010- December 2011

Concern Worldwide

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November 2011

Acknowledgements

I would like to thank the Concern team in Shamwana and Dubie for their co-operation in facilitating this evaluation, particular thanks to Felix and Claire for their patience the rest of the WASH team for their dedication to the programme and the people of Katanga. Appreciation is also due to MSF for the provision of malaria prophylaxis during the last days of my visit to the DRC.

Executive Summary

Concern has been carrying out WASH programming in the territories of Manono and Pweto, districts of Haut-Katanga and Tanganika in Katanga since 2008 after carrying out a large rapid assessment across the programme areas. This assessment has provided the basis for WASH programmatic development and design over the subsequent four years. The assessment highlighted the poor level of access to water and sanitation services, as well as poor knowledge of good hygiene and sanitation practices. The initial two year programme focused on providing the greatest impact for the greatest number of people, primarily targeting the larger communities in the area, with drilled wells and hand pump installation, as well as the provision of basic hygiene training and messaging to bring about behaviour change. Working from an extremely low baseline, the programme had a substantial impact in the targeted communities across the territories, improving access to clean water, and hygiene knowledge- which resulted in a large increase in sanitation coverage in targeted communities, where households built their own latrines, from locally available materials.

The 2010-11 programme has built in the initial programme approach, with a number of changes to the programme taking place over the two years. The programme no longer focuses primarily on the larger villages, but has pragmatically reduced the minimum household size of a village required to be considered a hand pump, as well as increasing the maximum number of users per handpump, which allows for greater programme reach. The hygiene promotion programme has increased its use of the PHAST approach and now works in parallel with the UNICEF/Ministry of Health 'Village Assaini (Healthy Villages) approach, which builds in coordination with local Health Zones, a first step at linking what was an emergency programme with a more sustainable approach. A number of new initiatives are in the process of being rolled out as this evaluation was taking place, including the piloting of laundry points close to handpumps, the digging of hand dug wells where it is not possible to drill, the introduction of a 'Menage Assaini' (Healthy House) approach in individual villages as a way of promoting 'hygiene champions'. The use of interactive theatre and movie projections has added variety to a hygiene programme that risks becoming repetitive and overly didactic. The commencement of working at school level with the 'Ecole Assaini' approach and new community initiatives including theatre, videos, games etc provides an opportunity to diversify and improve the depth of the programme. The establishment of local spare parts network for handpumps provides an opportunity to build the sustainability of the programme, though assuring the sustainability of the spare parts network will remain a challenge in itself.

At the time of the evaluation the sanitation and hygiene aspects of the programme were on track to be achieved, however, the water programme remains under pressure to be completed by the end of the programme period, while working in the wet season. The main reasons for the delay have been time lost due to inoperationality of the drilling rig, working in unsuitable geology and access to outlying communities. In 2010 significant delays were experienced in starting the programme- as the 2009 programme had already overrun by 3 months while upon starting the 2010 programme large delays were incurred in sourcing spare parts and repairs to the drilling rig such that the programme did not get underway until September 2010, resulting in the drilling team being operational through the wet season until March 2011. Though the supply chain of spare parts has been improved since 2010 with stocking of key spare parts, the programme has suffered from repeated small delays throughout 2011, as well as high number of

failed attempts to drill in conglomerate regions. At the same time, the commitment of the team has meant that the programme is very close to being achieved by the end of 2012.

The slight water programme redesign, mentioned above, has meant that the programme will provide an increased number of beneficiaries with potable water than was originally planned. However, the programme aim of revisiting and strengthening the hygiene aspect of the 2008-9 programme has not been achieved due to limited human resources, access and time constraints. The decision of focus on a small number of these communities should be viewed as a pragmatic decision, in order to ensure the quality of the current programme.

As with the 2008-9 programme, the current programme has ensured a substantial impact for the targeted population, working from a very low base. The gradually increasing wealth of the war affected communities means that many of the communities are better able to contribute to the programmes, while varying impact of the programme is visible depending on the relative wealth of the current programme villages. Communities close to Dubie display a higher level of sanitation and hygiene understanding, while those more isolated (on the Mwenge axis), as well as those around Shamwana, display a slightly lower level of change. Continued effort is needed to better ensure the sustainability of water points, through sustainable village WASH committees. Working with WASH committees to build their capacity in the area of hygiene and sanitation, while linking to, albeit weak, government structures, is key to assuring the sustainability of all aspects of the programme.

Acronyms:

CLTS

SNHR: **Service National Hydraulic Rurale**

UNICEF: **United Nations Children's Fund**

MAPS: **Multi-Annual Programme Scheme**

UNDP: **United Nations Development Programme**

SDED: **Service D'Adduction D'Eau a Dubie**

KAP: **Knowledge, Attitudes & Practice**

FGD: **Focus Group Discussions**

FIM: **Food, Income, Markets**

Introduction:

The evaluation of the Concern Katanga 2010-2011 WASH Programme was carried out between the 1st and 20th of November, 2011, prior to the final completion of the programme. The complete programme has been funded through Irish Aid MAPS, Bank of Ireland, JOAC, UNDP Pooled funds, and UNICEF. The duration of the initial programme was anticipated to be 24 months, though delays due to the completion of the previous programme mean that the implementation period will be slightly less, although it will probably overrun to early 2012 in order to complete the final activities. An evaluation of the 2008-9 programme was carried out in October 2010 and thus, some operational issues relating to the current programme have been dealt with previously, and many of the issues affecting the programme at the time have since been addressed. 2010 was a difficult year in terms of programme implementation. The current evaluation covers this period though primarily focuses on the 12 months from around October 2010 to November 2011 when much of the programme activity has taken place and programme design and changes been implemented. This coincides with the period where there has been more consistent programme management in place. The evaluation is not considered to be an audit of the programme activities, however, the majority of the programme communities were visited and the majority of the programme activities and outputs verified. The evaluation seeks to determine what programme deviations have taken place and why, as well determining the impact and effect of the programme on the beneficiary population.
In particular, the pre-defined objectives of the evaluation are outlined below

a. Objective 1: Examine the programme in terms of relevance, efficiency, effectiveness and impact
b. Objective 2: Compare baseline and endline surveys and success of programme based on indicators.
c. Objective 3: Assess the sustainability of the intervention, including the relationships with SNHR and Health Zones
d. Objective 4: Examine team ideas for supply chain networks
e. Objective 5: Review response to recommendations from the 2008—9 evaluation
f. Objective 6: Review implementation of the M&E plan and its ability to measure the impact of the programme
g. Objective 7: Review the efficacy of the Concern' key cross-cutting issues: gender, HIV, protection
h. Objective 8: Assess the existence of locally appropriate mechanisms for design, planning, implementation and monitoring of the project.

The evaluation will seek to examine all of the above, although there is considerable overlap of these topics, each will be examined in varying detail.

The programme aims, as per the 2010-11 programme proposal which the evaluation will seek to measure, are outlined below. Within the overall programme, the various specific donor proposals fit within these aims with slight variations.

Goal To support the post conflict affected communities of Katanga to achieve sustainable improvements regarding health and hygiene
Purpose To improve the health of beneficiaries in 39 villages in the territories of Manono and Pweto, districts of Haut-Katanga and Tanganika in the province of Katanga, through

the provision of clean, safe water and improved awareness of health and hygiene practices

Outputs By Dec 2011, capacity building and awareness of 6,807 households on environmental and household hygiene is improved to lower the incidence of the health problems associated with poor hygiene.

By Dec 2011, access to adequate and clean water has been improved for 3,405 households through the provision of boreholes and hand-pumps.

By December 2011, the communities' knowledge on the prevention of HIV/AIDS will be improved.

Methodology:
The **methodology** undertaken involved a substantial desk review of existing documentation including:
Concern Katanga 2010-11 WASH Programme Proposal, 2010 MAPS Report to Irish Aid, Donor Reports for UNICEF, UNDP Pooled Fund, Bank or Ireland and Jersey Overseas Aid, 2008-9 Programme Evaluation & Management Responses, Spare Parts Network Documentation, How Concern Understands Extreme Poverty (May 2010), Village Assaini Documentation, and a variety of KAP surveys carried out by Concern over the course of the programme as well as other M&E tools.

Site Field Visits were carried out to all programme communities under the 2010-11 programme except for Nkonde which would have required a further day's activity. The depth of engagement in each community varied from viewing the operation of the water point to in-depth focus group discussions with Water Management Committees, Community groups, women's groups and children's groups. Community transect walks were carried out in a small number of communities along with latrine and household observations as well as individual informal interviews with beneficiaries where possible and appropriate. Notes were not taken during FGDs in order to facilitate community dialogue with key points raised being noted post-discussion while travelling. A range of Concern staff were engaged in individual discussions, including hygiene promotion animators, hygiene promotion programme manager, drilling team operators, drivers, hydrogeologist, pump technician, and the WASH programme manager.
A number of interviews with key partners including UNICEF, SNHR and Ministry of Health in Lubumbashi were sought but were not carried out. It was not possible to arrange meetings with Spare Parts Network Operators, SDED during the evaluation period nor to engage the Zone de Sante representatives in discussions.

The table below provides highlights of the community visits carried out:

	Community	Period	Visit Detail	Sanitation	Hygiene	Water
1	Mwenge	Drilling completed Late 2011 (started May 2011)	Discussion with Committee President. Drilling observation in progress	Latrine construction on-going. Varied quality	Not discussed	Being drilled at time of visit. Two successful. Two failures to date. Two completed late November.
2	Kivuku	Late 2011 (started April 2011)	Focus Group Discussion, Latrine observations, interview with children	Community engaged and latrine construction in process	Basic knowledge of messages	Not possible to drill due to conglomerates and very difficult to access .
3	Lawantete	(started mid 2010) Pumps installed Early 2011	Pump visits, flow tests, household and sanitation observation, interview with committee president, beneficiary discussions, pump repair technician discussion	Good quality latrine. One demonstration latrine viewed. Village reasonably clean.	Hygiene understanding at pump good. Children have good understanding of messages.	2 pumps drilled. Functional. One requiring potential maintenance- flow lower. Concrete slightly chipped.
4	Kaswete	2008-9	Pump visits and flow test, focus group discussion	Very good sanitation coverage. Variable quality latrines.	Reinforcing Committee capacity as part of 2010-11 programme	Part of 2008-9 programme. 3 functioning. Batwe not accessing pumps as far from village.

					. Hygiene knowledge good.	
5	Kalembe	Started mid 2010, Pumps installed Early 2011	Informal interviews and pump flow checks.	Sanplat slabs for latrines being used. Tidy village	Basic messages for hygiene well understood.	2 pumps functioning well. Animals accessing pump area.
6	Kantu	Started June 2011 Water point complete Late 2011	Latrine visits, focus group with children,	Variable latrine quality. Coverage low to medium.	Children have good hygiene knowledge	Pump drilled and developed- to be installed.
7	Kipombo	Started April 2011 Water point complete Late 2011	Brief pump observation and discussion with members of committee. Latrine observation. One child interview.	Good quality latrines. A number of hand washing points.	Good hygiene knowledge	Pump drilled and developed- to be installed.
8	Kilangwa	Started mid 2010 Pumps installed Early 2011	Water Management Committee interview, pump and latrine observation.	Good latrine coverage. Village very well maintained.	Very good hygiene knowledge.	1 pump. Functional, clean and tidy
9	Mukunda	Started mid 2010 Early 2011				2 pumps functioning very well. Well maintained.
10	Kasamba	2008-9	Brief discussion with community group	Committee reinforced as part of Village Assaini in 2010	Hygiene knowledge and understanding very good. Community well maintained.	2 pumps installed as part of 2008-09 programme
11	Kalenge	Started April 2011 Late 2011	Focus group with community and with committee. Children's interviews. Early stages of implementation.	Latrine coverage reasonable. Community tidy.	Hygiene knowledge and understanding weak. Committee very active.	Pump to be drilled
12	Nkondo	Started April 2011 Late 2011	Not visited.			Hand dug well planned next to the river. Not possible to drill due to high salt content of rocks
13	Kisaba	Started April 2011 Late 2011	WMC discussion. Community transect walk.	Good latrine coverage. Community tidy though absence of water a problem.	WMC committee functional though hygiene message understanding limited.	Borehole yet to be drilled – delays to bridge construction into this area
14	Pongo	Started April 2011 Late 2011	WMC discussion.	Latrine coverage is low to medium.	WMC committee not as functional as others,	Pump drilled and developed- to be installed.

					hygiene message understanding limited.	
15	Katuba	Started mid 2010 Pumps installed early 2011	Interview with committee members, pump observations.	Good sanitation coverage, waste pits evident.	Committee very active, cost recovery in progress though limited.	2 pumps. One working well, other with low yield/recharge. Possible repair of cylinder required.
16	Musukolo	Started April 2011	Focus group discussions, village walk and latrine observation.	Latrines of variable but acceptable quality. Clean and covered.	Active committee despite no water.	No well. Drilling failed due to conglomerate geology Potential hand-dug-well in 2012
17	Lupwaji	Started April 2011 Late 2011	Brief individual interviews.		Hygiene understanding fairly limited.	Pump drilled and to be installed.
18	Kapembe	Started mid 2010, pump installed early 2011	Individual interviews, pump observations and flow yields. Discussion with WMC.	Not observed though coverage said to be high.	Very good hygiene understanding and programme implementation. Appreciative of transmission routes. WMC with some savings.	3 pumps functional. One with low flow due to internal problem needing repair- air or water ingress. Water point protection is fairly poor. 1 HDW rehab not viewed.
19	Kanshe	Late 2011	Not visited.			Drilled, awaiting installation
20	Emanuaele	2008-2009	Not visited.			Handpumps installed as part of the earlier programme
21	Mutundele	2010 and late 2011	Children interviews, interview with WMC, village walk, latrine and HH observations. Well construction observation	Sanitation coverage good, quality high and in use. Village quite tidy.	Hygiene knowledge very good and messages understood by children.	3 HDWs in progress. Safety issues to be addressed.
22	Kitondwa	Programme started early 2010, first pump installed in 2010.	Pump observation only.			2 pumps. One functioning well, second drilled but not installed.
23	Kisele	Started early 2010, pump installed 2010	Community group discussion, latrine and household observation.	Sanitation coverage fair and reasonably clean. Animal excreta quite visible around HHs.	Hygiene messages understood. WMC active but limited at this time.	1 pump. Functional. Pump repairer confident and has carried out one check.
24	Kakoji	Late 2010?? Started early 2010, pump	Community discussion, pump observation	Latrine use and condition variable. Generally clean.	Good hygiene knowledge	Pump functioning but not used for drinking due to 'iron' taste.

		installed late 2010			though resistance to water use is of concern.	Confirmed. Claims that water is boiled.
25	Katolo	Early 2010 and late 2011	Children group discussions, women's group, WMC discussion; pump observation, latrine observation	Sanitation coverage high, well maintained and covered.	Hygiene knowledge of children high.	2 pumps. One functioning very well. One drilled and awaiting installation. District 3 not accessing water.
26	Kibemba	Late 2011	Community discussion. Children's interviews.	Big changes in community sanitation noted. Very clean and tidy.	Basic hygiene messages understood.	Drilled, awaiting installation Water currently being boiled.
27	Munyamba	Late 2011	Pump observation	Not observed,	Not observed.	Drilled, awaiting installation
28	KonKole	2010 & 2011	Well development observation.	Not observed,	Not observed.	1 pump functioning, one drilled and being developed.
29	Kabusonji	Started early 2010, pump installed late 2010	Handpumps visits and long discussion with Committee president. Minimal cost recovery in place for first three months and ceased since.	Good latrine coverage. 1 latrine with handwashing point.	Good hygiene knowledge by children.	1 pump working well but overcrowded as other pump has very low flow due to cylinder problem. Third pump not yet installed.
30	Muluvia	Started early 2010, pump installed late 2010	Visits to 2handpumps, lengthy discussions with Water Committee and children's group. No cost recovery by WMC in place.	Latrine coverage reasonable. No hand washing points.	Good hygiene knowledge, village reasonably clean and tidy.	1 pump functioning well. Other pump not being used and virtually abandoned as community don't like the Fe taste
31	Lenge Wa Bange	Started early 2010, pump installed late 2010	Handpumps visited.	Not observed,	Not observed.	2 Pumps functioning and well maintained.

Objective 1: Relevance, Effectiveness, Efficiency and Impact
This initial section will cover the majority of the issues to be considered under the evaluation and will touch on issues related to the other objectives.

Relevance:

1- As with the review of the 2008-9 programme, a number of assessments have detailed that a WASH programme is very relevant to the area and the communities that have been selected. Poor sanitation, hygiene and water coverage in adjacent areas and in non-programme communities continue to exist and are very visible, indicating the situation in programme communities prior to intervention. Though limited information on health statistics is available at a local level, the prevalence of malaria and diarrhoea in the region is confirmed by group discussions and by MSF and UNICEF/Health Zone data. Addressing the prevalence of water borne and faeco-oral transmission of illness is very relevant to the communities' situation. For many communities hygiene and sanitation are not a priority while *access* to water rather than *quality* of water is generally a higher priority prior to programme implementation. For many communities, the proximity of the water source remains the main benefit from the programme, and water quality is often considered in terms of taste, rather than from a health perspective.

2- The relevance of particular approaches under the three main themes of this programme is also under consideration.

a. Water:

i. direct implementation of drilled wells due to limited alternatives in the region and an absence of other actors, combined with weak government structures confirms that this approach is the most appropriate at the current time. The programme has already initiated contact with the SNHR and has sought to involve the SNHR in programme activities. Continued engagement with SNHR should be maintained, especially as SNHR builds capacity to deliver infrastructural improvements in Katanga. At present, SNHR do not have immediate plans to commence operations in the programme area and have limited capacity to add value in the area.

ii. initial steps into diversifying water provision through hand-dug wells is welcomed though should be carried out with caution. Prevalence of a number of dried, or seasonal, HDWs in the region is evidence that this is not a straight-forward initiative and that understanding of water-table recharge and sustainability is required. Exploring the potential of rain-water harvesting in smaller communities may also provide opportunities for supporting these communities to realize their right to water.

iii. Where potable water sources are not available, hygiene education on water treatment and purification approaches is relevant. The abundance of firewood means that boiling is currently an appropriate method of water purification. However, as the programme moves toward a more developmental approach more sustainable solutions are required as continued boiling of water will have a gradual impact on the environment. Other approaches such as water filtering and rainwater harvesting should be considered, especially in communities where handpump

maintenance is not economically feasible. These may also provide entry points to discussions with communities whose priority is having a handpump installed in order to provide a proximate source of water. To date, due to limited resources the programme has struggled to overcome resistance at this level. Resistance exists based on community perception that water, and a proximate water source, is the main focus of the programme. The benefits of hygiene and sanitation are readily visible prior to programme implementation and without the 'draw' of a water source communities tend not to be interested in other programme aspects.

b. Sanitation:
    i. Following the Village Assaini Approach and use of PHAST methodology is a strong improvement upon previous approaches which were more didactic and involved direct and basic messaging, which inevitably becomes tiresome for recipients of repetitive messages. Linking the programme to the Village Assaini approach which is a government initiative provides an opportunity to ensure the sustainability of the intervention and to build an element of governance into the programme even though the governmental institutions remain weak with limited capacity. The general approach to the sanitation aspect of the programme which involves communities making the decision for themselves to build latrines from locally available materials as part of the hygiene programme is 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. With many communities still in the initial process of re-building asset bases, expending money on costly latrine interventions is not a priority and not possible. The approach undertaken as part of the Pooled Fund Programme where SanPlat slabs were distributed to households is less effective than the regular approach and this approach has been revisited and a locally sustainable approach re-instated. Though SanPlats provide a useful aspiration for households to see what is possible in terms of household sanitation, the cost of cement, and bases greater load-bearing capacity in the latrines means greater outputs per family are required and were only undertaken by wealthier families. While SanPlats 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.

c. Hygiene Promotion
    i. The programme has been implementing the hygiene aspect of the programme primarily using the PHAST approach. While didactic approaches and the delivering of basic messages are critical in emergency situations, and in particular to avoid outbreaks of epidemics, to further develop a community's, and an individual's, ability to make autonomous decisions on managing hygiene and sanitation use of the PHAST approach can be effective as it enables individuals to understand transmission routes and barriers in a manner that didactic methods do not. Following this approach

in the current programme is very relevant to the move from an emergency/relief approach to a programme with longer term sustainable impacts. However, the *current* approach with PHAST primarily limits the approach to being carried out with Village Water/Sanitation/Hygiene Committee member's only, which reduces the impact of the approach and fails to involve community members in participatory techniques. The impact of this is that Committee members are empowered to use only didactic methods to bring hygiene awareness at a community level. The introduction this year of providing Committee members with some image tools for communicating with households is a welcome change and first small step to empowering committees, though further work is required to improve community engagement, and to facilitate the Committee's to develop their own initiative's and their ability to engage the community and to remain interested in this aspect of the work- which can lack visible results once the initial community mobilization activities of building latrines, cleaning the village and building waste pits is completed. A next step would be to introduce a 'Training of Trainers' approach whereby the Concern animators empower the Committee members to engage individuals and households in participatory approaches to hygiene and sanitation. Included in this would be a basic durable set of all PHAST images (A5 size?) for a number of committee members to engage households/children. At the same time, as part of the 'Ecole Assaini' approach similar tools for teachers can provide an interactive approach to engage children. The upside of these approaches is that the participants do not become disengaged with basic messaging or frustrated with a committee that is not bringing added value, as quick as would normally occur, and has been occurring.

Effectiveness

In addressing the effectiveness of the programme, examining the three objectives of the programme provides a route to draw conclusions as to whether the programme has been effective in achieving the results that were initially envisaged. On a more general level, being able to compare the programme areas where Concern is working and those adjacent areas, as well as those individual communities where Concern has not engaged, it is evident that a change has been brought about in the living conditions of the target communities. The adjacent communities act as a control group by which to make superficial comparisons. Clearly visible are changes in the appearances of the communities with a higher prevalence of latrines in areas where Concern has engaged, with communities generally being tidier with grass cut and trees cleared, with households having a much more managed enclosure. Concern's WASH engagement, alongside behaviour change, has brought other material gains, such as distribution of jerry cans and mosquito nets, which are in contrast to communities where distributions have not taken place. This also raises a question of equity which will be discussed at a later stage.

a. *By Dec 2011, capacity building and awareness of 6,807 households on environmental and household hygiene is improved to lower the incidence of the health problems associated with poor hygiene*. As all communities to be engaged in the current programme had commenced hygiene activities, the final number of beneficiaries to the programme, in terms of health is reasonably clear, excluding any indirect beneficiaries such as in small, adjacent communities, not targeted but have engaged in the construction of latrines and improved hygiene practices as a result of benefits realized in programme communities. From the table below, the total number of households reached falls slightly below that envisaged. The reasons outlined for this are primarily due to a re-orientation of activities and a rationalization of the programme to reduce the number of communities from the 2008-9 programme which would not be followed up with hygiene promotion retraining and village committee support. The practical reason for this was due to the geographic disparity of working with all previous programme communities, as the target communities for the current programme are already on a number of diverse routes, up to 6 hours (Mwenge) from Concern bases, making management and commitment to the programme difficult, and ensuring quality challenging. Human resources limitations also meant that the rationalisation is to the benefit of the programme quality, as the impact of engaging with all communities would have detracted greatly from the new targeted area and brought limited added value to previous programme communities.

Table: Villages and Household numbers for Hygiene Promotion

Village	Households
Lenge Wa Bangi	223
Kakoji	84
Kasamba	391
Kisele	116
Muluvia	249
Kilangwa	99
Lawantete	132
Kapembe	493
Emmanuel	113
Mukunda	112
Katuba	301
Kalembe	117
Kaswete	214

Kabusonji	426
Katolo	339
Konkole	219
Kitondwa	160
Mutendele	488
Munyamba	74
Kanshe	54
Lupwaji	72
Musakulo	45
Kipombo	48
Kantu	63
Kalenge	70
Nkondo	71
Mwenge	311
Kibemba	70
Pongo	99
Kivuko	64
Kisaba	76
Total	**5393**

Table: Outlining community changes

Village	**Expected number of households**	**Expected population**	**Planned No. of wells/ pumps**	**Actual hh**	**Actual well implemented**	**Year started**
Konkole	104	602	3	219	2	2010
Muluvia	206	1236	4	249	2	2010
Kabusonji	381	2286	5	426	3	2010
Munyamba	74	444	1	74	1	2010
Kitondwa	121	747	2	160	2	2010
Kapembe	635	3484	5	493	3 + Rehab	2010
Katuba	227	1270	3	301	3	2010
Mukunda 2	162	749	2	112	2	2010
Kanshe	57	400	1	54	1	2010
Kalembe	137	793	2	117	2	2010
Lupwaji	58	450	1	72	1	2010
Musakulo	57	400	1	45	1 – HD	2010
Kipombo	47	249	1	48	1	2011
Beeza	46	256	1	30	Replaced – no participation	
Lwantete	128	900	2	132	2	2010
Kandeke	100	500	1	15	Replaced – too small	
Pongo	100	500	1	99	1	2011
Mwenge	275	1600	4	311	4	2011
Kabawe	192	1065	2	70	Replaced – only foot access	
Nkondo	105	558	1	71	1 – HD	2011
Kivuko	90	470	1	64	0	2011
Kisaba	103	516	1	76	1	2011
Kibembe	-	-	-	70	1	2011
Kalenge	-	-	-	70	1	2011
Mutendele	-	-	-	488	3 – HD	2010
Katolo	-	-	-	339	2	2010
Kantu	-	-	-	63	1	2011

Kilangwa	-	-	-	99	1	2010
Lenge wa Bangi	-	-	-	223	2	2010
Kisele	-	-	-	116	1	2010
Kakoji	-	-	-	84	1	2010
Kasamba	-	-	-	391	0	2009
Emmanuel	-	-	-	113	0	2009
Kaswete	-	-	-	214	0	2009
Total	**3,405**	**19,475**	**45**	**5393**	**45**	

The reduction in the number of households who receive hygiene promotion support due to reasons mentioned above has been attenuated by an increase in the number of communities receiving access to clean water as discussed below. This increase in new communities of intervention has meant an increase in the number of households benefitting from the complete 'package' of water, hygiene and sanitation, meaning the shortfall for Output 1 is less than 800 households.

I. The hygiene promotion programme can be considered to have been successful on a number of levels. Primarily, the programme communities had limited hygiene knowledge prior to the programme commencing. By the time of the evaluation, all communities visited displayed at least basic knowledge of good hygiene practices. In most communities the basic issues of key handwashing times, good handwashing practices were clearly articulated. It is not clear that this knowledge is translated into consistent practice. While the presence of handwashing points is evident in certain communities, these are not abundant, though soap tends to be available in most households, though it is not clear that this is used for handwashing. Where handwashing is carried out the majority of households report using cinders/ash as the main handwashing element. Most households do not have enough receptacles for ensuring that safe handwashing is carried out as per the theory (using running water rather than directly in a basin).

II. More in-depth hygiene understanding varies across the communities where Concern has been working. In communities where Concern has been implementing the WASH programme since early/mid 2010 knowledge and understanding is much higher than those which have been engaged later in the programme. Primarily, the outcome of this may be that when Concern disengages from these communities at the end of 2011 they will not be as *mature* as the communities which have been longer engaged. This is also similar to the situation where communities are very far from Concern bases, meaning it is more difficult to establish and maintain contact with these communities and committees. In many of these communities, understanding is evidently limited to basic messages and understanding of transmission routes and route blocking is much less developed. Consequently, while basic messages *may* be adhered to, without understanding of why these messages are being followed, the sustainability of behaviour change is less likely. In communities which Concern has revisited from the 2008-9 programme, understanding is of

the hygiene aspects of the programme is high, though fatigue of discussing these messages is evident.

III. The various adaptations to the hygiene promotion which have added variety to community engagement seem to be useful in re-invigorating interest in hygiene issues. Innovation plays a role in maintaining communities' interest in the approach, and building on the effectiveness of the programme.
    a. Theatre and video: though newly introduced, this approach is very engaging for communities and local theatre groups are able to work on community idiosyncrasies to develop local interest. Especially for children, the use of community theatre is new and engaging. Using video display in communities provides children in communities with a first view of such technology and ensures that their memories are associated with good hygiene and sanitation messages. The challenge is in supporting theatre groups without hands-on engagement of Concern staff.
    b. The development of the 'demonstration latrine' idea provides communities and households with a concrete example of what can be achieved at little or no cost in terms of a sanitation intervention. As well as supporting vulnerable houses in having access to sanitation, the demonstration latrines build on locally available technologies and materials which are attainable by the poorest households. The use of these materials, rather than costly, input intensive designs is much more effective in ensuring the sustainability of the sanitation aspect of the programme with limited programme cost. This also makes it much easier for households to start climbing the sanitation ladder without external support. Demonstration latrines have been used to build local latrines which can be hygienic without the use of hygiene slabs. Latrines with locally adapted covers and are easy to clean have been developed and replicated. The provision of expensive concrete slabs would not be a guarantee of covered or clean slabs, but is more dependent on a real sense of ownership and strong hygiene promotion. The presence of covered latrines is noticeable in all communities though there continues to be large numbers uncovered. However, moving from a situation where open defecation was the practiced norm up to six months ago, the change in behaviour, though not perfect, should not be dismissed.
    c. Combining CLTS with PHAST: With five pilot runs carried out, developing the PHAST approach to incorporate CLTS approaches is an avenue worth exploring further. The most suitable method for carrying this out has not been defined and there exists an opportunity for the Concern hygiene team to analyse and determine for itself, which approach to mixing CLTS and PHAST is most effective. It is recommended that a set of approaches be devised and these be carried out in communities, along with the PHAST only approach, to determine which has the greatest impact. Recording these comparisons provides a useful research opportunity. Potential approaches are to consider triggering CLTS in communities before introducing the PHAST approach, or using the CLTS approach as another step in the PHAST process to encourage community members to encourage each other to build latrines.

d. The promotion of 'hygiene champions', as recommended in the previous evaluation is again useful to building community interest in the hygiene promotion, especially at a time when community interest in the basic hygiene messaging is beginning to wane and provides an element of prestige to a subject that is not always viewed as prestigious. Animators and Health Zone personnel gave very positive feedback on the Menage Assaini pilot – 10 villages so far
e. Ecole Assaini: The introduction of the Ecole Assaini approach is welcome as a diversification of the programme; however the modalities of this were not assessed under the evaluation. That this approach further develops the engagement with the Health Zones is an advantage as it brings communities closer to their primary duty bearers.
f. Laundry points: As a future initiative, the evaluation acknowledges that the programme is addressing issues beyond the basic hygiene messages and developing an understanding of more nuanced issues in communities where access to water at community level may not address the requirements of women and children being forced to walk long distances to carry out daily domestic activities. It is important that these pilot activities, in order to be successful, be of high construction standard in order to ensure durability. This activity also comprises the first activity which specifically engages women only consultation groups.

These new innovations provide useful additions to the core hygiene programme which is essentially effective in moving communities from limited hygiene knowledge, understanding and practice, to having basic knowledge of hygiene practice. Developing innovative approaches requires time and resources to diversifying the approach to hygiene promotion. Utilising these approaches requires time commitments in each community that does not compromise the core approach. Over the current programme it is clear that the hygiene team, taking into consideration geography (and increased number of villages and communities), are working at the limit and it is felt that more in-depth community engagement is required. Greater and more prolonged engagement with communities to link hygiene knowledge to much improved practice remains a challenge, as it is with most hygiene programmes. One initial amendment that is recommended is that the PHAST approach where Concern animators engage Committee members in the participatory approach be amended to a Training of Trainers approach. At present Concern does not engage communities and individual households directly with participatory approaches. The participatory element of PHAST is essentially targeted at committee members and community members are limited to being recipients of hygiene messaging. In order to build the effectiveness of the hygiene promotion approach building the capacity of the Community WASH Committees to better lead the change in their communities. As part of this, empowering the Committees to engage their communities beyond organising 'programme' activities and delivering basic messages is essential. A first step in this would be to train members as PHAST Trainers, equipped with durable tools and equipment to carry out PHAST

activities at home, village and school levels. This would be part of a larger approach to building committee capacity to act as a liaison between communities and external actors, including the Health Zone representatives which are gradually becoming more active in the programme areas.

IV. Gender: The issue of gender is one that can be touched upon here. The hygiene promotion activities of Concern are affected by a limited gender dimension, in particular related to the hygiene team. Currently the team is comprised of an all-male team. It is appreciated that attempts have been made to address this imbalance through prioritising recruitment of female animators which to date has been unsuccessful. The lack of qualified female candidates is the prime reason, as well an unwillingness for women to work over large distances as is required by the programmes and the team are currently exploring alternative approaches to addressing the gender dimension. The programme team has sought to address this imbalance through the recruitment process and flexibility regarding required skills and experience, as well as participatory internal brainstorming on how best to address this issue without a resolution to date. As women are the main actors in all WASH activities at the household, it is challenging for women to address an all male team, in particular to discuss sensitive female issues. It is also difficult for the Concern team to engage in discussion with women and adolescent girls in a manner that allows them to better understand issues affecting women. This needs to be addressed as a priority, adopting the roles and responsibilities of the animators where necessary, or developing a suitable role for a female team member, or as is being attempted, utilising strong community female leaders as part of the hygiene team.

V. In relation to building awareness of environmental and household hygiene, while it is evident that change has taken place, it is not clear to what extent. This is primarily due to the nature of the monitoring and evaluation system in place. Primarily, the main approach for determining change in hygiene knowledge and practice is through the baseline and endline KAP surveys. This is discussed in more detail below, however, in brief, the limitations with the current approach is that they rely on single point questions and observation which are biased as the communities are essentially sensitised to the answers in advance and observation is limited. In order to verify this change, further approaches, or triangulation is required. Potential approaches to this would include *structured observations* of key indicators- such as handwashing at one or two key points. Determining the best approach to this would require detailed discussion by the team in order to ensure the results are not biased by the presence of an 'observer'. Systematic assessment of KAP data to determine trends linking knowledge to practice and understanding would also better improve programme understanding of what is working and what is not working well in the hygiene programme.

b. *By Dec 2011, access to adequate and clean water has been improved for 3,405 households through the provision of boreholes and hand-pumps.* The 2010-11 WASH programme should, by the end of 2011, have exceeded the programme targets in the provision of safe drinking water through drilled and hand-dug well construction. At the time of the evaluation, a total of 23 wells,

have been drilled, developed, water-quality tested and have had handpumps installed and are completely operational. There are 15 wells already drilled and in various stages of completion and it is estimated that these will be finalised by the end of the year, or thereabouts. There are two wells outstanding to be drilled and the drilling team is currently en-route from Mwenge to Kalenge and Kisaba to complete these two wells where access is extremely difficult. There are three hand-dug wells in Mutundele where excavation has commenced and one further hand-dug well outstanding to be excavated in 2012. It was originally planned to drill 45 wells in 22 communities, with a maximum of 500 users per handpump. However, based partly on recommendations from the previous evaluation, the criteria for selection of communities and also the minimum and maximum thresholds for handpumps users have been pragmatically broadened to allow a broader spectrum of communities to benefit from water access. The lower threshold is based on the ability of a community recover cost to ensure ongoing maintenance of a pump, with a monthly household charge of 100 Congolese Franc (10 Euro cent). This translates as approximately 64 households per handpump. The upper limited has been extended from 500 persons (SPHERE standards) to 200 households, or 1000 people. Experience has shown that handpumps, when being used by 500 users retain unused capacity, and SPHERE standards, which are minimums in emergency operations are unnecessarily restrictive and limit access to water for a greater number of beneficiaries. In total, it is estimated that 4611 households will benefit from having handpumps supplying clean water in 26 villages.

In terms of indicators, used to determine access to water, a brief synopsis of each indicator should cover many of the issues related to the water programme.

i. *45 hand pumps operational in 22 target villages and regularly maintained*. As mentioned above, the number of target communities has increased as has the number of beneficiary households, and this pragmatic approach has succeeded in expanding the reach of the programme, facilitating engagement in hygiene and sanitation interventions as well in the additional communities. It is very early in the lifespan of the programme to assess the issue of maintenance of the pumps, however, what is evident is that there is a variable level of commitment at community level to ensure maintenance of the handpumps. In a small number of cases, handpumps require slight maintenance (eg Kabusonji), however, this has not taken place to date. At the same time, while some communities have systems of cost recovery in place, there are no communities that have implemented this approach where it is working smoothly. There are many obstacles to this, including the difficulty in sensitising communities to the fact that repair will be needed; that pre-emptive maintenance is needed on an on-going basis; and that the pumps will eventually break down. Committees also appear to be unaware of the potential cost implications of having to carry out large repairs. This is a difficulty of introducing new technology in areas where there is limited exposure to such approaches. The requirements of short term funded programmes mean that often sufficient lead-in time of sensitising communities in advance and ensuring systems are operational in advance of pump installation mean that pumps are installed as a matter of urgency under the programme exigences. One community who, due to its limited size, was forced to demonstrate cost recovery, showed this capability in order to convince the Concern team to install a pump in their community. Making the establishment and functionality of a committee with

cost recovery systems in place prior to installation would benefit this acceptance, despite the initial difficulties this may incur. A programme that has more *space* to ensure these systems will ultimately benefit. A potential phase for setting this up may be after drilling, but withholding installation of a pump until a committee demonstrates its functionality, notwithstanding that communities will become impatient while committing funds over a two year period without seeing need for these funds- which is a further challenge of sensitisation and demonstrates a need for Concern to maintain support over a longer period of time, though as a facilitator.

ii. *At least two hand pump caretakers trained in each target village*. It is clear that the training of handpump technicians has taken place with the installation of each handpump, however, the general sense is that the majority of these technicians do not feel confident to carry out repairs or routine maintenance post-training, and the eventual lag time between training and need for initial repair can be more than two years, meaning technicians may have lost their skills and be less confident in their ability to competently carry out repairs. The programme has recently adapted and translated a maintenance manual for Afridev pumps into Swahili which will be disseminated among all WASH committees and is a welcome initiative which could shared with the relevant water authorities in Katanga. Refresher training of groups of technicians a year post installation may help reinforce confidence and ability to carry out repairs, as well as supervised maintenance on at least one occasion in each community.

iii. *A handpump spare part supply chain network established*. See Objective 4 below.

iv. *At least 15 litres of safe drinking water available to each target household every day*. Based on an assessment of the pump capacity and numbers of users per pump, it is clear that each household is able to access sufficient safe drinking water across communities. All communities remarked that the proximity of access to water, not *clean* water, was the primary benefit felt by users. Water collection time is significantly reduced. Previously, many women would collect unclean water at great distances from villages, rising very early in the morning (2 or 3 am) to collect a limited amount of water. Now, the amount of water available is much increased and there is water not only for drinking and cooking, but also personal hygiene and laundry. The reduced water collection time is considered to be the primary benefit- which also highlights the difficulty for the programme to engage in communities where it is not possible to provide improved access to water. Thus, to be clear, the target of physical availability of water can be considered achieved, once the final boreholes are drilled and handpumps installed. However, while water quality testing reports indicate that bacteriologically, all water sources are providing safe drinking water, it is not clear that each household is ingesting safe drinking water, which is dependent on the maintenance of the safe water chain. At present Concern is not monitoring this, which is an indicator both of the success of the hygiene programme and the water access aspect of the programme. It is recommended that the programme adopts a household level water testing regime as part of its M&E system. This should be a sampling methodology, not to assess individual households but to assess whether the hygiene programme is being successful in maintaining the safe water chain. Simple tests which could be carried out by animators, such as the H2S strip, would

be suitable for this purpose. Sensitisation of households as to the purpose of the test is important. While physical availability has been achieved, etymologically, the question of real availability of access, for end users at a household level remains to be confirmed. It is the consumption of potable water which will ultimately impact on the levels of water-borne illnesses. (On a further note, the clarity of this indicator is questionable. The provision of 15 litres of *drinking* water per *household* would assume that each household would be expected to manage with 2.5 litres of drinking water per person. If this were the extent of the programme, this would be insufficient as households require more than this level of safe water on a regular basis for competing uses. However, it is clear that the programme is providing an adequate quantity of water.)

v. *Prevalence of water borne disease is reduced by 30%*. See note on impact. This is not considered a suitable indicator for safe water provision.
vi. *Households in the target areas have at least two containers for safe storage of drinking water and are using them for intended purposes*. The programme provided one container per household in 2010 and has adapted the programme in 2011 to only providing to vulnerable households. With communities with increasing purchasing power, and the need for the programme to ensure most suitable use of funds, this is a welcome adaptation to the programme approach, despite the difficulties that this brings when introducing the concept to communities. The development of criteria for identifying vulnerable is a very strong initiative though the evaluation acknowledges the difficulties that this brings, in particular when dealing with marginalised groups such as the Batwe/Bashimbe. This approach risks further marginalisation by Bantu communities if the Batwe/Bashimbe are being viewed as getting preferential treatment.

To be noted, regarding the water programme is the issue of safety around the hand dug well programme. As the approach was an addition at a late stage in order to address water issues in Mutundele, the requisite level of attention to safety issues, including the provision of safety equipment, was not initially addressed, primarily due to the onset of the rains and the necessity to access the lowest water table. The programme is in the process of addressing this.

c. By December 2011, the communities' knowledge on the prevention of HIV/AIDS will be improved.

Building on the recommendations of the previous evaluation, the programme is no longer addressing knowledge of HIV/AIDS as part of the WASH programme, however, it was decided to focus HIV/AIDS messaging in communities to be linked with the World Aids day in 2011.. This is a welcome decision for a number of reasons.

I. Mixing HIV/AIDS and hygiene messaging, as well as dealing with malaria and diarrhoea as key illnesses was confusing for communities and individuals and meant that messages were being mixed, diluting effectiveness of each message.
II. The HIV/AIDS messaging does not sit well within a WASH programme and is more suited to be addressed under a health programme or as a mainstreaming issue.
III. Concern does not have the internal capacity in the Katanga team to understand the context of HIV/AIDS transmission in the area and the risk factors involved.

IV. MSF as the primary health actor in the zone is better placed to address HIV/AIDS knowledge and understanding.

At the same time, the HIV/AIDS mainstreaming is being considered in programme design and this can be further enhanced through the establishment of a basic HIV/AIDS mainstreaming lens for considering in WASH interventions. HIV/AIDS mainstreaming can, and should be maintained as a component of the programme, and this is being done, while considering the impact of multiple messaging on the core focus of the programme, which is the reduction of water-borne illnesses.

Efficiency:
In addressing the programme from the perspective of efficiency, it is clear that the programme is operating in a manner that attempts to make the best possible use of resources in an extremely difficult working environment. Considering the isolated nature of the programme location, there are always going to be significant logistics and transport costs associated with running a large scale water programme. However, without going into great detail, there are a number of areas where the efficiency of the programme can be highlighted:

a. The water team, including the drilling team, hydrogeologist, pump technician and masons all work together as a coherent and functional unit with great efficiency when the drilling rig is operational. Each member of the team is aware of his responsibility and planning takes place such that the critical action is always the drilling of the well. All other activities tend to fit smoothly around this, whether site identification, water committee training and site preparation, as well as post drilling activities of well development, water quality testing, platform construction and yield testing. Within the drilling team itself, the operation functions smoothly and this will be further improved through the investment in a 7 day training by an experienced PAT drill operator who was working with the team during the evaluation period. Investment in skill retention and capacity building for the technical teams is commendable and should be continued.
b. The ability of the hygiene team to operate and function autonomously without direct management from the Programme Manager provides for a smooth running programme. A streamlined and standardised programme in which all animators are well trained in and very familiar with, allows for each animator to work across all communities and fill the role of the other animators when absent. The team is well managed by the Assistant Field Officer – who also covers some roles of an Assistant Programme Manager - who ensures the smooth operation of all aspects of the hygiene programme. Overall, the hygiene team is operating efficiently, individually and as a team. Difficulties in terms of efficiency include the broad geographical scale of the programme, the distance between communities, and difficulties of working from two separate bases (Dubie & Shamwana), which will be addressed in a consolidated programme in 2012.
c. Working with the community WASH committees provides an opportunity to bring greater reach to the programme and increased efficiency. At present, the WASH committees act as a conduit for implementing of programme activities. Concern animators still maintain a high level of community contact. Through greater investment in the WASH committees, including a Training of Trainers approach to PHAST, together with supporting the committees with relevant tools/teaching aides, and the further development of community actions plans which at the moment tend to be quite superficial, the programme may increase its reach and efficiency while building in greater sustainability through stronger and more competent committees. Admittedly, in a region with limited governance, building this understanding and capacity requires investment in time and an element of risk through placing the delivery of results as a responsibility of local civil society.
d. Finally, in terms of efficiency, it should be noted that the WASH programme does not exist in a vacuum but is very much dependent on interaction with the FIM (Food, Income, Markets) programme and in particular the Roads & Bridges team. The programme is also very clearly dependent on strong support systems, in particular, logistics
    a. The interaction and coordination between the WASH and the FIM programmes is beneficial to the WASH programme as the roads and

bridges elements of the programme greatly facilitate access to communities for the WASH team. This element of the programme should not be underestimated, as road access is a very clear requirement for carrying out a drilling programme, and the overlapping of programme areas provides for efficiencies in terms of the WASH programme costs.

b. A strong and functional logistics support system is key to a successful and efficient WASH programme, in particular one which is running a well drilling operation. Over the course of the two year programme it is clear that difficulties in the management of the logistics aspect of the programme has been a determinant factor in the smooth running of the WASH programme. Without having directly assessed the logistics programme, the evaluation believes that gaps in key logistic functions have impacted the timely implementation of the programme. While the WASH programme also struggled with management issues, including long periods without management, with the resultant impact of materials and spare parts not being in place in 2010, the logistics issues continue to delay the programme- evident as the well development of a number of wells is behind schedule at present due to lack of replacement parts for generators/compressors which are taking longer than is justifiable to have procured. Acknowledging that the logistics function is improving with strong expatriate management in place, for the sustainability of the programme, overcoming the difficulty of finding strong Congolese logistics support must be overcome otherwise the failings may continue to repeat themselves.

c. Finally, while possibly outside the remit of the evaluation itself, it remains unclear as to the justification for the Zone/Area coordinator to be based in Lubumbashi, significantly isolated from the programme areas. As well as limiting coordination, this system places extra burden on the programme managers to act as base managers which can be highly time consuming administratively. The Lubumbashi office acts as a representative/administrative office with the main function being a logistics one. In the view of the evaluator, the Logistics manager would be able to operate a base manager with the Area Coordinator based in the programme area, increasing efficiency and improving coordination. The presence of the AM in the areas of operation would provide for improved coordination between programme and also between programme and support systems. While this can be considered an issue of distance management, and also, due to the relatively short periods where Area Managers have been in place, reducing continuity, the justification for basing the Area Manager would need to be constructively considered, assessing multiple areas of effectiveness and efficiency which this evaluation is not in a position to address.

Impact:
In assessing the impact of the programme the first step is to look at the actual purpose of the programme and to see whether the programme has actually achieved this aim, completely or in part.
Purpose To improve the health of beneficiaries in 39 villages in the territories of Manono and Pweto, districts of Haut-Katanga and Tanganika in the province of Katanga, through the provision of clean, safe water and improved awareness of health and hygiene practices
Indicators:
- Reduction of 30% in the incidence of diarrhoea and malaria by the end of 2011
- 22 villages have access to potable water by the end of 2011
- Community water management system operational in 80% of the target areas by the end of 2011
- Knowledge of HIV/AIDS prevention is improved by 50% by the end of 2011 *(not being discussed under this evaluation)*

While 26 villages have access to potable water and water management systems are in place, the key indicator in assessing the purpose of the programme is the reduction in the levels of diarrhoea and malaria among the target populations. Assessing this in itself is problematic. The previous evaluation recommended that Health Centre data be used to assist in assessing this level of change and the programme has attempted to do this. However, the data from health centres is limited and is vulnerable to seasonal bias, but also affected by other external factors such as the ending of MSF providing free treatment- with a resultant sudden drop in number of recorded diarrhoea and malaria cases as households are unable to pay for consultation/treatment. Also, recorded levels of diarrheal illnesses in health centres is not commensurate with levels reported at community level, primarily due to difficulties of accessing health centres due to distance and cost. For this reason it is very difficult to assess whether the programme is achieving its objective. Though the logic behind the programme is sound, and the assessment clearly highlights the very low level of water, sanitation and hygiene in the area, the dedicated activities, if carried out effectively should have an impact on the prevalence of malaria and diarrhoea in the region. As mentioned previously, in order for this to happen, it is not just clean water availability but the consumption of clean water that is important. While knowledge of good hygiene is important, this needs to be translated into good practice, and the availability of latrines should be accompanied by their correct usage. In order to confirm these issues, improved M&E is required in the programme to better understand if indeed these changes are actually being incurred, in the absence of quality health data. Structured observations of key hygiene practices as well as incorporating controlled questions on the frequency of recent household illnesses can be used to triangulate other focus group information and informal monitoring, along with supporting health centres in collecting improved data. It is believed that the 'two weeks prior' period provided the most accurate results when questioning mothers about the prevalence of diarrhoea in children. One week is too short a period while one month is too long to ensure a relevant response. This should be carried out on a seasonal basis, comparing changes over the year, as well comparing annual trends at the same season. As mentioned previously sampled household level water quality testing is recommended to determine whether clean water is being consumed in the household.

At the time of the programme evaluation, an endline KAP survey had been carried out however a detailed analysis of the findings was not available. At the same time, as discussed below, the Village Assaini approach to KAP surveys does not support a

quality analysis of the changes being brought about by the programme. The sampling methodology does not provide for a reasonable margin or error at a strong confidence level.

While the programme aims to be have operational water management committees in each community, assessing the operationality of a water committee is difficult without a definition of 'operational'. While the majority of committees are established and operational on a minimal level, it is difficult to determine how operational these are. The development of a Monitoring Sheet for animators/technicians to assess the operationality of a committee is a welcome initiative. A minimum criterion for 'operationality' should be defined and action plans developed where committees fall below this level. The programme is to be commended in its efforts which are more than superficial, in establishing committees, yet further work in all areas of the operationality of committees is required: pump maintenance, cost recovery, community engagement, hygiene education- which are outlined elsewhere in this evaluation.

Irrespective of the issues above, it is undoubted that the programme has a great impact in improving access to water, reducing the levels of open defecation, and bringing knowledge of good hygiene and disease transmission to communities where knowledge was previously very low or non-existent. At the same time, it is also clear that this knowledge is translated into behaviour change however the challenge is in measuring this behaviour change and determining to what extent it is impacting on the health of the affected populations.

The impact of the programme on other levels should not be ignored. The involvement of the SNHR and Health Zones in the programme plays a small role in improving governance and linking rights holders with duty bearers which has a role in strengthening accountability of the government, beyond being the maintainers of law and order. While it is too early to say that involving these duty bearers in the programme will assure sustainability, it is better to attempt this now, rather than ignoring the local government, and support the process, even if it is in a small way.

Objective 2: Compare baseline and endline surveys and success of programme based on indicators.

As mentioned above, the issue of comparing baseline and endline surveys is problematic, given the approach expected by UNICEF/MoH through the Village Assaini approach. Under this approach, each village is assessed individually under a village level KAP, taking a 10% sample in each village. For a village of 100 houses, a 10% sample, at 95% confidence interval, provides for an error of +-29%, leading to baseline/endline comparisons being statistically irrelevant. This methodology also affects the randomness of a larger survey as the sub-groups are small than recommended.

As discussed with the team, the requirements of the Village Assaini approach requires a pragmatic solution, in order to work with the MoH but also have statistically verifiable data concerning the programme approach itself. Also, given that the baselines and endlines for each village are taken at a variety of intervals, this also affects building an overall picture of the change brought about by the programme.

The evaluation recommends that a 95% confidence interval with +-5% error, as is reasonably standard. For this approach a random sample of a maximum of 400 households for the global programme population is required. In order to facilitate the Village Assaini approach, once a random sample has been selected it would be pragmatic then to look at each village and randomly select further houses if required to meet the 10% in each villages, being careful to analyse the 400 HHs under one analysis, and the 10% of each village under a separate analysis. This creates more work but is required to have useful data on the programme. Also, ensuring that a general KAP across the complete programme area is carried out at the programme start, as opposed to when the programme commences in individual, or groups of, villages, will provide for improved data.

Objective 3: Assess the sustainability of the intervention, including the relationships with SNHR and Health Zones

It is very early in the formation of the relationship between Concern and both the SNHR and Health Zones to make a definitive assessment of the partnership with SNHR and the Health Zones. However, as stated, commencing building these relationships is a very important first step. It is clear that the relationship with the Health Zones is further advanced, and that the Health Zones, in partnership with UNICEF are engaged in the Village Assaini approach, a national initiative standardised across the country. Concern's initiative in becoming a recognised UNICEF partner in the Village Assini approach is welcome as it integrates Concern's programmes into a national approach which has benefits in terms of sustainability and also replicability. Outside of the UNICEF partnership, Concern's initiative in building relationships through the Village Assaini proactively is also welcome, though understood to be more challenging outside of the UNICEF umbrella. Concern has dedicated significant resources to establishing the partnership in four health zones which is very demanding on the programme, in particular as the locations of each of the zones is dispersed. Further, Concern has dedicated resources to building capacity of the Health Zone teams in terms of PHAST and hygiene promotion in general. Though the relationship is difficult to maintain it is a worthwhile investment as programming moves beyond a straightforward delivery output mechanism but works towards building governance, however limited and difficult it may be at this time.

It is clear that the relationship with the SNHR is less developed and as the SNHR do not have resources available in the programme area, this is more difficult to develop. However, initial steps to build this relationship are welcome and positive. Involving duty-bearers, in a managed manner, in the running of the programme, however superficially will provide a potential avenue in future for addressing other sustainability issues.

Key to sustainability of the programme, in particular once Concern has completed programming in the area and moved its focus to Mpiana, are the WASH committees set up at village level. The WASH committees have the potential to continue to bring hygiene and sanitation change to their communities as well as ensuring the continued operation of the water points in future. However, the question that remains is whether this potential is being fulfilled at present. The evaluation feels that this is not the case as it stands. The Committees, given the gap between duty bearers and the community have the potential to act as a link between the Health Zones and other external actors and the community, in regard to health, water and hygiene. At present the feeling is that the committees exist primarily for the Concern programme, rather than as a community development, civil society initiative. The challenge for the programme is to bridge this gap. This is being gradually addressed by the programme team, and the evaluation recognises that this is extremely challenging and the efforts to date are to be commended.

However, as a brief recommendation, more dedicated contact time between committees and Concern animators is required, including further training of technicians, setting in operation cost recovery mechanisms, including possible supply of basic offices stationary including cash-boxes, Training of Trainers approach to hygiene promotion, as well as capacity building of committee members to continue to bring change in terms of sanitation quality and building further hygiene understanding and practice in the community. The links with the Health Zone are an opportunity to display to communities that the committees have a role to play in interacting with other actors outside Concern.

For the sustainability of the handpumps, see Objective 4.

Objective 4: Examine team ideas for supply chain networks

Since the evaluation of the 2008-9 programme the programme has put in place a system which has the potential to provide a supply chain for handpump spare-parts in the Dubie/Shamwana region. Through SDED (Service D'Adduction D'Eau a Dubie), a church-based group currently operating a cost-recovery system for the piped water system in Dubie town on a not-for-profit basis, a roving supply chain spare parts system should be gradually put in place. An agreement between Concern and SDED has been signed and it is expected that the supply chain will be operational before the end of the year. It is likely that MSF will donate a bulk of spare parts for India Mark II handpumps which have been installed in the area, meaning that SDED will be the port of call for all spare parts replacement.

While this initiative is in the early stages, building on an existing and autonomous civil society group has strong potential for ensuring sustainability of the system. SDED has been established for a number of years, with the sole aim of maintaining the Dubie water supply system, and building on a well established system is positive. The main challenge however is that the nature of the Dubie water system means that the level of local accountability for SDED to be functional is much greater, as cost contributions are received locally and a level of responsiveness is required by contributors. Though the

supply chain for handpumps will require committees to purchase at non-subsidised prices, dispersed committees will not have the same ability to hold SDED to account as the local Dubie community. As well as this, the relatively small number of handpumps may mean that there is not a critical mass of spare parts required to keep the system functional and ensure a regular turnover of spare parts. However, with continued facilitation from Concern over the coming year, linking SDED with communities will support the potential that currently exists.

Objective 5: Review response to recommendations from the 2008—9 evaluation

The 2008-9 evaluation made a large number of recommendations, it is not feasible to go through these in detail, however it should be clearly noted that the majority of these have been taken into account and been acted upon satisfactorily. A number of the highlights of the responses are summarized below:

- The programme has made progress towards establishing programming on the Manono axis, to be centred around Mpiana, addressing significant gaps in areas with exposure to cholera, indicating issues with WASH in the area.
- As mentioned above, villages with less than a population are now being included in the programme with a more pragmatic approach to drilled well distribution.
- The programme made efforts to source spare parts and pump materials locally though quality is difficult to ensure
- Programme planning has much improved with the presence of Programme Manager
- Stockpile of critical materials and spare parts for the drilling team established.
- A small number of durable laminated materials for the WASH committees are being produced. This can be further developed.
- The programme has attempted to address the gender issue in the WASH team as mentioned above and further explorations are required.
- The hygiene promotion team is gradually improving targeting of children, including by working in schools.
- The recommendation on exploring the use of SanPlats was implemented as part of UNIECF funded programme and was not considered to be appropriate as cement is not locally available for replication and is not affordable for most families
- The recommendation on HIV/AIDS was addressed as this no longer forms a direct part of the WASH programme which reduces confusions (mentioned above)
- The programme has adopted a flexible and pragmatic approach to working with the Health Zones on the Village Assaini programme which seems to be working well.
- It has proved difficult for the programme to understand how best to integrate the Batwe into the programme. The Contextual Analysis that was taking place concurrently with this evaluation may address this in a more coherent manner.
- The programme attempted to work with the Health zones to capture and analyse morbidity data however the date is difficult to access and to analyse for a variety of reasons. Other methods for determining trends in morbidity should be explored.
- The KAP survey is discussed above and further understanding of household water management is recommended.
- It is acknowledged that the programme has not the capacity of scope to address respiratory illness at this time.
- All wells are now located in *gender-safe* locations, centrally located, in clear spaces with minimal risks for girls and women in terms of security.
- Soap production is being developed through the FIM programme, and this is a welcome initiative as it is preferred to saturating the area with soap distribution which may damage local business development. Coordination with the FIM team

on marketing locally produced soap is across the programme areas is positive though clear understanding of the efficiency and sustainability of the approach is required. Local soap production/marketing programmes tend to struggle to continue limited geographical reach for small producers and risk of lack of return on investment.

- Bacteriological testing is now in place at each well.
- Point of use water sampling has not been implemented to date and this recommendation is further reiterated as a means to understand whether post extraction contamination of water is taking place.
- Sensitisation on mosquito net use is taking place with distributions.
- Recommendation on the drilling rig operator implemented and functioning well
- A 'snakes and ladders' game is being piloted in schools to engage children

Objective 6: Review implementation of the M&E plan and its ability to measure the impact of the programme

Much of the issues relating to the M&E plan have been discussed previously throughout the document and there have been improvements in the M&E system for the programme. The end of evaluation workshop focussed on facilitating and exploring how better to improve the M&E systems and to rationalise the data being collected. While no final decisions were made it is felt that there was consensus on a number of areas which need to be built upon, including how to measure the impact of the programme, point of use water quality testing and improved analysis of hygiene practice.

At present it is clear that the programme is not clearly capturing the impact of the programme. As the programmes are geared toward improvements in health there is work to be done to better capture these changes. Alternatively, the expected impact of the programme could be changed to simply demonstrate 'sustainable access to water, sanitation and good hygiene practice' or something similar, which would be easier to assess, however, it is felt that it would be preferable to address a long-term programme as a health issue, while short-term funded elements of the programme which cannot demonstrate health impacts over a short period of time should have an aim of addressing WASH issues only.

Objective 7: Review the efficacy of the Concern' key cross-cutting issues: gender, HIV, protection

Gender Equality: Since the previous evaluation there has been progress in addressing gender issues in the WASH programme

i. Gender considerations in programme design and implementation: the 2008-9 Programme evaluation highlighted that the location of handpumps in a number of communities presented a safety risk. All wells are now within village centre. Demonstration latrines are also constructed within village centres for ease of access.

ii. Gender issues in participation: The Concern WaSH team is comprised primarily of male staff, except for the current international programme manager. However, the programme team has attempted to address this issue through prioritising the recruitment of female animators for the programme. To date it has not been possible to recruit suitably qualified candidates. The team are currently exploring alternatives to this in order to address the issue of accessing, relating to and facilitating women's voices in the programme. It is recommended that a particular women's liaison role be created or a similar approach, acknowledging that this may have cost implications in terms of community access, as a female role may not be

able to spend prolonged periods in isolated communities, however future programming in a consolidated geographical area could facilitate this.

iii. Community engagement: recent efforts to create women's only consultation groups which have resulted in a decision to pilot laundry points has demonstrated that the programme team is committed to exploring new avenues regarding gender and that there is learning to be achieved in addressing issues through a gender sensitive lens. Women's engagement in committees is generally high and identifying of strong female characters who are committed to community change and development could be used to bridge the gender-gap in the programme team.

HIV/AIDS

i. Mainstreaming: as per recommendations from the 2008-9 evaluation, the direct project focus on HIV/AIDS messaging has been removed as it was felt that the messaging was confusing and diluting key hygiene, health and sanitation messaging and a more targeted approach such as on World's AIDS day is a welcome change. HIV/AIDS considerations should continue to be addressed in the programme through assessment of the impact of programme activities on HIV/AIDS vulnerabilities, risks, and transmission.

Protection:

i. Complaints mechanisms: The introduction of the complaints mechanism as required by the HAP initiative, which is gradually becoming increasingly understood by communities, provides an opportunity to address protection risks in the programme.

ii. Protection risks: As mentioned above, the programme has addressed a key protection risk in terms of programme design in the location of wells. The provision of community based laundry points further addresses vulnerabilities facing girls and women through long journeys to the river through dense bush.

Objective 8: Assess the existence of locally appropriate mechanisms for design, planning, implementation and monitoring of the project.

The evaluation did not directly assess the presence of locally appropriate mechanisms as an issue in itself, however there are mechanisms in place at various levels of programme cycle.

i. Community participation in programme design: the programme addresses clearly articulated requirements in terms of improved water access. The programme liaises closely with communities when selecting sites for well construction. The decision to commence laundry point construction is based on improved community communication and participation. Further community engagement and sensitisation is needed to improve the health situation of communities where water is not planned to be supplied for any of a variety of reasons (unsuitable geology, access, community size), to facilitate community engagement in alternative water provision, hygiene and sanitation improvements that are often considered to be 'add-ons' of the water infrastructure programme. Complaints Response Mechanisms provides for an additional mechanism for the community to engage in and monitor programme implementation.

ii. Affordability/replicability/sustainability: The programme is very determined to assure the affordability and replicability of sanitation infrastructure in the programme. Extensive community engagement in the design of demonstration latrines, to assure that the latrines is appropriate and suitable for community replication and acceptable for use. In terms of the water infrastructure, increased participation and engagement is required at community level to facilitate the implementation

iii. Participatory learning: while the programme has introduced the PHAST methodology to the programme however, the participatory learning aspect is limited at present to the WASH committees as mentioned above. Further efforts, such as the introduction of PHAST ToT approach may assist in assuring the community members have a greater engagement in the participatory learning approach of PHAST and make autonomous decisions regarding their hygiene and sanitation behaviour.

Other issues:

a) Small villages & Equity: Despite improvements since the previous evaluations in increasing the scope of the programme to engage smaller communities, there continue to be small communities interspersed within Concern programme areas who are not supported under the programme. Justifiably, this has been due to the programme requirements to provide water in communities to the greatest number possible, where need is equally as acute across the target area. However, as the programme develops from emergency response to longer term development, the issue of the fairness of this approach has to be re-evaluated. As all communities, irrespective of size have equal access to a minimum level of health. While it is easier to address this in communities where handpumps are being installed, and communities accept the hygiene and sanitation elements of the programme as something that comes with the water element, and the programme has had difficulties engaging in communities where water is not available, improved strategising on how to engage these communities is required, as well as exploring alternatives on the provision of safe water: whether water filters, rainwater harvesting, hand-dug wells or alternative treatment methods (continued boiling of water should not be considered sustainable). It is acknowledged that this approach will require increased community contact time, in turn requiring increased human resources for the programme.

b) WASH Committees: As mentioned above, the issue of sustainability of the programme is very dependent on the sustainability of the community WASH committees which are established in each community. Increased capacity building of WASH committees on all aspects of the WASH programme will facilitate the sustainability of the programme actions and objectives. In particular, the areas of cost recovery needs to be strengthened, the capacity of pump technicians to carry out repair and maintenance, the ability of the committees to continue to drive improvements in sanitation in the community as respected persons, the capability of the WASH committees to act as PHAST trainers to engage community members in participatory learning and action; the capacity of the communities to generate new initiatives to drive change in their community. While the programme is strong in the establishment and initial functionality of the committees, when it comes to addressing programme actions directly, the committees struggle to remain relevant once the programme activities are completed and Concern is no longer engaged directly. As above, the key element in this is improved and increased community engagement and contact time, as well as refresher visits post programme. This also requires increased human resource capacity.

Conclusions:
The Katangan WASH programme for 2010-2011 has brought benefits to the communities where Concern has been working. Working from a very low base, the programme has greatly improved access to water for approximately 5,000 households in the area, played a constructive role in reducing open defecation across many communities and improved hygiene knowledge in communities where knowledge of good hygiene practice was very limited. It is clear that the programme has improved hygiene practice among the majority of the population, however the extent and the impact of these improvements is less certain. While water, sanitation access and improved hygiene knowledge are goods in themselves, the programme needs to satisfy itself that the hygiene knowledge is being translated into practice and that the availability of clean water at handpumps is translated into clean water consumed at the household. With good handwashing practice being the major determinative in reducing faeco-oral transmission of illnesses, the programme should develop means of assessing the level of practice at key moments.

The programme has made large strides in assuring the sustainability of the programme through the building of relations with the governmental structures, in particular the Health Zones and linking with the Village Assaini approach. With the establishment of water committees in all communities a foundation for building the relationship between the communities and the duty bearers is in place, however there is still room for further developing the capacity and role of the WASH committees in ensuring the sustainability of the programme (water, sanitation & hygiene) in individual communities. The efforts to establish a spare parts network, and the selection of an autonomous community based, not-for-profit partner, which is already established and functional provides optimism that a system of repair and maintenance will be functional. At the same time it is necessary to ensure that WASH committees have functional cost recovery mechanisms in place and that repair technicians are competent and confident in order to maintain and repair the infrastructure.

In bringing about behaviour change, Concern needs to bring participatory approaches closer to the community, potentially through increasing the reach of the programme using a Training of Trainers approach to PHAST where committee members will be empowered to engage beneficiaries in participatory learning. This requires investment in training and also in materials to allow each committee member to be a trainer, and materials that are durable and can be manipulated by community members as they explore hygiene issues.

The programme has achieved much of what it set out to, though it is unable to verify the impact these achievements have had on the health of the beneficiary populations. Investment in assessing this change and assuring that health benefits are being achieved by the project are brought about while not ignoring the other tangible benefits of the water programme such as reduced water collection time, and improved market access that comes through the partnership with the FIM programme.

While there is room to further develop the programme, there has been a high level of achievement, notably the huge reduction in open defecation practices in communities with the consequent benefits this brings. Concern communities are visibly cleaner and tidier than those where Concern is not working. Communities which are not benefitting from the support of the Concern WASH programme need to be addressed and

strategies for supporting small communities achieve their right to health/water/sanitation be explored.

Recommendations:

Equity: The programme should build on the findings of the contextual analysis to strategise on how best to engage smaller communities in addressing the right to water, sanitation and health, in particular engaging on alternative strategies on water access, as well as hygiene and sanitation where water provision may not be feasible.

WASH Committees: Build and develop capacity and capability of WASH committees to be the community interface for external actors in the area of WASH and support the sustainability of the Committees as a relevant actor in the community beyond Concern programming.

Hygiene promotion: Continue to explore and develop innovative methods of improving the impact of the hygiene promotion aspect of the programme, in particular developing the PHAST model as a Training of Trainers approach with WASH committee members as the community interface and community members engaging in participatory learning.

Research into PHAST/CLTS: Systematically assess the impact of piloting integration of CLTS and PHAST approaches to determine whether integration brings added value and which is the best approach for this integration. More in-depth community engagement is also recommended.

KAP Survey: Develop a structured approach to assessing programme impact through statistically verifiable KAP surveys with a suitable confidence interval and margin of error. Expand this as necessary to satisfy the demands of the Village Assaini approach.

Structured Observations: In order to better understand and verify whether hygiene knowledge is translated into good behaviour devise a system of structured observation around one or two key indicators: for example, hand washing after latrine use, handwashing before eating

Gender: Continue to explore various options to address gender issues in the programme, in particularly facilitating the voices of female beneficiaries to contribute to programme design, implementation and monitoring.

Spare parts: Continue to provide support in the formative stages of the establishment of the spare-parts network partnership with the SDED until the system can exist independently. Consider refresher training for pump caretakers.

Cost recovery: Focus on improving the capacity of WASH committees in implementing systems of cost recovery in current, previous and future programming.

Measuring Impact: In parallel with developing methods for capturing morbidity information, establish triangulation methodologies through systematic focus groups and targeted controlled questions on recent family/child illnesses.

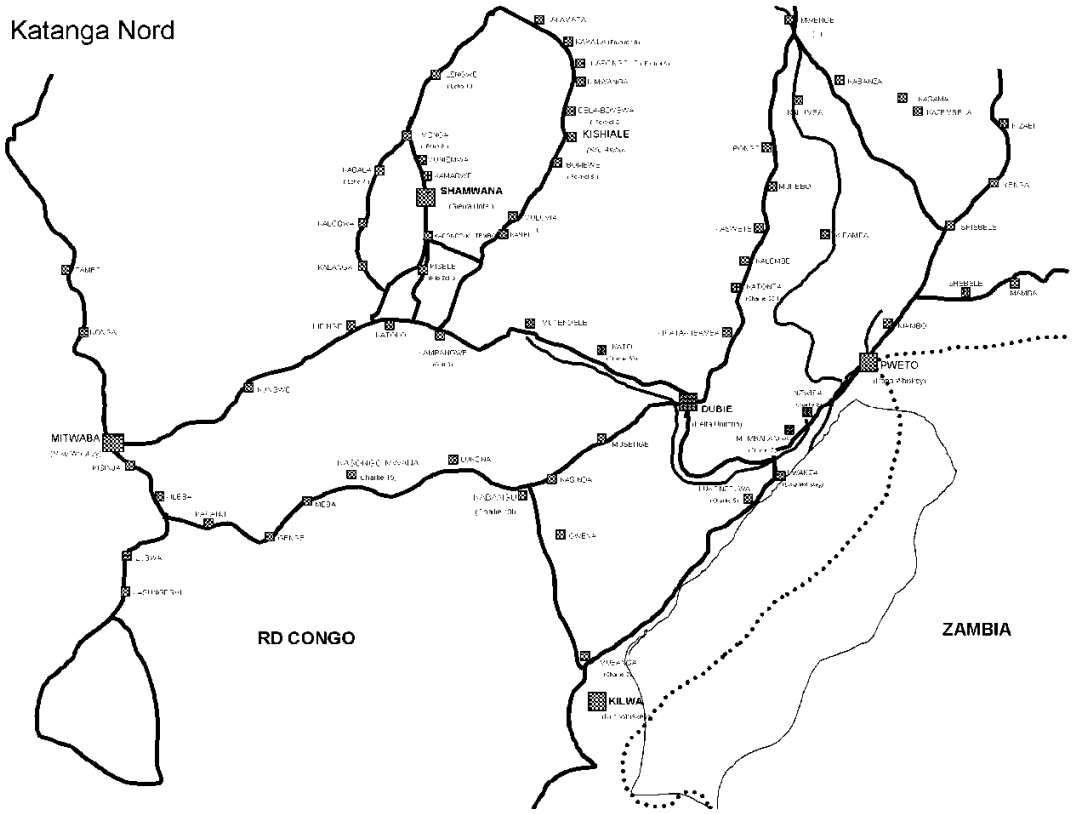
Point of use water quality testing: Implement a system of sampling water quality at point of using easy quick tests such as the H2S strip to determine whether water quality is being maintained along the water chain.

Safety: Ensure all necessary safety measures are undertaken when introducing new programme activities, such as Hand-dug wells, minimising risks to workers, beneficiaries and Concern Worldwide.

Support functions: Ensure that the support functions, and logistics systems in particular, do not become the critical obstacle to smooth programming rather than facilitating programme progress, through unsustainable approaches to human resource management in the area.

1.0 Introduction
Background

A map of the area of intervention during 2010 and 2011 is given below.



Katanga province, located in the south and with an area of 496,877 km2, is the second largest province in DRC. Katanga is both the nation's most mineral-rich province and one of its most impoverished and violent, and home to much conflict over resources. This conflict escalated in 2005 where communities were forced to flee their homes, often leaving everything behind, seeking refuge in the forest or in internally displaced camps. Concern has been working in Katanga since 2006 offering immediate assistance to local and returning populations. Despite the fact that the major conflict in this region has ended and populations have now returned home, violence, fear and abject poverty remain. During 2007 Concern conducted various assessments which indicated a distinct lack of adequate clean and safe water and sanitation facilities leading to high incidence of water related diseases. These findings are reinforced by regular cholera outbreaks in target areas. In response, Concern has been implementing water and environmental health programmes in Katanga since 2008.

The first WASH intervention, funded by Irish Aid, (EHAF) was implemented from March 2008 to December 2009. In line with assessed needs, the aim of the 2008/2009 programme was to: To improve the health of beneficiaries in 18 villages through the provision of clean, safe water and improved awareness of health and hygiene practices.

An evaluation of the 2008-2009 programme was carried out in October 2010. The evaluation noted that the intervention had greatly contributed to improving the conditions of the population however there were many areas to improve – particularly the investment in hygiene awareness. The recommendations of this evaluation are summarised below.

- Future programme plans need to strategise and achieve a balance between humanitarian needs which still exist, and building a longer-term development programme in the Shamwana/Dubie area.
- As access to water is very poor, it is recommended that a flexible approach to Sphere is adopted, where lower standards are used to maximize the number of beneficiaries.
- Appropriate planning to ensure delays to programmes do not continue to recur. This includes examining possibility of sourcing materials locally to avoid customs delays, early programme planning and stockpiling of materials, consumables and spare parts.
- In terms of impact, the exit strategy at community level is too early. While water and sanitation changes have been created, a rapid exit from the villages impacts on the longer sustainability of behaviour change. The hygiene element of the programme has focussed on basic messaging, and requires a longer term engagement to support understanding of vector transmission routes
- Investment in hygiene promotion is required. In order to facilitate greater contact time, and quality contact-time, investment in durable materials is required, as well as an increase in the number of animators.
- It is necessary to explore all avenues in ensuring female animators are employed on the programme. At present there are only male animators. This severely impacts the ability of the team to understand the issues affecting women and children.
- Future hygiene promotion activities should target children and their carers. Children are generally the most vulnerable and children's faeces the most dangerous.
- Build upon the impressive sanitation aspect of the programme by using PHAST's sanitation ladder to assist households to improve their sanitation. Local 'champions' who have invested in improved sanitation using locally available material should be highlighted. SanPlat's are the next logical step from the basic latrines generally used throughout the programme area.
- It is recommended to continue to work with the MdS through the Village Assaini approach but to carefully analyse the role to be played by Concern. The MdS have limited resources and the approach is quite time consuming. To avoid a superficial programme Concern should continue to provide the software component on behalf of the MdS ensuring that the necessary depth in terms of understanding

Devise a strategy for engaging with the Batwe (Semi-Bantu) communities throughout all programmes. Even in the brief evaluation, from discussion and observation, that the Batwe continue to be marginalised.

2010-2011 Programme

A participatory assessment was completed in 2009 which covered 60 villages in the target area. This assessment built upon the current experience and identified further gaps in water and environmental health in the target area. The key findings of the assessment were:

- Water supply: 81% of rural populations in Katanga do not have access to clean drinking water. The majority of the communities access their water from rivers and streams. In 25% of the 60 villages assessed, the water sources dry completely in the dry season and communities are forced to relocate or walk longer distances to collect water during four to six months of the year.
- Excreta & solid waste disposal: The vast majority of the population defecates in the bush close to their homes. In the majority of the villages, waste is thrown in the bush.
- Vector Control: The most common vectors in the target area are flies, mosquitoes, mice, rats and cockroaches. These lead in turn to regular outbreaks of illnesses. Malaria is a major risk causing more than four out of every ten deaths.
- Hygiene Behaviour: Hygiene practices in the villages assessed are uniformly poor. In all but two of the villages, none of the community members reported washing their hands after defecating. The villages in which people do wash their hands were areas where other NGOs had already provided hygiene training. Many people do not cover latrines or food and water storage vessels. These poor hygiene practices lead to a high incidence of diarrhoea, which is the second largest cause of mortality in DRC. Worms and other water borne or water washed diseases are also common.

The current WASH intervention 2010-2011 was based upon this evaluation and is funded by UNICEF, Bank of Ireland, Jersey Overseas Commission and other donors. The specific objectives of the 2010-2011 programme are:

Objective 1: By December 2011, capacity building and awareness of approximately 6,807 households on environmental and household hygiene is improved to lower the incidence of the health problems associated with poor hygiene.

Objective 2: By December 2011, access to adequate and clean water has been improved for 3,405 households through the provision of 45 boreholes and hand-pumps across 22 villages.

Objective 3: By December 2011, awareness and knowledge on the prevention of HIV/AIDS will be improved.

The programme to date, April 2011, has installed 24 water points and has carried out hygiene promotion affecting approximately 4,000 households. Boreholes have been drilled using the Concern PAT 301 drill rig. AfriDev hand pumps are installed in all water points.

The team set up is shown in the organigram attached. The hygiene promotion and water supply team work in parallel. Other Agencies and Stakeholders are:

- Zone de Santé – water and environmental supervisors from the health zone work in all target villages
- Service National Hydraulic Rural – have not visited the projects since 2009
- AEFPAC – local NGO working with the Concern livelihoods team
- MSF – run a clinic in Shamwana and carry out hygiene promotion in this area. All water programmes were stopped in 2009.

2.0 Aims

Undertake a detailed evaluation of the WASH programme implemented between January 2010 and December 2011 in Haut Katanga, and make recommendations on the WASH interventions planned for 2012.

Carry out a more general evaluation of the current capacity and working methods of the team. Provide training and support for the water supply and hygiene promotion teams.

3.0 Specific Objectives

Evaluation of the sustainability and long term impacts of the 2008-2009 Programme

Evaluation of 2010 – 2011 Programme:

- Assess the programme based on the criteria of: relevance, efficiency, effectiveness, impact on beneficiaries and wider community environment
- Comparison and analysis of baseline and end line KAP surveys and assessment of success of programme as per programme indicators
- Consider the sustainability of the intervention, including the relationship with the Ministry of Health and SNHR, and make relevant recommendations
- Review team ideas for supply chain networks
- Review the recommendations made from the 2008-09 programme evaluation and the degree to which these have been incorporated into the current programme
- Review the implementation of the M&E plan during 2011 in terms of its effectiveness to monitor programme impact and recommend improvements
- Review the efficacy of the application of Concern's key cross-cutting issues as specified in the programme proposal: Gender Equality; HIV and AIDS; Protection
- Assess whether appropriate mechanisms were developed at the local level and the degree to which beneficiaries actively participated in the design, planning, implementation and monitoring of the project.

Support in 2012 Programme Planning:

- Based on findings and lessons learnt from current and previous programmes make suggestions for incorporation into the 2012 programme
- Provide guidance on handover to local partners and communities

Training and Capacity building in the Team:

- Carry out training in the following areas
  - Drilling
  - Water quality testing
  - Hygiene promotion
- Identify further training in relation to the programme activities and roles of key team members.

4.0 Suggested Evaluation Methodology (for discussion)

Desk Based research/preparation, recommended documents:

- 2010-2011 General Proposal
- Evaluation of the 2009 Programme
- Response to the 2009 evaluation
- Baseline and interim KAP surveys
- Progress reports
- M&E survey forms – pump visit forms
- Village Assaini training documents

Field visits to villages included in the 2010 and 2011 interventions, including those where activities were completed in 2010 and those where activities are still ongoing.

- Discussions with project staff
- Discussions with programme participants (individual interviews and/or focus group discussions)
- Meetings with Ministry of Health staff
- Verification (through observation/FGD/beneficiary interviews) on findings of KAP end line survey
- Observations of functioning of Water Committees and assessment of pump maintenance practices
- Observe bacteriological and physical-chemical water testing
- Observe implementation of hygiene education strategies
- Review of methodologies being used to collect and document data/information that will be used to verify indicators and make recommendations as required

Field offices:
It is expected that the evaluator will conduct a 'workshop' type review of the completed and the current intervention using the SWOT methodology. As part of the evaluation, the general technical capacity of staff should be considered and related recommendations made to ensure improvements in the delivery of the current programme.

5. Training

Background on the capacity of the team, main gaps in knowledge and prior training completed are given below to help in planning training. In general the team members have good practical knowledge but the depth and breadth of understanding is limited. This limits the confidence of team members in trying new techniques and solving problems. These areas will be addressed in part through internal training during 2011.

Drilling:
Concern use a Pat drill TP301. The drill rig operator has worked for almost 4 years so has a wealth of practical experience, but lacks confidence. He has a very limited experience of leading the drilling team and trying new techniques. Useful training could include:

- Drilling in different geologies (dealing with collaring, which methods to use with which type of geology)

- Different drilling methods, particularly drilling with polymer and during the rainy season
- Dealing with different aquifer materials, for example adjusting filtrant size for aquifer properties, assessing depth required for minimum yield

Water quality testing:
Concern use WAGTech water quality field testing kits. The pump technician has received training on physiochemical testing and bacteriological testing. He is not very confident in carrying out bacteriological testing and his theoretical background is weak. Useful training would include:

- How to identify sources of contaminants
- Why certain water quality tests are used
- How to plan water quality testing regimes
- Improving his confidence and developing materials so he can train the rest of the team and testing techniques

Hygiene promotion
Concern uses the PHAST method. The team have been working with this over the last 4 years and have developed many tools. They use community mapping, brainstorming, three pile sorting etc as a matter of course. However it is sometimes still quite didactic with the focus on giving messages rather than engaging the community. Gender awareness is currently poor – with most animators thinking this is only relevant to private washing/menstruation. Useful training would include:

- Extensions to PHAST
- New developments and tools
- Gender mainstreaming

6. Outputs

- Debriefing during field trip on initial findings and recommendations to the programme and country management team
- Evaluation Report (max 20 pages), prepared by evaluator, to include:
  Stand-alone executive summary
  Analysis of appropriateness, efficiency, effectiveness and impact, on beneficiaries and the wider community, of the completed intervention
  A review of findings for all Specific objectives detailed in Section 3.1
  Clear recommendations for future interventions – with targeted recommendations to specific staff members (e.g.: ACD_P/Area Manager/WASH Programme Manager/WASH Engineer Assistant/WASH Field Officer/Animators)
- Training report with modular notes for future replication

7. Programme

Please see timetable within contract: