A. Summary and overview

The Water, Sanitation and Hygiene (WASH) programme provides up to £164.8 million over a seven-year period (2013 – 2020) to increase the availability of sustainable WASH services in the Democratic Republic of Congo (DRC). The programme consists of four pillars that together aim to deliver quality, scale and sustainability of WASH sector results in DRC:

1. Creating community incentives to deliver individual lasting behaviour change;
2. Increasing affordable access to WASH education;
3. Strengthening systems of empowerment and accountability between the communities, service providers and local and provincial government structures; and
4. Improving the capacity of service providers, institutions, and communities to monitor, operate, maintain, and deliver WASH services, and improving the capacity of national government to coordinate, monitor, and set appropriate priorities in the WASH sector.

The programme supports the delivery of equitable and sustainable services to 3,755,000 men and women through three programme components:

- Component 1 (rural): healthy villages and schools programme (VEA¹) to be implemented by UNICEF: £90 million from 2013 to 2019.
- Component 2 (rural): WASH Consortium, led by Concern Worldwide: £30 million from 2013 to March 2019, and
- Component 3 (urban): IMAGINE, an urban WASH programme, implemented by Mercy Corps: up to £38 million from 2013 to 2019 with an extension to 2020. This component is supported by Mott MacDonald, providing technical assurance, advice and support (an additional £612,619).

¹ The French acronym is VEA: Villages et Ecoles Assainis
In line with the UK’s Aid Strategy 2015, the programme aims to deliver sustainable WASH services in areas with the highest need, which means its implementation in DRC often needs to take place in difficult circumstances. Challenges relate primarily to:

- The difficulty of working at a large scale across around 250 different health zones in a context of variable and sometimes limited capacities of local governments and implementing partners;
- A limited political prioritization of water, sanitation and hygiene;
- Population movements resulting from ongoing conflict, which place pressure on villages with limited resources and threaten to overwhelm the structures already in place (e.g. Kasai Central and Tanganyika);
- Public health emergencies, as 2017 was the worst year for cholera since 2011, and in 2018 the DRC faced a new outbreak of the Ebola virus in the North-western part of the country in Equateur Province;
- New legal frameworks that imply a change in the roles and responsibilities of local government structures, especially as a result of decentralisation (“decoupage”) and the new Water Law.

Each programme component strives to attain long-lasting results in a context where the wider WASH sector has traditionally not focussed on the sustainability of infrastructure and services. The programme’s Theory of Change is based on the assumption that creating stronger accountability structures across all levels of public sector service delivery will progressively lead to better services. Increasing accountability of water and community development committees, local government structures and water service providers in the DRC context is nevertheless challenging, given the context described above. Despite this context, the lead agencies aim to provide value for money through good financial and risk management combined with a commitment to deliver results.

At the time of this review, Component 2 of the programme was about to complete its activities, but the final data on its outcomes will only be available for the next review\(^2\), and Component 3 was about to commence large urban infrastructure works, which are likely to lead to significant changes in impact, value for money and risk. Therefore, this annual review cannot reach final conclusions, but will comment on the emerging findings for Component 2 and discuss implications of Component 3.

This annual review assesses the outputs of the WASH programme, and how they contribute to expected outcomes and their sustainability. The review also includes updated recommendations for improving integration of gender into WASH programming and assesses the implementation of the programme in a humanitarian context.

**Summary supporting narrative for the overall score in this review**

Based on the overall progress summarised above, the details described in the subsequent sections and the project score calculator, the overall score for this annual review is an “A”.

- Component 1 is on-track, with the number of new villages attaining the ‘Healthy’ status progressing beyond expectations. This year’s information suggests that the programme has the potential to help villages maintain and where necessary, regain their ‘Healthy’ status\(^3\), although this has yet to be demonstrated at scale. This element – pertaining to the sustainability of the outcomes – is underperforming.

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\(^2\) The end-of-programme results will be available as per the regular reporting schedule

\(^3\) Outputs 1 and 2 aim to help villages in rural areas reach a “healthy” status. This status is a type of certificate that is attained once seven WASH norms have been accomplished. These norms, for example, pertain to the use of latrines, access to an improved drinking water source and knowledge about important hygiene practices. After the moment of certification, local government structures perform follow-up visits to ascertain if the community still conforms to the seven healthy village norms. Where this is not the case, the village starts a ‘catch-up’ process, which should lead over time to the re-certification of the village as ‘Healthy’.
• The rural Component 2 has delivered to expectations in a challenging context affected by conflict. The end-of-programme results will be available in the next year, providing more detail about the sustainability of the programme.

• The delays in Component 3 to support improved urban WASH have been addressed in the previous annual review. This year, however, component 3 reached critical agreements with the local water service provider and the provincial governments. Mercy Corps expects that the infrastructure works will start in September 2018 and will be completed by December 2019. Other parts (governance, behaviour change communication and gender) of the programme continue to be on-track.

• The review has highlighted that some programme milestones have been wrongly projected, and some targets have been missed. In particular, a key expected outcome of the rural components, the maintenance of healthy village norms, is currently underperforming. These are explained in the Section B.

• The review found that the available evidence on the sustainability of the programme is not yet sufficient for concluding whether the benefits across all three components will be long-lasting. Analysis by DFID emphasises challenges in the way of setting up services in a context where the system is traditionally not focused on the sustainability of infrastructure and its management. The assumptions in the Theory of Change about the mechanisms that produce long-lasting results are not completely in line with the situation on the ground.

• A substantial share of the economic benefits projected in the business case for the WASH programme, and hence its expected value for money, is based on improvements in water service delivery in the urban component (collection time savings and water cost savings). However, as the planned infrastructure works under Component 3 are yet to commence, the resultant benefits can only be assessed at a later point. In contrast, we find that the value for money proposition for the rural component was low from the outset (a cost-benefit ratio of almost 1). Not enough information is available concerning the economic benefits, and the information that is available suggests that the value for money proposition is lower than was projected in the business case. This cannot, however, be confirmed without the data from the planned DIME evaluation which is due to commence this year.

**Recommendations**

Recommendations can be found following each main output section and in subsequent sections. Each recommendation indicates between brackets to which period the recommendation relates (current programme vs possible future programme) and whether it concerns the rural or the urban component.

**Humanitarian response and WASH programming**

Due to the situation in Kasai Central and Tanganyika, conflict has significantly affected the WASH programming in these areas. Many programming activities were halted in Tanganyika, but programming activities were able to continue in Kasai Central. A more detailed narrative on the context and the impact of conflict in Kasai Central is described, as well as detailed recommendations have been documented as part of this review.

Key recommendations for both the rural and urban components of this project are:

- Consideration of trade-offs between responding to essential needs in times of crisis and delivering sustainable changes need to be explicitly discussed in the delivery of the remainder of the project and incorporated into the delivery plan. This will provide a stronger basis for decision-making during times of crisis and offer clarity on how to flexibly adapt programming or abandon programming activities in certain areas.
• DFID must work closely with partners to amend the delivery plan when key assumptions become invalid. To ensure programmatic flexibility during times of crisis, the impact of instability, conflict and health-related epidemics on key assumptions related to programme design and outcomes should be reassessed on a regular basis and incorporated into the delivery plan.

• DFID can enhance flexibility of the WASH programme by explicitly indicating to implementing partners how they can access emergency funds; if emergency funds are explicitly ear-marked as part of WASH programme budget(s).

• DFID and partners must work closely to deliver timely information that can trigger an emergency response to common health epidemics, including cholera and Ebola, and the escalation and/or flare-up of conflict in programming areas. A protocol should be established for triggering an emergency response that is embedded in programme risk management strategies. Metrics should be established early-on to indicate when a shift back to regular programming activities can occur. This will form a basis for quicker decision-making for how DFID and partners can best flex between development and emergency response programming.

Safeguarding
Over the course of the last year, DFID has worked with implementing partners to ensure and reinforce the safeguarding measures. During the field visit, a meeting with all implementing partners was held in Kinshasa to discuss the topic of safeguarding and the expectations from DFID. Specific agreements include:

• Component 3, Mercy Corp, is developing a Protection and Integration strategy, including vulnerable persons with disabilities, which Mercy Corps plans to launch in a few months. Mercy Corps has also updated the awarding guidelines associated with their sub-grant scheme to reflect higher standards for inclusion and diversity. Mercy Corps is also working on a tool to support civil society organisations to review and refine their accountability mechanisms.

• DFID will follow up with Mercy Corps regarding the status of specific safeguarding measures that must be in place when infrastructure works get underway, such as protective measures for women and children in and around the construction site. Furthermore, DFID will share available guidance on Safeguarding with Mercy Corps.

• Both Component 1 and 2, UNICEF and the WASH Consortium, have acceptable safeguarding procedures in place, and UNICEF DRC staff has recently participated in an internal e-training on safeguarding. It is recommended that DFID shares a report with partners summarising the lessons learned and key recommendations from the recent safeguarding meeting held in Kinshasa.
B. Detailed output scoring

<table>
<thead>
<tr>
<th>Output title</th>
<th>Individuals and communities are incentivised to deliver lasting behaviour change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output number per LF</td>
<td>1</td>
</tr>
<tr>
<td>Impact weighting (%)</td>
<td>30</td>
</tr>
<tr>
<td>Output score</td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator(s)</th>
<th>Milestone(s) for this review</th>
<th>Progress</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Number of men and women with access to improved hygiene (through hygiene promotion) (All agencies)</td>
<td>3,637,017 people (M: 1,818,508; F: 1,818,508)</td>
<td>4,565,523 people (M: 2,192,798; F: 2,372,723)</td>
<td>Exceeded</td>
</tr>
<tr>
<td>1.2.1 Number of men and women who know the transmission chain of water-borne diseases (All agencies)</td>
<td>3,379,711 people (M: 1,689,855; F: 1,689,855)</td>
<td>3,499,251 people (M: 1,677,753; F: 1,821,498)</td>
<td>Exceeded</td>
</tr>
<tr>
<td>1.2.2 Number of people in households with soap or ash and water at a handwashing station near the latrine (All agencies)</td>
<td>1,040,000 people (M: 520,000; F: 520,000)</td>
<td>2,785,624 people</td>
<td>Data by households, disaggregation not possible</td>
</tr>
<tr>
<td>1.2.3 Number of males and females, boys and girls who demonstrate correct handwashing behaviour with soap/ash (All agencies)</td>
<td>4,050,548 people (M: 2,025,274; F: 2,025,274)</td>
<td>3,422,838 people (M: 1,580,622; F: 1,842,216)</td>
<td>Not met</td>
</tr>
<tr>
<td>1.3 Percentage of villages that have maintained or regained their certification after 24 months (UNICEF, Consortium)</td>
<td>70%</td>
<td>UNICEF: 38.6% (of VEA villages receiving a second post-certification visit)</td>
<td>Not met</td>
</tr>
</tbody>
</table>

Provide supporting narrative for the score

Hygiene promotion coverage is adequate, and the target population is aware of the importance of handwashing. The presence of handwashing stations largely exceeds expectations. Adequate handwashing practices are widely demonstrated (almost 1.5 million additional people have acquired this skill within this reporting period). However, after the last Annual Review the milestone for this year was increased four-fold and the project has not met this suggesting that this was too ambitious. When measuring sustainability two years after the initial intervention (Output 1.3), the programme underperforms. New data suggests that, in many villages, four years of follow-up are necessary rather than two (through four post-certification visits) to bring WASH coverage levels back on track.

Given three indicators are over-performing (some by significant margins), and one of the underperforming indicators shows enormous progress from last year (1.2.3), the output score is “A”.

Output 1.1, 1.2.1, 1.2.2, 1.2.3 (hygiene promotion)

- The indicators pertaining to handwashing knowledge and skills (1.1, 1.2.1 and 1.2.3) show that the programme continues to deliver critical information about this essential hygiene practice on a very large scale. The number of people reached considerably outweighs the target for Output 1.1 (by almost 1 million, as noted in the previous report). The additional outreach has not had an impact on the proportion of beneficiaries with knowledge and skills (the rate is around 90% in each programme component). The coverage of the hygiene promotion is solid.
- Milestones in the log-frame increase over time and DFID adjusts the milestones based on the context or the programme performance. In the case of Indicator 1.2.3, this has led to an increase
in the target by more than 3 million (from 720,000 last year to 4,050,548 this year). The programme did make adequate progress, but did not meet the new target.

Recommendation (current, all): DFID DRC WASH team to review how milestones are calculated year to year in the log-frame of this project.

Output 1.3 (maintenance of certification two years post-certification)

**UNICEF**

- UNICEF identified small mistakes in their log-frame and report. The data presented in the following bullet point is based on personal communication with the UNICEF WASH specialists in Kinshasa.
  - This year, 6,130 post-certification visits have been conducted in 5,196 villages (PC1 + PC2 + PC3 + PC4 = 3,539 + 1,938 + 501 + 152 = 6,130). The 5,196 villages represent 73% of the annual target.
  - Last year's annual report recommended that the number of visits needed to increase considerably. In that respect, the programme demonstrates adequate progress.
- A peculiar characteristic of the VEA programme is the evolution of WASH coverage levels.
  1. First, WASH coverage went up dramatically during the intervention, leading to the attainment of Healthy Village status in the large majority of intervention villages.
  2. Second, most villages lost that status very quickly due to nonconformity with a range of Healthy Village WASH norms. In 2017, for example, only 32% of the villages where follow-up occurred had maintained or regained their status.
  3. Third, the programme took a long time to help villages regain their lost certification. For example, among those villages that received two post-certification visits, 38.6% maintained or regained their status. The figure was 48.8% for villages that received a third visit and 63.2% for villages that received a fourth visit. Note that about one post-certification visit is conducted per village per year.
- Clearly, sustainability after four visits (four years) looks much better than after two visits (two years). The Theory of Change needs to be updated to explain and reflect this (see Section C).
- It should be noted that only 152 villages have received a fourth visit. Since the beginning of the programme in 2008, 8,863 villages have been targeted. It is therefore too early to say whether sustainability will be achieved at scale.
- Finally, the Theory of Change does not contain assumptions about the likelihood of re-certified villages losing their status again, once post-certification visits are discontinued.

Recommendation (current, rural): DFID should update the Theory of Change concerning the sustainability of the VEA programme vis-à-vis the need for long-term post-certification follow-up (How many visits over how many years? At what price? Who follows up? What happens if follow-up is discontinued?). Assumptions about this approach, to deliver results for the 8,000+ villages, needs to be taken into account.

**WASH Consortium**

- The Consortium indicator for sustainability pertains to the situation 6 months after the intervention (i.e. not after 2 years). In the autumn of 2018, the Consortium will present data on the 2-year post-certification sustainability covering about 100 villages.
- The villages in which the Consortium has intervened are not yet incorporated in the post-certification follow-up process of the VEA. This is a potential risk concerning the sustainability of that component. This issue has been flagged in previous reports and has yet to be resolved. Section E on risk includes a recommendation concerning this matter.
Additional recommendations

Recommendation: (current, urban): The funding for the behavioural change component (BCC) will end this year. Due to delays in the infrastructure component, the hardware and software components are out of sync. Mercy Corps should explore to what extent underspends can be reallocated to re-initiate the BCC component.

There are many small inconsistencies in the way some WASH aspects are measured across the three programme components. Such inconsistencies are especially evident when it comes to handwashing, but are also present in terms of sustainability. A recommendation concerning these issues has been incorporated in Section C of this report.

<table>
<thead>
<tr>
<th>Output title</th>
<th>A network of local actors exists which is capable of meeting the demands for the implementation and monitoring of the delivery of WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output number per LF</td>
<td>2</td>
</tr>
<tr>
<td>Impact weighting (%)</td>
<td>20</td>
</tr>
<tr>
<td>Output score</td>
<td>B</td>
</tr>
<tr>
<td>Impact weighting % revised since last AR?</td>
<td>N</td>
</tr>
</tbody>
</table>

### Indicator(s)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Milestone(s) for this review</th>
<th>Progress</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Percentage of local service providers showing improvements in administrative and technical capacity (UNICEF)</td>
<td>45% of local partners rating goes up one category</td>
<td>31% (39 out of 124 partners)</td>
<td>Not met</td>
</tr>
<tr>
<td>2.2 Number of water points established which are managed by a committee or user management group after 24 months of certification (UNICEF / Consortium)</td>
<td>60% (different target for same indicator in DFID Output 1)</td>
<td>UNICEF: 38.6% (of VEA villages receiving a second post-certification visit)</td>
<td>Not met</td>
</tr>
</tbody>
</table>

Briefly describe the output and provide a supporting narrative for the score

This output pertains to the capacity of local actors to implement programme components. Both indicators are off-track. Concerning 2.1, a large share of partner assessments conducted during this reporting period have not been finalised (i.e. 21 audits). Based on the information currently available, too little progress has been made. Indicator 2.2 uses the same progress indicator as DFID Output 1.3, showing the known delay in obtaining sustainable results two years after certification.

Based on the reported under-achievements, the output score is ‘B’.

Output 2.1 (capacity of local service providers)
- To help manage the risk related to the implementation of the programme, UNICEF evaluates the capacity of partners using a common UN quality assessment system called HACT (Harmonised Approach to Cash Transfers). HACT activities are planned and shared jointly between participating UN agencies to share the burden of costs. During the reporting period, audits concerning capacity improvements of 21 additional partners have started, but the results are not yet available.

Recommendation (current, UNICEF): Next year, the milestone for 2.1 is set at 50%. UNICEF must react comprehensively to the results forthcoming from the ongoing audits and to ensure measures are in place to provide evidence of the improving technical and administrative capacities.

Output 2.2 (management of the water points after 24 months of certification)
- The sustainability of water point management in rural areas cannot be assessed on the basis of the existing indicator. As discussed under Output 3, the chosen indicator from the UNICEF log-frame...
(Outcome 1.6.1) goes far and above the management of the water point (i.e. it includes 5 other parameters).

- The information that is most relevant to the functioning of water committees is, in fact, DFID Output 4.4: Percentage of water management committees collecting fees for maintenance and operation of the water point (UNICEF 88%, Consortium 65%), although there are various problems with that information. See the section on DFID Output 4 for the corresponding analysis.
- In conclusion, it is not yet possible to assess the sustainability of water point management in the rural programme.

Lessons identified this year and recommendations for the year ahead linked to this output

Recommendation (current, rural): The chosen indicator for Output 2.2 does not represent what the log-frame aims to monitor. Due to the programme stage, it may not be feasible to add a better indicator. DFID should, however, use the existing information from partners to better qualify the figures shown under Output 2.2. See the recommendation related to Output 4.4 in Section B for more information.

<table>
<thead>
<tr>
<th>Output Title</th>
<th>Communities (members and community representatives), service providers, and government (local and provincial) own, and are held accountable for, the delivery of WASH services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output number per LF</td>
<td>3</td>
</tr>
<tr>
<td>Impact weighting (%)</td>
<td>10</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Indicator(s)</th>
<th>Milestone(s) for this review</th>
<th>Progress</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Percentage of households satisfied with water management committee performance (Consortium)</td>
<td>80% of men and women</td>
<td>Consortium: 87%</td>
<td>Exceeded</td>
</tr>
<tr>
<td>3.2 Percentage of water committee members who are women (Consortium, Mercy Corps, UNICEF)</td>
<td>40% of women on water committees</td>
<td>UNICEF: 42.8%</td>
<td>Exceeded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consortium: 32%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mercy Corps:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Goma, 39%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Bukavu 47%</td>
<td></td>
</tr>
<tr>
<td>3.3 Percentage of Zone de Sante who are assessed as functioning “well” or “very well” in organisational, technical and response capacity assessment (Consortium)</td>
<td>45%</td>
<td>100%</td>
<td>Exceeded</td>
</tr>
<tr>
<td>3.4 Percentage of Water Management Committees that perceive that they receive useful support from local authorities. (Consortium)</td>
<td>80%</td>
<td>75%</td>
<td>Not met</td>
</tr>
<tr>
<td>3.5 Percentage of men and women with knowledge of and confidence in chosen community accountability mechanism's capacity to take action on community WASH issues (Mercy Corps)</td>
<td>25% knowledge 65% confidence (both cities)</td>
<td>Goma: Knowledge: M: 22%; F: 19%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Confidence: M: 41%; F: 55%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bukavu: Knowledge: M: 31%; F: 25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Confidence: M: 38%; F: 47%</td>
<td>Not met</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Mercy Corps Dashboard reports the following averages: Knowledge = 23%. Confidence = 48%.</td>
<td></td>
</tr>
</tbody>
</table>

Provide supporting narrative for the score

This DFID output investigates the accountability for service delivery at the local level. Taken together, the five indicators under this output address the capacity of specific duty-bearers, as well as the
representation and satisfaction of rights-holders and their access to information. In the DRC context, accountability for service delivery is challenging. In both the rural and urban context, existing WASH systems are not focussed on sustaining adequate service delivery. While scaling up access to WASH, the agencies have continued to make good progress on reinforcing accountability as well.

Two out of five indicators are moderately off-track. The results of 3.4 are close to the milestone, making 3.5 the only indicator that is really underperforming. The results show that the lead agencies have made good progress during this reporting period therefore justifying a Score of ‘A’.

This section also discusses lead agencies’ activities related to the strengthening of accountability which are not reported through the DFID log-frame.

**WASH Consortium**

- The Consortium evaluates 1) the committees by interviewing the families, 2) the local authorities by interviewing the committees, and 3) the Health Zone is rated by the Consortium itself. On all three perspectives, the committees/institutions appear to be engaged to improve access to WASH facilities. The Consortium uses reports on the functioning of the water committees in more detail than other components. The revue technique workshop in March 2018 highlights interesting aspects on this matter (see Section G for more information about the revue techniques):
  - 80% of the committees hold regular meetings;
  - 70% take account of the revenue collected; and
  - 70% are able to cover minor maintenance and repair costs.

- During this reporting period, the Consortium has started to investigate how accountability can be strengthened after the Consortium has completed the programme (as part of the exit strategy). The new Water Law has given new roles and responsibilities to the decentralised authorities (although no implementation measures have been put in place). Through a diagnosis of the capacities of these authorities, a number of opportunities for capacity building were identified, as was the need to develop a 'planning tool' to help authorities plan and budget their water management activities (as per the Water Law). The results of these endeavours will be shared before September 2018.

- A second aspect of ensuring accountability relates to the integration of the Healthy Villages certified by the Consortium into the VEA programme. By doing so, the villages in the same health zones as VEA villages can become part of the VEA accountability and monitoring systems, as well as part of the post-certification programme. In November 2017, UNICEF's and VEA's monitoring and evaluation (M&E) units discussed the feasibility of this plan. There are several challenges to address. This is a critical issue and should be given priority.

**Mercy Corps**

- Mercy Corps aims to integrate mechanisms that increase the accountability between duty-bearers and rights-holders into their programme in Goma and Bukavu. The indicator selected for this DFID output relates to the work of community development committees and their roles in advocating for—and claiming—improved water service delivery. In 2016, only 11% of the respondents knew of this mechanism. The results from this reporting period show that knowledge has increased substantially towards the milestone (average Bukavu and Goma = 23%). The confidence in the mechanism (among those who have knowledge of it) is lower than expected (48% versus 65%). Mercy Corps expects that additional advocacy efforts and outreach will have

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4 The various community committees / peace and development committees
- CPDO = Cellule de Paix et de Développements du Quartier (Goma).
- CLD = Comité Local de Développements (quartier level in Bukavu).
- CLPD = Comité Local de Paix et Développements (neighbourhood level in Bukavu – smaller than CLD)
a positive effect towards the end of the next reporting period. The fact that the current water service delivery is suboptimal and that the proposed infrastructure changes have been delayed are likely additional factors for the relatively low confidence in this accountability mechanism.

- Civil society sub-grants have been employed this year to support advocacy efforts and consumer education on the Water Law, user rights, and responsibilities, for civil society organisational capacity building, participatory needs assessments, as well as gender training. The grants will help to establish local development committees in all the programme's intervention zones, for example.

- The community scorecard approach has taken longer to set up than Mercy Corps expected. The scorecard is a community level process aiming to bring service providers, users, and government actors together to discuss ways of improving the quality of service delivery. Setting up this accountability mechanism requires buy-in and staff time from the public water supply company in DRC (REGIDESO, Régie de Distribution d'Eau). During the field visit, it was noted that the issue of bill payment and debt repayment was heavily discussed and was a point of the community development committee in Goma (CPDQ, Cellule de Paix et de Développements du Quartier) and REGIDESO. An action plan for the next six months has been prepared as an outcome of the scorecard method in Goma. The CPDQ and REGIDESO are expected to meet again in six months' time to assess progress made. Observations in the field showed that this new governance arrangement is fragile and will likely require facilitation for the next meeting. The sustainability of this new governance mechanism is strongly reliant on both parties continuing to see mutual benefits. As these benefits start to materialise, trust in this accountability mechanism can be strengthened. Mercy Corps must ensure adequate resources are provided to sustain this new accountability link and maintain enthusiasm in both parties until infrastructure works are completed.

- The Peace and Development Committees form part of the recent decentralised governance structure in the newly formed provinces of DRC. The explicit focus of these committees covers a much wider focus than just water supply, but they will form an accountability link once the private operating company (Congo Maji) is formed, which should sustain their focus on water supply.

**Gender**

All lead agencies measure how well women are represented on the committees (water committees or development committees). The progress made by the Consortium appears to be slower, but their indicator is slightly different and more ambitious. It measures the proportion of committee official positions that are occupied by women. All lead agencies report adequate progress on this matter. The Forcier study commissioned by UNICEF found that the presence of women in official positions on committees was not linked to the maintenance of Healthy Village status or the sustainability of the committees themselves. The results of this study need to be further analysed through a gender lens because these findings could suggest that either gender-balanced water committees have little to no impact on maintaining Healthy Village status, or that women on these committees still have less decision-making power than men.

The overall assessment on gender has not changed significantly since the last review. Gender equality is still addressed to a different degree by all three components. Highlights are provided below:

- The urban WASH component continues to have gender at the heart of its intervention, and aims at transformative change in the lives of women and girls. Mercy Corps is expanding the scope of their gender approach to programming to include consideration for other vulnerable groups, through the development of their Protection and Integration Strategy.

- The VEA programme has appropriately responded to last year's gender review recommendations, showing a commitment to strengthening gender integration in the VEA programme. Capacity training of key programme implementation actors, the menstrual hygiene
study, and the launch of pilot programmes to test innovative approaches to gender programming are all promising advances. It is unclear to what extent these initiatives can be brought to scale during the current DFID WASH programme life. Capturing lessons learned from pilot activities will be important to add value to final reporting activities and provide vital recommendations for future programming.

- The Consortium proposed to reallocate underspends to strengthen gender aspects of their programming, but this was not approved given the limited time remaining in programme implementation and expected underspent funding was cut by DFID. As a result, complementary gender activities did not occur over the last year. Despite this, the Consortium will be holding a gender training programme for trainers of Concern, Catholic Relief Services (CRS) and ACTED WASH teams in June/July 2018, led by Concern's gender and equity officer in Manono. DFID notes that the training will not have time to influence DFID-funded Consortium activities and their outcomes but will influence the organisations' broader and future WASH activities.

- This gender review has expanded the focus of last year’s gender review to acknowledge the influence of urban and rural contexts on gender integration - the barriers faced and the possible programmatic approaches differ. Urban and rural programmes should not be compared as like for like when considering gender aspects, although there are certainly commonalities and lessons to be shared. DFID should facilitate a learning event with partners and their gender specialists to develop an appropriate vision with short- and long-term goals for how programmes can integrate gender and influence transformative change in both contexts.

### Output title

**Increased access to affordable and improved water and sanitation for 3,755,000 men and women**

<table>
<thead>
<tr>
<th>Output number per LF</th>
<th>4</th>
<th>Output score</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact weighting (%)</td>
<td>30</td>
<td>Impact weighting % revised since last AR?</td>
<td>N</td>
</tr>
</tbody>
</table>

#### Indicator(s)

<table>
<thead>
<tr>
<th>Indicator(s)</th>
<th>Milestone(s) for this review</th>
<th>Progress</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Number of men and women with access to a clean drinking water source (UNICEF, Consortium)</td>
<td>4,237,508 people M: 2,118,753; F: 2,118,753</td>
<td>3,553,952 people M: 1,731,224; F: 1,832,191</td>
<td>Not met</td>
</tr>
<tr>
<td>4.2 Number of men and women with access to an improved sanitation facility at the household level (UNICEF, Consortium)</td>
<td>3,869,787 people M: 1,934,893; F: 1,934,893</td>
<td>3,205,607 people M: 1,540,834; F: 1,676,157</td>
<td>Not met</td>
</tr>
<tr>
<td>4.3 Number of households who collect at least 15 litres per person per day of potable water from safe water sources (Consortium, Mercy Corps)</td>
<td>30%</td>
<td>Consortium: 29% Mercy Corps: • Goma: 50%; • Bukavu: 29% Total = 103,010 households</td>
<td>On-track</td>
</tr>
<tr>
<td>4.4 Percentage of water management committees collecting fees for maintenance and operation of the water point (UNICEF, Consortium)</td>
<td>80% of water committees</td>
<td>UNICEF: 88.4% Consortium: 65%</td>
<td>Not met</td>
</tr>
</tbody>
</table>

#### Provide supporting narrative for the score

In 2017, approximately 1.2 million and 1.5 million people gained access to sanitation and water respectively. Despite great progress during this reporting period, two indicators are substantially off-track: 4.1 and 4.2. The milestones of both indicators were too ambitious and incorrectly calculated.

- The milestones include targets associated with additional funds provided to UNICEF near the end of 2017. These results should not have been included in this year's milestones.
• The delays in the water service delivery of the urban programme have been identified in last year's review, yet the milestone for 4.1 includes anticipated results for that component.
• Normally, when adjusting the milestones based on the programme's progress, a risk factor is used to take into account set-backs to events that cannot be anticipated. This adjustment has not been incorporated.

The score for this output is a 'B'.

DFID outcome: increased access to affordable and improved water and sanitation for 3,755,000 men and women.

None of the lead agencies have an indicator in the log-frame that invokes the affordability of services explicitly, but 'equitable access' de facto includes affordability, which is already part of the log-frames. Moreover, the Mercy Corps Biannual Survey collects a lot of data on the willingness and ability to pay for various water services. In the current Mercy Corps project, the price of water at the tap stand is projected to become US$3/m³. Ultimately, it is recommended that affordability in the urban component should be more concretely incorporated into this DFID output (see recommendation Section D). Mercy Corps has commissioned a study to investigate the price of water in more detail and how changing water tariffs might impact household economics.

From the field visit, it seems apparent that each community has a particular way of identifying vulnerable persons. The outcome of this exercise is to stimulate the community to help the vulnerable fetch water and build latrines, and in some cases to offer exemptions from paying for water. One shortcoming of this approach to vulnerability is that it falls short of addressing the impact of a physical disability, for example through a lack of guidance on adapting latrine designs for individuals with reduced physical ability.

Mercy Corps is addressing this as part of their safeguarding strategy. There is scope for deepening the approach, not only to safeguard vulnerable persons, but also to address the particular needs of more vulnerable groups. Mercy Corps has put effort into expanding the work that they do on safeguarding, identifying more vulnerable groups and developing tools for assessing the impact of programming on them. See the section on safeguarding in Part A.

4.1 Number of men and women with access to a clean drinking water source (UNICEF, WASH Consortium)
The Consortium and UNICEF use slightly different indicators in their reports. For example, UNICEF reports that 99% of the target population gained access to safe drinking water in rural and peri-urban communities and schools (according to the Joint Monitoring Programme for Water Supply and Sanitation indicator). This information is based on the situation at the moment of certification.

The Consortium also reports on the moment of certification, but measures the proportion of people who use an improved drinking water source all year round (85%). The fact that the indicator includes 'all year round' makes it more robust, providing an explanation for the lower score.

Neither programme regularly measures the use of 'clean' drinking water post-certification. UNICEF has conducted a Water Safety Planning study with Bukavu University and with Tuft University. The latter, for example, showed that less than 25% of the improved sources was free from microbiological contamination (CFU E. coli / 100 ml, n = 58). None of the household water samples was free of E. coli (point of consumption, n = 202). UNICEF is considering in what respect and to what extent water quality testing can become part of the next phase of the programme.
4.2 Number of men and women with access to an improved sanitation facility at the household level (UNICEF, Consortium)

The Consortium and UNICEF use slightly different indicators in their reports:

- A very high number of people have gained access to sanitation during this reporting period (rising from 2 million last year to 3.2 million this year). As part of the approach to promote sanitation, a tool called ‘Everybody uses their own latrine’ is used. This is a visual tool which provides countless options for low-cost latrines, giving families the opportunity to construct a latrine that fits their budget.
- Despite the strong numbers reported by the lead agencies, it is known that there are common challenges faced by families related to maintaining their sanitation facility. Even at the third post-certification visit, UNICEF reports that 60% of the villages have lost the sanitation norm. The common causes for dysfunctionality of facilities are described by a recent report as follows: poor quality slabs; slabs not always available; new households in the community; poor quality wood used; collapse (poor placement); use of latrines by many households; difficulties renewing the pit once it is full; approach to hygienic latrines not mastered; reluctance to replace the slab; and poor availability of locally-sourced materials (Forcier, 2017, p. 34).
- The UNICEF indicator looking at the rate of open-defecation free village shows the extent of the problem: only 11% of the villages certified since October 2013 are open-defecation free.

Recommendation (current, rural): UNICEF to 1) update the theory of change on sanitation taking into account the high degree of sanitation slippage after certification, 2) justify the current healthy village sanitation norm and 3) consider a better method for assessing the actual coverage and use of household sanitation facilities in the VEA programme.

4.3 Number of households who collect at least 15 litres per person per day of potable water from safe water sources (Consortium, Mercy Corps)

Since last year there has been a reduction in this target in order to represent current evidence on the quantity of water which is, on average, collected by a household. The reduction of the target has been addressed in the previous reports. Compared to the new target, Mercy Corps and the Consortium both now report adequate rates. UNICEF does not capture this information.

4.4 Percentage of water management committees collecting fees for maintenance and operation of the water point (UNICEF, Consortium)

- The Consortium and UNICEF information for this indicator are quite different. UNICEF reports on the proportion of committees that collect funds (88%). The Consortium reports on the proportion of committees being able to reach at least a basic level of financial self-sufficiency (basic Operation and Maintenance (O&M), small repairs: 65%). The UNICEF indicator does not capture adequacy. In the villages supported by the Consortium, around 88% are collecting funds from households (whether adequate or not).
- The 88% reported by UNICEF probably refers more specifically to the proportion of villages certified since October 2013 that mobilised any funds or assets (71.4% mobilised funds, 6.7% mobilised assets, and 10.5% through collective work).
- The revue technique (March 2018) discusses the approach to financial self-sufficiency used by the Consortium. It is an interesting approach and shows the Consortium has taken the problem of sustainable O&M financing very seriously. Another initiative to increase the sustainability of the water points (specifically equipped with handpumps) is the insurance programme with Getraco, piloted in Kongo Central, Mbandaka, Bandundu, and Kinshasa (no detailed data available yet). UNICEF will use lessons learned to take this approach to scale in 2019.

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5 Data in the forthcoming WEDC article indicate that the rate has gone up (70%): see Section G.
The latest World Bank report on the costs for attaining the sustainable development goals (SDGs) for WASH estimates that O&M costs in rural DRC are between US $3 and US $25 per person per year, depending on the type of technology. It is unclear how the fund collection reported by UNICEF and the Consortium relate to such figures.

UNICEF is about to launch a study on the ‘cost of water’.

Lessons identified this year and recommendations for the year ahead linked to this output

**Recommendation (current, rural):** The chosen indicators for Outputs 2.2 and 4.4 relate to the sustainability of the water point, but do not represent what the log-frame aims to monitor. Due to the programme stage, it may not be feasible to add a better indicator, but we need to use the existing information from partners to better qualify the figures. Concerning indicator 4.4, DFID will aim clarify what level of financial management is considered to be necessary and realistic in the DRC context (major capital maintenance costs (CapManEx) and regular recurrent costs (OpEx)). This should be accompanied by a Theory of Change, which should incorporate the findings of DFID’s analysis. The lead agencies should inform this debate by providing much more details about, for example:
- The current levels of financial participation;
- Indications of how long-lasting the payments are;
- How the poorest families are dealt with, and who is exempt from paying;
- Payments made by other means;
- The extent to which fee structures create tensions between households; and
- Affordability for other vulnerable groups (child-headed households or people living with a disability).

The information about the pilot with Getraco, the technician training component, and the forthcoming WEDC paper on the Consortium’s ‘economic approach’ should inform the improved DFID guidance on the financial management of rural water points.

**Recommendation (current, urban):** Concerning access to drinking water supplies (Output 4.1), the Mercy Corps programme is entering a pivotal moment in their programming with the start of the infrastructure works and contract negotiations nearing finalisation between Congo Maji and REGIDESO. Capturing the lessons learned throughout this phase of the programme will be a valuable opportunity to inform urban WASH programming in challenging urban environments in conflict-prone regions.

**Recommendation (current, urban):** Oversight of the risk portfolio associated with the infrastructure works phase by Mott MacDonald is critical now that the infrastructure phase is getting underway in Goma and Bukavu. Senior-level expertise must be provided by a consultant from Mott MacDonald with extensive knowledge of the programme and DFID will track whether this is done.

<table>
<thead>
<tr>
<th>Output title</th>
<th>Improved capacity of national government to coordinate, monitor, and set appropriate priorities in the WASH sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output number per LF</td>
<td>5</td>
</tr>
<tr>
<td>Output score</td>
<td>A</td>
</tr>
<tr>
<td>Impact weighting (%)</td>
<td>10</td>
</tr>
<tr>
<td>Impact weighting % revised since last AR?</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator(s)</th>
<th>Milestone(s) for this review</th>
<th>Progress</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Number of provinces implementing five-year VEA plans and two-year action plans</td>
<td>22</td>
<td>22</td>
<td>Met</td>
</tr>
<tr>
<td>5.2 National database of rural points is up to date and accurate at all times</td>
<td>Accuracy of 95% in the database at the end of the month</td>
<td>First certification: 100% Post-certification: 99%</td>
<td>Exceeded For VEA data only; does not include certification through other programmes like Consortium</td>
</tr>
</tbody>
</table>
Provide supporting narrative for the score

Achievement of Indicator 5.1 suggests that VEA's internal systems continue to overcome the recent provincial restructuring process, which saw the number of provinces in the programme increase from 11 to 22, as commented on in previous reviews. In the context of UNICEF’s new five-year plan, a lot of detail has been presented on how to improve the national database (Output 5.2), but the progress reported in this area of the programme vis-à-vis the log-frame is good, resulting in an ‘A’ score.

Additional information presented during this reporting period

- UNICEF reports little progress regarding the coordination of the sector, with several changes to committee governance over the previous few years (Comité National d’ Action d’Eau et d’Assainissement, CNAEHA). Last year’s review recommended that DFID and UNICEF should reflect on how best to interact with other institutions that can stimulate CNAEHA coordination. This year CNAEHA governance has been stable and they have taken more action than in the previous year. A decision has been taken to continue to work with CNAEHA and continue to monitor their progress.
- During the reporting period, a national review of the 2013–2017 plan for VEA and design of the new 2018–2022 plan has been organised under the leadership of the national coordination of the programme (the Ministry of Health (MoH) and the Ministry of Education). A more inclusive approach has been taken, involving more technical and financial partners and major governmental stakeholders (CNAEHA, National Rural Water Service, Directorate of Sanitation). This has provided a more general framework to build a strategy for the rural WASH subsector. The new five-year plan, aligned with the Sustainable Development Goals and new national frameworks such as the National Health Development Plan and National Strategic Development Plan, is now the official framework for implementing the programme for the next five years.
- At the national level, under the leadership of the CHAEHA, 45 WASH experts conducted a WASH bottleneck analysis to improve governance in the rural WASH sector (December 2017). The main output was a report identifying 15 priority actions that should be implemented to unlock the WASH enabling environment and improve accountability. This roadmap has been submitted to five ministries in the WASH sector for their endorsement. Interestingly, an accountability mapping has been conducted per subsector and will be used in the VEA to improve institutional arrangements.
- A first meeting was held in 2017 to assess the relevance of creating a coordination platform to promote experience, and best practice sharing received strong interest from WASH stakeholders. CNAEHA has taken leadership of this activity and held the first session in January 2018.

Lessons identified this year and recommendations for the year ahead linked to this output

Recommendation (current, urban): To appropriately capture the outputs from the governance component of the IMAGINE programme, Output 5 can be re-phrased to included targeted capacity building of provincial governments and new local level government structures. Discussions between DFID and Mercy Corps about an adequate indicator are ongoing. This is an important outstanding recommendation from last year’s annual review.

C: THEORY OF CHANGE AND PROGRESS TOWARDS OUTCOMES

Summarise the programme’s Theory of Change and any major changes in the past year

The Theory of Change for increasing the availability of sustainable WASH services consists of four pillars that together help to deliver quality, scale, and sustainability of WASH sector results in DRC:

- Creating community incentives to deliver individual lasting behaviour change.

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6 Personal communication with DFID.
• Increasing affordable access to WASH education;
• Strengthening systems of empowerment and accountability between the communities, service providers, and local and provincial government structures; and
• Improving the capacity of service providers, institutions, and communities to monitor, operate, maintain, and deliver WASH services; and improving the capacity of the national government to coordinate, monitor, and set appropriate priorities in the WASH sector.

This annual review focuses on the two most salient results: Outcome 3 (sustainability) and Impact 1 (health). In addition, the assumptions surrounding the capacity of local governments’ structures are reviewed.

Outcome 3: the proportion of services operational and functioning two years after implementation
Target: 80%

The business case assumes that the programme can engender results that last for 10 years, although it acknowledges that the evidence base supporting that assumption is weak (Business Case, 2013, p. 18). Concerning the VEA, the available data confirms that a subset of the assumptions has been too ambitious for the DRC context, especially when looking at the high prevalence of post-certification slippage. This concerns assumption a, c, f, g, and h on page 17 of the business case.

In addition, UNICEF’s information shows the post-certification approach may need four years instead of two to push the rate of status maintenance back up to acceptable levels (four post-certification visits instead of two). There is one additional caveat, that the power of four post-certification visits has not yet been demonstrated at scale (only carried out in 2% of the villages).

The need for the government to support communities is clearly identified in the business case. How long such support would be needed, however, is not mentioned. The business case also does not contain assumptions about the likelihood of re-certified villages losing their status again once post-certification visits are discontinued.

Moreover it is not evident that the healthy village certification is a sound method for rating the sustainability of the VEA programme, because:
- If one norm is lost, the complete certification is lost, discounting all other benefits
- The cut-off points of some norms are rather arbitrary (e.g. handwashing); and
- Some norms have little impact on the DFID business case (e.g. Norm 7 – clean environment)

Recommendation (current, rural): DFID should consider updating the Theory of Change concerning the sustainability of the VEA programme vis-à-vis the need for long-term post-certification follow-up (how many visits/how many years, at what price, who follows up, what happens if follow-up is discontinued) and assumptions about the power of the approach to deliver results for the 8,000+ villages.

Recommendation (future, rural): Develop an alternative method for assessing the sustainability of the programme that is not based on the current VEA norm system.

Assumptions concerning the delivery mechanism for sustainability

Two consecutive UNICEF reports have investigated the capacity of the local government structures to implement the VEA programme (M3P 2017 and Forcier 2017). DFID has also conducted analysis. Forcier identified challenges concerning the implementation of the post-certification process (most of which relate to the health zone bureau (BCZ) and the local
facilitation team). The prioritisation of their post-certification responsibilities and various other technical, financial, and administrative problems are underlined in that report. For example:

- Actors in health zones have many competing responsibilities, and their time is often spent on other activities besides the VEA programme; and
- It has been a challenge to move all villages from Phase 1 and the new villages of Phase 2 into the post-certification process. The capacity of the health zones to reach more remote villages is very low, as travel by road can be very time-consuming in DRC.

**Recommendation (current, rural):** DFID should consider updating the Theory of Change to develop assumptions concerning the extent to which the 200+ BCZs and local facilitation teams can effectively implement the VEA, and concerning the impact the Water Law might have on their role.

**Recommendation (current urban):** Considering the findings of DFID’s analysis, DFID and Mercy Corps should anticipate how to cope with additional delays based on the possibility that the status quo of water service delivery in Goma and Bukavu does not undergo all of the projected changes (also see Section E on risks).

**Impact 1: Percentage diarrhoeal disease-related morbidity in boys and girls 0–59 months**

DFID End of project target: under-five diarrhoea prevalence 10% in targeted health zones. Baseline = 18%. Anticipated reduction = 45%.

The DFID log-frame lists a short number of assumptions that underpin the anticipated impact on diarrhoea:

- Water quality is maintained from the water point to the point of use;
- Access is sustained throughout and beyond the project period;
- Improved sanitation facilities are maintained throughout and beyond the project period; and
- Improved sanitation facilities are used by all members of the household above three years of age.

These assumptions are ambitious for most rural WASH contexts. There are partial barriers to the faecal-oral transmission pathways in the DRC programme that can render high reductions in the prevalence of diarrhoea implausible. The health benefits of the programme might also be affected by cholera epidemics. 2017 has been the worst year for cholera since 2011 (see Section E, on Risks).

Based on the data collected by the lead agencies, the under-five diarrhoeal prevalence varies from 5.6% to 17% (see table below). For comparison, MICS 2010 estimates that under-five diarrhoea prevalence is 15.4% among under-fives in the *richest wealth quintile* in DRC.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Reported baseline</th>
<th>Reported prevalence post intervention</th>
<th>Calculated reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>22%</td>
<td>5.6%</td>
<td>75%</td>
</tr>
<tr>
<td>Consortium</td>
<td>20%</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>16%</td>
<td>9%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Describe where the programme is on-track to contribute to the expected outcomes and impact, where it is off-track, and what action is planned as a result in the year ahead

The delays in the urban component create a lot of gaps in the outcome data (see table below). In addition, the results for Impact 1 are mixed, and the progress achieved concerning the sustainability (Outcome 3) is off-track (the information is also incomplete). Finally, although progress on Outcome 1 *vis-à-vis* the log-frame is outstanding, the milestone is actually very low. DFID Output Indicator 4.1 (for
example) on the number of people with access to a clean drinking water source is 4.2 million, whereas the milestone for Outcome 1 is 1.1 million (noting Outcome 1 is a sub-set of Indicator 4.2 with the stricter criteria of access within 30 minutes round trip).

### Comments on how to deal with the underperforming elements

- **Impact indicator1**: This will be investigated through the DIME study.
- **Outcome 1**: As part of the log-frame review, this indicator will be reviewed to determine whether the milestone should be revised.
- **Outcome 2**: Delays have been addressed in previous annual reports. Start of construction is imminent.
- **Outcome 3**: The sustainability of outcomes is at risk (see section E).

### Recommendation (current, urban / rural):** DFID to review how the sustainability of the Consortium and Mercy Corps programme components two years after implementation will be assessed.

### Explain major changes to the log-frame in the past year

The WASH log-frame was reviewed and indicators and milestones updated following recommendations in the 2017 Annual Review. The amendments reflect adjustments in the expectations for partner programmes, including the end of the Oxfam component. However, as noted elsewhere in this report some expected results were erroneously included in milestones for 2017-18 instead of future years, resulting in milestones not being achieved in the review period. There was no change to impact weighting for each output.

### Describe any planned changes to the log-frame as a result of this review

**Recommendation (current, all):** Due to the programme stage, it is not recommended for the lead agencies to change their indicators. The way in which DFID collates and presents the results from the different programme components, however, needs more nuance. The results need to be qualified with the following information:
- What are the inconsistencies between the indicators that are collated?

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### Table: Indicators, Milestones, and Progress

<table>
<thead>
<tr>
<th>Indicator(s)</th>
<th>Milestone(s) for this review</th>
<th>Progress</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>10% in targeted health zones.</td>
<td>UNICEF: 5.6%. Mercy Corps: 9%.</td>
<td>Mixed results.</td>
</tr>
<tr>
<td>Outcome 1</td>
<td>Number of people collecting water from an improved source within a 30-minute round trip (UNICEF, Consortium)</td>
<td>Total = 2,721,372.</td>
<td>UNICEF: 74.7%. Consortium: 69%.</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>Percentage of households in targeted urban areas using service provider managed tap stands (Mercy Corps)</td>
<td>N/A.</td>
<td>N.B. In Goma, the figure is 59% when taking into account the 30 tap stands managed from a previous programme phase in Goma.</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>Proportion of services operational and functioning two years after implementation (UNICEF)</td>
<td>UNICEF = 38.6%.</td>
<td>Off-track</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consortium = N/A. Mercy Corps = N/A. N.B. Data for Mercy Corps stands built in the previous programme: 31% fully functional; 47% partly functional (only some taps on the stand); 22% non-functioning.</td>
<td></td>
</tr>
</tbody>
</table>
To what extent is the information comparable? and
How should the information be interpreted (what does the indicator present, and what does it not present)?

Recommendation (future, rural): If the VEA programme continues after (current) Phase 2, it is advised to completely review the log-frame (especially the sustainability indicators), the Theory of Change, and the business case.

D: VALUE FOR MONEY

Assess value for money compared to the proposition in the business case, based on the past year

The lead agencies do not have a harmonised methodology for assessing the value for money of their programmes. Last year's review recommended that the "value for money" measures are adequate, but there is a need to focus on more than unit costs: 'Quantifying and monitoring effectiveness and other aspects of quality will be essential as the programme nears completion.' The latter has not taken place yet, therefore a greater emphasis was placed on assessing value for money in this review. This section attempts to review the value for money by comparing the results to the projections in the business case.

The conclusions of this year's value for money analysis are shown in the table below. Each element is discussed below.

<table>
<thead>
<tr>
<th>Economy</th>
<th>Efficiency</th>
<th>Effectiveness</th>
<th>Equity</th>
<th>Cost-effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>In line with expectations in business case</td>
<td>In line with expectations in business case</td>
<td>Rural: not yet proven</td>
<td>Rural: good targeting, issues with norms, and slippage</td>
<td>Not measured</td>
</tr>
<tr>
<td>Urban: not enough data</td>
<td>Urban: not enough data</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Economy (costs of inputs)

All partners have mechanisms in place to control the costs of the inputs. In summary:

- UNICEF uses regularly updated benchmarked costs to support field offices' procurements. It also assesses downstream partners' procurement capacity and capability, entrusting those evaluated as a low or medium risk to conduct their own local procurement of construction materials. UNICEF has a network of global suppliers to purchase high value/volume items quickly and cost-effectively, for example, vehicles and motorcycles.
- The WASH Consortium has shared expertise across members. For example, CRS technical staff conducted hydrogeological studies in Action Against Hunger's work areas, saving the cost of recruiting external consultants.
- Mercy Corps have received tax exceptions on all material to be imported into the country for the infrastructure works. This includes tax exception for temporary importation of construction equipment. Both contractors have signed their contracts, which were developed in consultation with an expert from Mott MacDonald to ensure that to the fullest extent the contractual clauses mitigate the high levels of risk associated with the infrastructure component.

Efficiency (per capita costs)

Rural:

- The Consortium data permits an analysis of the per capita capital expenditure (CapEx) costs improving access to water supplies (strictly hardware). The average expenditure is US$9 per capita (around 14% of total budget). US$9 per capita is lower than the approximations in the latest World Bank 2016 cost analysis; and
The combined per capita costs of the rural component is £32 (based on the combined total expenditure of UNICEF + Consortium (to date) divided by the combined total number of beneficiaries reached for water supply (to date)). The number concurs with the estimations in the business case. In addition, compared to the latest World Bank estimates on the per capita costs of delivering WASH services in rural DRC, the programme costs appear to be reasonable.7

Urban:

Mercy Corps has spent £11 per capita (total expenditure to date divided by the number of people reached through hygiene promotion to date). However, the actual figure for the urban output can only be calculated once the water supply infrastructure has been constructed.

Effectiveness (cost-benefit)
The business case has estimated per capita monetary values related to four economic benefits that the WASH interventions should produce (see Table 1): time savings, reduced health costs, reduced sick days and mortality, and cost savings on procuring water. DFID has made an assessment of the extent to which these economic benefits have been materialised. The results are shown in Table 1 (colour coded). It should be noted that the projected cost-benefit ratio of the rural component was fragile from the outset of the programme. Small changes in either the costs or benefits can upset the value for money proposition. On the contrary, the projected cost-benefit ratio of the urban programme was very high (and carries very high risks).

A great limitation of the analysis in this annual review is the absence of good baselines and a lack of relevant information about the benefits.

![Table 1: Overview of the likelihood of having attained the projected economic benefits (per capita economic benefits per year) (source of the figures = business case)](image)

<table>
<thead>
<tr>
<th></th>
<th>Rural VEA</th>
<th>Consortium</th>
<th>Mercy Corps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time savings (related to water collection)</td>
<td>US$0.53</td>
<td>US$5.72</td>
<td>US$6.00</td>
</tr>
<tr>
<td>Reduced health costs</td>
<td>US$0.53</td>
<td>US$0.53</td>
<td>US$0.23</td>
</tr>
<tr>
<td>Disability-adjusted life year (DALY) savings (reduced sick days and mortality)</td>
<td>US$7.63</td>
<td>US$7.63</td>
<td>US$7.63</td>
</tr>
<tr>
<td>Cost savings on procuring water</td>
<td>US$0</td>
<td>US$0</td>
<td>US$49.52</td>
</tr>
<tr>
<td>Estimated total benefit per beneficiary per year</td>
<td>US$8.69</td>
<td>US$13.88</td>
<td>US$63.39</td>
</tr>
<tr>
<td>Benefit–cost ratio</td>
<td>1.14 : 1</td>
<td>1.14 : 1</td>
<td>9.53 : 1</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
</tr>
</tbody>
</table>

Green = likely achieved | Orange = probably not yet achieved | Grey = lack of data

Highlights of the cost-effectiveness analysis: rural:

- **Time savings (not measured):**
  - **Consortium:** the available data suggest that the projections have been too ambitious (1.5 hours saved per day per household for 81% of the population).
  - **UNICEF:** The projected benefits are modest (due to a lower share of boreholes). It seems likely that the benefits have materialised.

- **Reduced health costs/DALY saved (not measured):**
  - **Consortium and UNICEF:** better information about the actual health impact is required (see Section C). The available data shows that the large majority of villages have lost their ‘Healthy’ status. Therefore it is unlikely that the economic benefits related to improvements in health have materialised.

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7 US$14.40 per person for dry pit latrines + improved springs/dug well + handwashing station, compared to US$63.70 per person for dry pit latrines + borehole/tube well + handwashing station. 
Highlights of the cost-effectiveness analysis: urban:

- The value for money of the programme depends to a very large degree on the benefits generated through the water service delivery component. That is also the component which carries the highest degree of risk. Due to the delays, at this stage, the four economic benefits cannot be analysed in any comprehensive manner.

Highlight: the cost of sustainability:

- UNICEF reported an expenditure of around US$2 million on the post-certification process in 2017 (financial report, comparable table, Output 2): 6,252 post-certification visits in villages and 2,264 in schools have been carried out in 2017 (irrespective of visits 1, 2, 3, 4 and 5). The average cost per post-certification visit was US$234. When many villages require four post-certification visits to regain healthy status, the costs for re-certification are around US$1,000 per village. In terms of the per capita costs, this represents a small price for more durable results. However, in terms of the opportunity costs, it should be noted that US$1,000 spent per village to “fix” slippage is costly.

Equity

The extent to which inequities are redressed can be analysed at various levels. In terms of the national level, in line with the UK’s Aid Strategy 2015, the programme aims to deliver sustainable WASH services in areas with the highest needs. The programme is implemented in a very challenging environment where the baseline figures on access to WASH are all very low, granting the programme an adequate score on redressing inequities. At the local level, the following observations about this year’s results are made:

- The norms in the VEA programme do not require full WASH coverage at village level (80% access to an improved latrine, 60% with handwashing knowledge and skills, etc.). The share of the population that does not benefit from the WASH improvements are arguably already among the most disadvantaged groups. However, there is insufficient data to test whether this assumption is valid.
- Given the low rate of villages that have maintained a status today (UNICEF Output 2.4 = 32%), it should be assumed that those families who have not been able to maintain their latrine (for example) are arguably already among the most disadvantaged groups. However, there is insufficient data to test whether this assumption is valid.
- Gender: women continue to be represented in the water committees (see Section B Output 2). However, a functioning committee is still one of the most frequently lost norms.\(^8\)

Cost-effectiveness

Not measured. Some elements are included in the DIME study.

Recommendations

(Current, all): Based on this year’s results, DFID should conduct a value for money workshop (and part training) with all the partners to agree on the value for money parameters of the programme and how these need to be communicated and regularly reported back to DFID.

(Current, rural): The cost–benefit ratio of the rural component must be updated, taking into account the need for long-term post-certification follow-up (i.e. four visits required over four years).

(Current, rural): The norms and the slippage affect the ability of the programme to redress inequities (see recommendation in the risk section).

(Current, rural): The actual health reductions achieved through the VEA programme approach must be investigated by the DIME study.

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\(^8\) Norm 1, ‘Dynamism of the committee’: at the second post-certification visit, almost half of the villages did not have a ‘dynamic committee’.
(Current, urban): The urban component must properly track the magnitude of the benefits on which the business case was built (in terms of cost savings for water procurement and time savings for collecting water). A good baseline for both is required.

E: RISK

Overview of programme risk (noting the rating from p.1) and mitigation

DFID has undertaken a risk assessment of the overall programme and identified the major risk areas to comprise of (1) the external context, (2) delivery by partners, (3) operational, (4) fiduciary, (5) safeguarding, and (6) reputational. With the exception of the risks relating to safeguarding, the major risks identified have been partly or wholly realised. Ongoing review of the programme risks is undertaken by DFID, with key trigger points and warning signs identified for each risk. There is an increased risk profile relating to the external context, especially regarding the conflicts in the Kasais and Tanganyika, contract negotiations with REGIDESO, and the operational environment (visas, staff turnover, etc.). These risks will continue to be monitored, and progress has been made with respect to managing and mitigating some of them. Given the likelihood and impact of these risks on the programme, however, an overall rating of 'Major' has been calculated for the programme.

An update of the rating for each risk area, as well as mitigating measures is included in the table below. It is recommended that DFID uses its knowledge of the national context to review and update the risk rating (and include the mitigating factors).

Table 2: Preliminary overview of the 2018 risk rating of six risks (before adjusting for mitigation).

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>2017 estimation</th>
<th>2017 after mitigation</th>
<th>2018 estimation (before mitigation)</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>External context</td>
<td>Major</td>
<td>Major</td>
<td>Major (no change)</td>
<td>Contingency planning, adjusting planning to account for context changes, leverage other DFID investments focused on improving aspects of the programme's context, flexing programme to account for security risks and engaging with stakeholders and decision makers to future-proof programmes.</td>
</tr>
<tr>
<td>Operational</td>
<td>Severe</td>
<td>Major</td>
<td>Severe (no change)</td>
<td>Programme management anticipates resources shortages and restrictions, communications made with partners on available resources early to influence delivery planning, programme managed to retain flexibility in scale-up/down and surge capacity mobilised within the office and department.</td>
</tr>
<tr>
<td>Reputational</td>
<td>Severe</td>
<td>Major</td>
<td>Severe (no change)</td>
<td>Building &amp; maintaining strong relationships with stakeholders, ensuring appropriate controls are in place, responding swiftly to emerging issues.</td>
</tr>
<tr>
<td>Fiduciary delivery</td>
<td>Severe</td>
<td>Major</td>
<td>Severe (no change)</td>
<td>No direct financing of government, selection of reputable partners and contractors, robust Due Diligence Assessments and their ongoing follow up, enforcing third-party audits and undertaking regular field monitoring visits.</td>
</tr>
</tbody>
</table>
**Rural Programme**

**Impact of risks related to the conflict situation**

New conflicts have arisen in Ituri, North Kivu, South Kivu, and Tanganyika. Operating in such an environment continued to pose challenges for the rural component. For example, in three health zones, only the water points already under construction were completed (including all the standard associated software and M&E activities), instead of constructing all the planned water points. Access to communities due to the security situation caused some delays, and there was limited availability of WASH supplies in some areas. However, in the Kasais, some NGOs noted there was little damage to water infrastructure from the conflict, compared to other infrastructure, speculating that the community ownership might explain this. The WASH consortium was able to continue work though at a slower pace thanks to the positive level of acceptance and good security management systems. DFID agreed for UNICEF to modify the VEA work in some conflict affected areas, resulting in some emergency response, support for VEA villages to host a rapid influx of internally displaced people, and villages certified as healthy during the crisis. In 2018, to mitigate risk, the VEA programme aims to target communities that are accessible and where supply and M&E activities can take place.

**Recommendation (current, rural):** Considering the security context, when extrapolating the milestones for 2019, DFID will take into account external risks that might affect progress.

**Recommendation (current, rural/urban):** DFID should re-assess the risk environment for the different components, and develop a somewhat clearer risk matrix which is appropriate for the delivery plans.

**Risk factors that can affect the long-term benefits of the VEA programme**

The existing VEA risk matrix is very clear and comprehensive. The matrix shows a great reduction in the share of moderate and high risks. Only two very high risks remain: related to the humanitarian situation/conflict and the high dependence on one main donor. Very few risks have increased.

Interestingly, there is a large discrepancy between the risks identified by the review team based on the information in this reporting period and the UNICEF risk matrix itself, notably concerning: 1) sustainability and 2) the functioning of the BCZs.

**Recommendation (current, rural):** UNICEF to critically review the risk score regarding sustainability. Factors that cause slippage in the 8,000+ villages must be mapped out and weighted. When developing mitigation factors, mechanisms that have been proven to work at scale should be prioritised.
**Additional recommendations:**

**Recommendation (current, rural):** The villages that have received support from the Consortium should be integrated into the post-certification follow-up process of the VEA. The sustainability of the results is highly unlikely without post-certification support.

**Urban Programme**

In progressively realising the water service delivery goal in Goma and Bukavu, there are multiple technical, legal, demographic, and political uncertainties and hazards. In their own risk assessment, Mercy Corps have identified 100+ risks and defined various mitigating actions for each. An international consultancy firm is also providing continuous technical advice.

**Managing risk for infrastructure works**

Significant progress has been made regarding managing risk and progressing with the infrastructure component in the Mercy Corps urban programme. Of note is the progress regarding the signing of the Letter of Intent (LOI). It has been signed by REGIDESO and the provincial governments of South and North Kivu. In turn, DFID gave permission to Mercy Corps officially to award the infrastructure contracts to the contractors for the works at Goma and Bukavu. Both contracts have now been signed. Negotiations are currently underway between REGIDESO and Mercy Corps for Congo Maji SARL, and Mercy Corps expects an agreement to be reached before the publishing of this annual review. The structure of the contract is a genuine public–private partnership water utility contract, a hybrid of existing contracts taken from Senegal, Rwanda, Niger, and Mali.

**Recommendation (current, urban):** Oversight of the risk portfolio associated with the infrastructure works phase by Mott MacDonald is critical now that the infrastructure phase will get underway in Goma and Bukavu. DFID will need to ensure that senior-level expertise is provided by a consultant from Mott MacDonald with extensive knowledge of the programme.

**Managing risk for governance**

An important aspect to highlight for all programme partners is that all three WASH programme partners are working towards strengthening the capacity of local government actors in an uncertain and shifting political context. The lack of implementation measures for the Water Law and the relatively new roles and responsibilities that have resulted from the shift to decentralised governance in DRC (spearheaded by the Decentralised Territorial Entities (ETDs in each province) makes addressing 'long-route accountability' a balance between predicting likely changes in governance arrangements and trying to build capacity of key new governing actors. It is worth keeping in mind that associated implementation measures are not likely to be put in place in the near future. An important aspect to keep in mind for a future business case is the ability to differentiate between short-term strategies that take into account the current context and lack of implementing measures of the Water Law and long-term strategies that support the likely changes in government structure and associated roles and responsibilities once implementing measures are in place.

**Recommendation (current, urban):** The programme has experienced considerable delays at an earlier stage. Considering the severity and large variety of risks identified in Mercy Corps’ risk assessment, aside from trying to mitigate the risks, DFID will model scenarios where there will be 1) more delays and 2) less than 100% functionality of the new infrastructure. Modelling such scenarios will help in dealing with the possible consequences.

**F: DELIVERY, COMMERCIAL, AND FINANCIAL PERFORMANCE**

**Delivery, commercial, and financial performance**

Due to delays on the urban WASH civil works, a programme extension has been granted up to the end of 2020. DFID renewed the partner’s due diligence assessments and ensured downstream partner maps
were prepared for all partners. Delivery chain maps have become a useful tool to ensure reporting lines are clearly spelt out and to identify key risks.

There have been some key challenges in the operating environment, for example, conflict in the Kasai region and in Tanganyika and fluctuations in the exchange rates between the British pound and the US Dollar, which have impacted on the performance of the programme and partners.

**UNICEF:** UNICEF’s delivery of certified villages was on time for 2017–18. Delivery of post-certification has accelerated over previous years but still remains behind expectation. Due to the strong delivery of certifying new villages as healthy, a cost extension of £6 million was granted to UNICEF to reach new villages, which will also enable an impact evaluation of VEA. The mapping of UNICEF’s delivery partners has shown the complexity of the programme in working with more than 100 downstream partners ranging from government bodies to NGOs to private sector businesses. The delivery chain map should be updated as the work on new villages starts.

As a means of delivering better value for money, UNICEF has been using UN’s Harmonized Approach to Cash Transfers (HACT), a quality assurance system where activities are planned and shared jointly between participating UN agencies to share the burden and costs. Using the HACT model, UNICEF has been undertaking a series of assurance activities, including spot-checks, programme visits, and scheduled and special audits to determine whether the funds transferred to their downstream partners were used for their intended purpose and in accordance with the work plan.

DFID provided funding for a rapid WASH response to outbreaks of Cholera and Ebola in some provinces where VEA is implemented. Discussions are ongoing between DFID and UNICEF on a possible extension after the recent Ebola outbreak in Equateur province. Although this funding forms part of the overall programme budget, this component is managed (and consequently reviewed) as part of a separate programme.

UNICEF finished the year with a 28% overspend against forecast due to increased expenses towards the end of the year. For instance, a large part of the overspend was due to the payment of previously delayed payments (relating to borehole contracts). Due to the way UNICEF manages donor funds, this overspend in 2017–18 has not affected DFID’s payment schedule—an overspend on costs led to an overachievement of the results.

UNICEF’s narrative reports are of a high quality and delivered to agreed schedules. Financial reports are of a good standard and received in a timely fashion, but we are in discussion with UNICEF for expenditures to be reported in GBP.

**Mercy Corps:** following the time extension that was granted to Mercy Corps in March 2017 for the execution of civil works, this component has experienced delays. This is due to discussions with REGIDESO on a service delivery model that would guarantee sustainability of the water infrastructure. The grant is now extended to December 2020 to cover the completion of construction works and the Defects Liability Period to enable rectification of any defects to the works that occur after construction completion and handover. Other components (governance, behaviour change communication, and gender) of the programme continue to deliver on-track with the expected level of quality.

DFID has been fully involved in the discussions with REGIDESO, provincial authorities and national government to get to an agreement on water service delivery. Pending finalisation of the contract, an LOI between Mercy Corps, REGIDESO, and provincial authorities was signed in May 2018. Following the signature of the LOI, DFID gave a ‘no objection’ to start the infrastructure works. It is expected that the works will be completed by December 2019 and that the water service delivery will be in place and operational from August 2018. The delivery chain mapping was completed this year but should be updated as new downstream partners enter the programme.

Mercy Corps missed their forecast due to the delay of the infrastructure works. The infrastructure agreement was expected by February 2018, but was delayed until May 2018 pending an agreement on water service delivery between Mercy Corps and REGIDESO. Mercy Corps’ reporting meets required

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9 Signed by the Government of North Kivu on 26 June 2018
standards and reports are delivered in a timely fashion. Another layer of reporting will be added when the infrastructure construction work starts in the second quarter of the 2018-19 financial year.

**WASH Consortium:** the component delivered by the Consortium was due to be completed in December 2018, but has been granted a three month extension to enable a smooth close out. The programme has delivered to expectations and quality reports were delivered to agreed schedule. The delivery chain was developed and was a useful tool during the refresh of the due diligence assessment. The WASH Consortium slightly missed their forecast for the year by a 2% underspend.

The Consortium has achieved a good commercial outcome by using technical expertise available from across the Consortium members. The technical staff of one Consortium member, CRS, conducted hydrogeological studies for another Consortium member, Action Against Hunger. This resulted in a faster procurement and inexpensive external expertise.

**Mott MacDonald:** as per the other partners, Mott MacDonald also missed their forecast as their reports were not received in a timely manner. The quality of Mott MacDonald's input and reporting remains high but needs to be delivered on time to ensure the quarterly mission reports are useful to DFID and Mercy Corps. Given part of the Mercy Corps component is now moving to the construction phase, Mott MacDonald's role as technical assurer will need to be reviewed and agreed based on the changing needs of the component.

**Evaluation component:** the evaluation will be conducted by the DIME unit within the World Bank's Research Department. DFID underspent on the VEA impact evaluation due to delays in the launch workshop. DIME's core work will start in the coming year.

**Financial management**

The overall impact of the partner's financial performance is provided below. Overall, the actual programme spend is behind forecasted expenditure mainly because of the delay on urban infrastructure.

<table>
<thead>
<tr>
<th>Component</th>
<th>Title</th>
<th>Total allocated budget</th>
<th>Total expenditure to date (March 2018)</th>
<th>Total spend FY 17/18 (April 2017 - March 2018)</th>
<th>% of total expenditure 2013-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>203445-103</td>
<td>UNICEF: Phase II of VEA</td>
<td>£90,628,098</td>
<td>£71,288,397</td>
<td>£16,463,522</td>
<td>79%</td>
</tr>
<tr>
<td>203445-104</td>
<td>WASH Consortium: rural WASH</td>
<td>£30,000,000</td>
<td>£28,030,755</td>
<td>£5,736,255</td>
<td>93%</td>
</tr>
<tr>
<td>203445-105</td>
<td>Mott MacDonald: sector capacity</td>
<td>£612,619</td>
<td>£418,255</td>
<td>£69,354</td>
<td>68%</td>
</tr>
<tr>
<td>203445-107</td>
<td>Oxfam: sanitation marketing</td>
<td>£1,750,967</td>
<td>£1,750,967</td>
<td>£21,055</td>
<td>100%</td>
</tr>
<tr>
<td>203445-108</td>
<td>Research and evaluation</td>
<td>£2,677,370</td>
<td>£0</td>
<td>£0</td>
<td>0%</td>
</tr>
<tr>
<td>203445-109</td>
<td>Mercy Corps: urban WASH</td>
<td>£37,925,000</td>
<td>£12,542,374</td>
<td>£3,236,213</td>
<td>33%</td>
</tr>
<tr>
<td>203445-110</td>
<td>WASH Ebola and cholera response</td>
<td>£700,000</td>
<td>£200,698</td>
<td>£200,698</td>
<td>29%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>£164,294,054</td>
<td>£114,231,446</td>
<td>£25,727,097</td>
<td>70%</td>
</tr>
</tbody>
</table>

DFID will continue to work with partners to improve forecasting accuracy and timely reporting on over/underspend. In the fifth year of implementation, the table below displays the expenditure per component to March 2018.

**Table 3: Breakdown of expenditure per component**

**DFID management and monitoring of partners**

During the year, there were many opportunities to develop stronger relationships with REGIDESO, the Ministries of Portefeuille, Energy and Water Resources, Health, Education, and the provincial authorities of North and South Kivu. In addition, DFID renewed engagement with the WASH donor group after a
hiatus in 2016 during the transition between WASH advisers. Enhancing these relationships has (1) helped DFID and Mercy Corps to drive negotiations on the water service delivery, (2) helped DFID and UNICEF to get the Government of the DRC’s engagement for the VEA impact assessment, and (3) helped DFID better understand the sector and coordinate with other donors. DFID should aim to maintain these relationships with the Government of the DRC at both national and provincial levels by sharing and discussing with them the programme updates and getting their respective buy-in.

The DFID team engaged regularly with implementing partners through field visits, technical engagement, and regular meetings. However, DFID will need to visit Mercy Corps more frequently during the infrastructure construction period and plan more visits to the rural programmes.

DFID held quarterly programme monitoring meetings with each partner and undertook at least one field visit with each of the partners during the year. Follow-up meetings were also held following receipt of partners' reports to discuss report content and ad hoc meetings were held as necessary to exchange information for timely decisions. Despite efforts to provide timely feedback, it is clear that DFID can sometimes take a long time to provide feedback on partner reports and will aim to get comments back to partners on reports in a more timely manner.

The annual review field mission for rural WASH was jointly conducted in Kasai Central with the DFID SRO and programme officer, UNICEF, the WASH Consortium, and MoH, and included a visit to the WASH component of the DFID DRC health programme. The joint mission constituted a lesson-sharing opportunity for partners.

**Asset management**

All projects have completed an asset register, which is updated annually in line with DFID Smart Rules.

**Mercy Corps:** the DFID Programme Manager identified some issues with Mercy Corps’ assets during a routine spot check in September 2017. As a result, DFID explained their expectations on asset stewardship and management of loss/theft of assets as per the DFID Smart Guide to Mercy Corps and the Consortium. Mercy Corps has notably improved their asset management to comply with DFID standards. This is particularly relevant as new assets are due to be purchased for the infrastructure civil works and water service delivery starting in the next year.

**WASH Consortium:** an asset spot check was undertaken during the annual field visit to CRS, the implementing Consortium member in two health zones of Kasai Central. Despite the recent conflict in the Kasais, all assets are accounted for and properly maintained, demonstrating good stewardship of programme assets. DFID seized the opportunity to stress the partners' responsibility in assets management, particularly at programme closure. The Consortium has started planning asset disposal during the last year of implementation.

<table>
<thead>
<tr>
<th></th>
<th>Date of last narrative financial reports</th>
<th>Date of last audited annual statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>05 March 2018</td>
<td>22 November 2016 (next due in 2018)</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>30 March 2018</td>
<td>17 November 2017</td>
</tr>
<tr>
<td>Consortium</td>
<td>27 February 2018</td>
<td>31 December 2017</td>
</tr>
</tbody>
</table>

**Recommendations (current, all):**

- DFID and UNICEF/Mercy Corps should update the delivery chain maps with new downstream partners entering the programmes with new villages for VEA and infrastructure contractors for urban.
- DFID should continue to work with partners on risk adjusting forecasts and on flexibility to mitigate over/underspend.

**G: MONITORING, EVIDENCE, AND LEARNING**

**Monitoring**

In addition to ongoing programme management, during the reporting period, DFID has conducted six monitoring visits as follows:
### Table 4: Overview of the field visits conducted by DFID during this reporting period

<table>
<thead>
<tr>
<th>DATE</th>
<th>MONITORING VISIT</th>
<th>PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2017</td>
<td>Quarterly review - Urban WASH Goma</td>
<td>Mercy Corps + Mott Macdonald</td>
</tr>
<tr>
<td>February 2018</td>
<td>Urban WASH Goma and Bukavu – Assets management, fraud awareness and visit to</td>
<td>Mercy Corps</td>
</tr>
<tr>
<td></td>
<td>BCC/governance activities</td>
<td></td>
</tr>
<tr>
<td>March 2018</td>
<td>Kinshasa – VEA visit with DIME</td>
<td>UNICEF, DIME</td>
</tr>
<tr>
<td>May 2018</td>
<td>Urban WASH Goma and Bukavu – Visit by DFID</td>
<td>Mercy Corps</td>
</tr>
<tr>
<td></td>
<td>Infrastructure and Livelihoods Heads of profession</td>
<td></td>
</tr>
<tr>
<td>May 2018</td>
<td>Quarterly Review and AR visit Goma – with AR consultants</td>
<td>Mercy Corps + Mott MacDonald</td>
</tr>
<tr>
<td>May 2018</td>
<td>Rural AR visit Kasai Central – with AR consultants</td>
<td>UNICEF, Consortium, MoH, IMA, AR consultants</td>
</tr>
</tbody>
</table>

### Evidence
DFID intends to undertake an independent impact and process evaluation of the VEA component of the programme through the Development Impact Evaluation, a unit within the World Bank’s Research Department. The evaluation will be a good opportunity to assess to what extent the programme is able to achieve the projected impact. The evaluation will be undertaken on a series of villages that will be added to the existing programme and will investigate a range of different variables associated with the programme.

The exact number of intervention villages, the time frame and the final list of indicators are being finalized. The study is expected to start in 2018 and should provide evidence to support future decision-making related to WASH programming.

### Learning
Various knowledge products including reports, studies, human interest studies and grey papers have been published during this reporting period to capture key learning on the programme. The below provides an overview of the various knowledge products produced by partners:

#### WASH Consortium
- 6ème Revue Technique du Consortium WASH RDC : Mobilisation communautaire dans le secteur EHA: comment assurer la participation de tous et toutes? (The Consortium, April 2017)
- Making WASH monitoring and evaluation work for everyone: the experience of the DRC WASH consortium (G. Melloni & S. Jones 2017)

#### UNICEF
- Post-certification study (Forcier 2017)
- Research on Menstrual Hygiene Management (CRS, forthcoming)
- Research on the incidence of the burden of fetching water at school and household level on gender (Public health school Kinshasa, forthcoming)
- Third Party Monitoring report (Hydroconseil 2017)
- Water quality at household and water point level in the Tshopo province (Kisangani University, 2018)

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10 7th WASH Consortium Technical Review, Community Water Services: Prospects for Economic Sustainability
11 6th WASH Consortium Technical Review, Community mobilization in the WASH sector: how to ensure everyone’s participation?

• Identification des zones potentiellement favorables aux forages manuels en République Démocratique du Congo (RDC). Rapport d'orientation méthodologique. ATPESFORC 2018\textsuperscript{13}

• **What’s up with WASH:** During this reporting period 19 short external communication pieces with learnings of the VEA programme have been published. The series discuss learnings about - for example - innovations, new approaches, new insights, children’s rights and water quality.

• Human Interest stories: Ten Human interest stories were published during this reporting period.

• UNICEF has also been involved in the 2018 MICS survey which includes a water quality testing module (results forthcoming)

**Mercy Corps**

Mercy Corps has published two very rich survey reports:

• DRC IMAGINE Midline Evaluation Report (August 2017)

• IMAGINE Bi-annual Survey Report (March 2018)

**Progress on recommendations from previous reviews**

Very good progress has been made with respect to taking forward recommendations from previous reviews. DFID and the implementing partners continue to act on some of the outstanding recommendations and will incorporate them in to the actions for the year ahead.

\textsuperscript{12} Report of the workshop on the analysis of bottlenecks in the Water-Hygiene-Sanitation Sector in the DRC

\textsuperscript{13} Identification of potentially favourable zones for manual drilling in the DRC. Methodological orientation report