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**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT
OF WATER AND SANITATION FOR ALL**

**Lessons learned from a consortium model for rural WASH:
experiences of the DRC WASH Consortium**

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BRIEFING PAPER

Consortia are becoming an increasingly common model for implementing WASH programmes. The DRC WASH Consortium led by Concern Worldwide is a consortium of five international NGOs in the Democratic Republic of the Congo. This paper presents the lessons learned since the Consortium's creation in 2013. Strengths of the consortium model include: increased scale; capacity for research and learning; an innovative joint strategy to improve sustainability; a credible image in the WASH sector and a positive influence on external stakeholders; and risk-sharing. Challenges include: the continuing logistical difficulties of implementation in rural DRC; previous experience of the member NGOs more focused on emergency WASH rather than development; and the time needed to build relationships and communicate the Consortium approach. Key lessons for success are the importance of strong leadership by the Consortium Coordination Unit, and spotting 'gaps' in WASH sector coordination and learning to help position the Consortium at national level.

Background – the rural WASH context in DRC

Drinking water coverage in rural DRC in 2015 was estimated by the WHO/UNICEF Joint Monitoring Programme at 31% of the population using an improved source, with 29% using improved sanitation facilities.¹ However, inventory-based sector analyses and stakeholder discussions suggest the real figures are probably much lower (AMCOW, 2011). In either case, the sector recognised that the Millennium Development Goal targets of halving the proportion of those with no access to basic services by 2015 compared to 1990 levels was unrealistic given the country's context: a fragile state with extremely poor rural infrastructure, weak institutions and low state capacity, ongoing insecurity in certain areas, and poorly-developed policies for the WASH sector itself.

Despite these challenges, a well-established national rural WASH programme exists in DRC called "Healthy Villages and Schools" (*Village et École Assaini*, VEA). The programme is run through the hygiene division of the Ministry of Health (with the Ministry of Education working on the schools component). UNICEF is the key technical and financial partner which supports the management of the programme, develops the capacity of health services at different levels, and sub-contracts the tasks of community mobilization and infrastructure construction to local NGO and private sector partners. The programme completed its first phase of implementation from 2008-2012. Approximately 2,500 villages completed an eight-step community process based on PHAST, achieving the seven WASH "national norms"² which are required to be certified as a "Healthy Village" (DFID, 2013). These norms cover water, sanitation and hygiene as well as the community dynamics (such as an active village committee and regular community collective action) considered to be essential for maintaining a clean environment and good WASH practices.

A second phase of the national programme is now running from 2013-2019 based on the same core approach. However this phase expands the programme to up to 6,000 new villages and adds post-implementation monitoring to these and all previous villages. In total the programme targets over 3 million beneficiaries. However, the sustainability of the rural WASH services developed is a major challenge (Black, 2013). The sustainability study of the national programme in villages 1 to 4 years after their certification showed that only 2% of villages had maintained the seven norms (Hydroconseil, 2014). Table 1 shows the percentage breakdown according to the different norms. Key challenges were noted in three areas: the lack of post-implementation follow-up in the first phase (now being addressed in the second phase); the need for improved training of management committees; and the importance of high-quality support from NGOs to health services. A key issue for all actors in the rural WASH sector is how to contribute to building on the strengths of the national rural WASH programme while also addressing the challenge of sustainability.

Table 1. Percentage of villages in the national rural WASH programme maintaining each of the seven national norms 1 to 4 years after certification as a ‘Healthy Village’ (Hydroconseil, 2014)	
Norm	Percentage of villages maintaining the norm
The village has an active committee for water, sanitation and hygiene	82%
At least 80% of the population has access to clean water	84%
At least 80% of households use a hygienic latrine	59%
At least 80% of households dispose of their waste hygienically	27%
At least 60% of the population washes their hands before meals and after latrine use	31%
At least 70% of the population understands the fecal-oral route of disease and ways of preventing transmission	55%
The village is cleaned at least once per month	40%

Why was the Consortium created?

The DRC WASH Consortium was established in 2013 as a complementary initiative to the national programme. The Consortium is composed up of five international NGOs: Concern Worldwide (the lead agency); Action Against Hunger (ACF); ACTED; Catholic Relief Services (CRS); and Solidarités International (SI). The Consortium is currently funded through a grant of £24m from 2013-2018 from the UK government through DFID (UKAid), which is also the principal donor of the national “Healthy Villages and Schools” programme. The creation of the Consortium took place during a one-year preparatory phase funded by UKAid from 2012-13 as DFID developed its 2013-19 WASH strategy for DRC. DFID cited the following key reasons for funding an INGO consortium (DFID, 2013):

- **To achieve greater scale** (even if the Consortium itself would be much smaller than the national programme): “The Consortium provides DFID with the opportunity to expand WASH coverage beyond what is achievable through the Village Assaini programme”.
- **To work with and support other government structures in addition to the Ministry of Health**, especially government actors involved in the decentralisation process in DRC.
- **To promote innovation and learning** “in relation to researching best practice and sharing knowledge”.
- **To enable INGOs to shift from humanitarian interventions to longer-term development**: “The Consortium provides an opportunity for agency members to move away from unpredictable funding and short-term programming through the humanitarian sector, and propose an approach representative of the transitional nature of the current DRC context”.

The Consortium therefore has the same strategic aim as the national programme of working with communities so they can become “Healthy Villages” according to the seven national norms, but develops and tests alternative implementation approaches in order to improve sustainability in the long term. The first key element is a focus on the promotion of community-led “Small Doable Actions” before considering a potential external investment in water infrastructure. This approach seeks to maximise the possible WASH benefits from behaviour change which is possible with the community’s own resources, to mitigate the risks of sustainability of infrastructures which would be developed with external funding. The second key element is emphasizing the use of the Life-Cycle Cost Approach to inform decision-making on the potential investment in water infrastructure (see Jones, 2015, for more detail on this part of the approach).

To put this into practice, the Consortium works together with local health services and other local government actors, aiming to support over 500 villages and 500,000 beneficiaries across 15 health zones in rural DRC. The Consortium’s programme approach is systematized through a 12-step process lasting 18-24 months in each community, which is detailed in the box below. Further ‘light-touch’ support and additional monitoring and evaluation continues for a further six months, at which point the village becomes part of the national programme’s post-certification monitoring process. Therefore, while much smaller than the national programme, the Consortium covers a sufficient scale and range of contexts to produce relevant evidence and lessons for the wider WASH sector. The Consortium’s programme is also structured to proceed in a sequence of different ‘waves’ of villages to enable learning from earlier phases to be continuously shared and fed back in.

The DRC WASH Consortium’s 12-step process

The Consortium’s approach uses a 12-step process lasting 18-24 months in each community, with ‘light-touch’ support and monitoring and evaluation for a further six months. At this point the village becomes part of the national rural WASH programme’s post-certification monitoring process.

1. Coordination with local authorities and definition of the overall zone of intervention (according to agreed priority and feasibility criteria for sustainability) from which participating villages will be selected.
2. Marketing the programme in potential villages, securing first community engagement, selection of villages, and entry of villages into the national database.
3. Baseline evaluations, participatory diagnosis, initial feasibility study at village-level and ‘triggering’ of demand.
4. Mobilization, election and training of “Healthy Village” committees, community health volunteers, and other natural leaders, especially on project and financial management.
5. Identification of Small Doable Actions for all the seven norms, development of Community Action Plan and implementation of Small Doable Actions by the community and schools.
6. Social marketing campaign on Small Doable Actions by the Committee and community health volunteers with the support of local health services and the NGO.
7. “Self-evaluation” of community progress towards the seven national norms, and request for external technical assistance for access to drinking water if required.
8. Technical and economic feasibility study in detail, joint investment decision between communities, health services and NGOs, and community commitment for an improved water point.
9. Installation, reception and management of drinking water infrastructure, including technical training and support to supply chains.
10. Social marketing campaign for continuing Small Doable Actions, maintaining the seven norms, and continuing to pay for the water service.
11. Endline evaluation of the achievement of the seven norms, certification as a “Healthy Village”, update in the national database, and development of a community plan for maintaining the norms.
12. Post-implementation monitoring of the seven norms and the maintenance plan through the first “post-certification” visits by local health services.

The structure of the Consortium – learning from Liberia and Sierra Leone

The initial set-up of the DRC WASH Consortium benefited from lessons learned from previous WASH consortia that were initially funded by the UK government through DFID, by undertaking exposure visits to these consortia in Liberia and Sierra Leone in 2012 (DRC WASH Consortium, 2012). In particular, these experiences emphasised the importance of a strong Consortium Coordination Unit (CCU) within the lead agency. For DRC, this coordination unit was set up by Concern Worldwide with a Consortium Director; a WASH and Monitoring and Evaluation Coordinator (a role later upgraded to Deputy Director for Programme Quality); a Communication, Learning and Advocacy Coordinator; a Grant Compliance Manager; and a Support Officer for the CCU. The preparatory period was also used to define the key management structures and procedures of the Consortium, in particular:

- The governance agreement (between the five members) and the sub-grant agreements (between the lead agency and each member).
- The different decision-making bodies: a Governance Board made up of the Country Directors of the five members for strategic issues, and Technical Working Groups for Programmes (the head of WASH for each member), Finance, and Systems (the Finance and Systems groups were later merged).
- Standard formats for financial and activity reporting, although these were later revised.
- A harmonised monitoring and evaluation framework and tools.
- Minimum standards for infrastructure implementation and an initial draft guide for the Consortium’s joint approach to rural WASH programming. The lack of a comprehensive joint programme guide and tools was one of the key issues addressed in the first twelve months of the Consortium’s operation.
- External and internal communications procedures: Institutional and external communications with the WASH sector are ensured by the CCU at national and provincial levels, while member agencies represent and implement the Consortium programme at local level.

Key progress and achievements 2013-16

By the start of 2016, the first ‘wave’ of villages had completed or were just finishing the implementation phase of the intervention, and the DRC WASH Consortium had completed its mid-term external evaluation. The box below summarises some of the key achievements.

Key achievements of the DRC WASH Consortium so far (Jul 2013 - Jan 2016)

- Over 400 rural communities with a population of over 400,000 people have entered the programme.
- Over 200 villages so far have completed the implementation phase of the intervention to gain access to improved WASH services. These communities are now entering the national rural WASH programme’s post-implementation monitoring process to ensure they maintain their status. The first post-certification assessments will take place in 2016 and will be continued through 2016-19 to give the first results in terms of sustainability of the approach.
- Over 250 water points are complete – for each of these water points, a committee has been trained and developed a simple ‘business plan’ for how to cover the life-cycle costs of the service.
- Development of key guides and tools to share with the sector: training modules and tools to help water management committees use a life-cycle costs approach (see Figure 1 below); a set of tools for social marketing for WASH in the DRC context; a guide and tools for monitoring “Small Doable Actions” for sanitation and hygiene; guides for community health workers on preparation and rapid response for cholera outbreaks.
- Organisation of biannual WASH sector exchange and learning events with up to 100 participants each time, on topics including: introduction of the life-cycle costs approach to DRC; a ‘client-oriented’ approach to community mobilisation; how to make sustainable investments in the DRC WASH sector; and the opportunities and challenges of the new Water Law in DRC.
- Development of an advocacy initiative to push for and raise awareness of the adoption of the new Water Law, and a proposal for developing a guide to help local authorities and their partners put the new law into practice.



Key strengths of the Consortium model so far

As the Consortium reaches the mid-point of its current programme timeframe, the following are the key strengths identified through analysis by the CCU and the different members:

- **Increased scale of WASH programme delivery across different contexts in DRC:** This enables the Consortium to have significant direct impact and be acknowledged by the WASH sector as a relevant voice with practical experience to contribute to sector discussions.
- **Increased capacity for research, innovation and learning:** The innovation and learning across all five members is captured and integrated by the CCU and the Programmes Technical Working Group. DFID DRC noted in its 2015 WASH Annual Review that the CCU had added value by creating a dynamic learning environment and regularly integrating lessons into the programme design.
- **Innovative joint strategy on key sustainability issues for rural WASH in DRC:** The research and learning so far has enabled the Consortium to be at the forefront of key issues such as introducing the life-cycle costs approach into DRC, which is innovative both for the five members themselves and for the sector externally.
- **Reinforcing a credible image in the sector and a positive influence on external stakeholders:** The Consortium's positive image based on its scale, innovation and strategy is further reinforced through an external advocacy approach of promoting transparent sector discussions and disseminating findings of operational research and field experiences at different levels (national, provincial, local).
- **Sharing of programmatic and financial risk and development of reinforced quality control:** This risk management is enabled by a coordinated and consolidated Consortium strategy and strong management by the CCU (e.g. joint targets; budget flexibility; additional quality control processes). This includes transparency and accountability between members in order to consolidate risk analysis, identify constraints and learn from challenges and limits of feasibility of the consortium model.

Key challenges so far

The key challenges for the DRC WASH Consortium so far are the following:

- **Implementation of rural WASH programmes in DRC continues to be logistically challenging.** The Consortium's first two 'waves' of intervention took 6-12 months longer than planned. This was partly because the full programme approach and guidelines were developed in parallel with the first wave and teams needed time to adopt the new approach and tools. However it was partly due to the continual logistical challenges that arrive in rural DRC. The Consortium has revised its targeting for subsequent waves of intervention to ensure greater feasibility and lower risk to interventions.

- **The set-up and experience of NGOs and their staff in DRC is often more focused on emergency projects than longer-term development.** This entails a series of challenges: NGOs are under constant pressure to seek new funding (since most funding is short-term), which reduces their ability to co-finance and plan longer-term programmes; staff turnover is high and human resource gaps are common; staff have less experience of longer-term community mobilization and working with government.
- **Communicating the Consortium approach both internally and externally and at national levels and local levels takes significant time and relationship-building.** In particular the Consortium is seeking to better clarify its relationship with the national rural WASH programme to emphasise that it is complementary and seeks to promote joint learning rather than act as a competitor.
- **The success of the approach in terms of sustainability cannot be directly measured until later in the programme.** The first communities completing the intervention did so in late 2015. The first post-intervention visits will take place in 2016. The Consortium is also trying to estimate likely sustainability in the short-term through the ‘business plan’ approach to understand how much of life-cycle costs communities are able to cover. The first detailed results from this will be available later in 2016.

Key lessons for success

In addition to the lessons from previous consortia which helped the set-up of the DRC WASH Consortium, the following key lessons have also been identified which should also be relevant to other multi-agency consortia:

Strong leadership and vision by the Consortium Coordination Unit is vital. Originally, the Consortium Governance Board (the Country Directors of the five members) was envisaged as the key strategic body of the programme. However in reality it is the Consortium Coordination Unit that has the overall perspective on the programme and the capacity to recommend strategic decisions. The Board members approve such recommendations at their quarterly meetings, but Country Directors in DRC have limited time for such strategic reflection on joint programmes because they have so many day-to-day operational issues of their own organisations to deal with. The same is true for risk management; the Consortium Coordination Unit as part of the lead agency Concern Worldwide must have strong oversight of risks for the Consortium, especially when these may have greater impact on the lead agency than the other members.

Spotting ‘gaps’ in WASH sector coordination and learning has helped position the Consortium at national level. Coordination and learning in the DRC WASH sector is generally under-developed. The biannual sector workshops organised by the Consortium have therefore attracted a high number of participants (almost 100 at the last event) and a great variety of actors (from national government, donors and the private sector to local authorities, NGOs and community members). By keeping these events as open as possible and focused on key sector issues, the Consortium has rapidly developed a key role in promoting sector exchanges and learning at national level. Given the size of DRC, the next step is to further develop such initiatives at provincial and local levels.

Balancing implementation with adaptation and learning is critical, especially in a fragile state. Given the challenges highlighted above, it has been important to focus on the feasibility of implementing a large-scale rural WASH programme through five geographically dispersed members while also maintaining an adaptive approach. In particular, this requires accepting what is possible in a fragile state such as DRC. For example, given local capacity levels, it was determined that the first essential step in using a life-cycle costs approach would be to use basic life-cycle costs analysis to support more realistic investment decisions during the first waves of the programme (Jones, 2015). The subsequent step (to be tested after the initial waves) will be to use life-cycle costs analysis as part of performance monitoring after the initial investment stage when water services are actually operational, even if this is not yet possible on a large scale.

Future perspectives and what the Consortium could do differently

During the first half of 2016, the Consortium is developing options for further scale-up financed by DFID to expand the programme up until 2019. This process is considering key changes or things that could be done differently:

A mix of expertise amongst Consortium members and partners. The five original member NGOs of the Consortium have relatively similar competencies in relation to WASH in DRC. This has been a strength in terms of implementing the programme at community levels. However it is recommended to consider if the Consortium should include members or partners with greater expertise on key issues (such as the links between governance and WASH, or the development of the private sector) where the original members have less experience in DRC. The Consortium already has experience of taking advantage of the particular expertise of certain members to benefit the programme as a whole. For example, Solidarités International takes the lead on the programme component for disaster risk reduction and rapid response to cholera outbreaks, through which a small team of Solidarités International staff provides specific training and field support to other members and local partners. The Consortium can further develop this kind of specialised approach on other key issues.

Pilot key elements of the approach at a smaller scale before expanding. The Consortium is planned in a series of successive (but overlapping) ‘waves’ of intervention each of 18-24 months to enable learning from earlier interventions to be fed back in later. However, the first ‘wave’ was actually the largest in terms of population targeted; it would have been advisable to start at a smaller scale and build up more gradually. A similar lesson applies to the testing of new programme tools. The Consortium has developed, tested and adapted key tools in an ongoing process with all five members. While this has benefits (for example, testing tools in different geographical contexts), for some elements of the approach it would be advisable to test first in one area and then revise and expand elsewhere based on the results of the pilot.

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Note/s

¹ Estimates from WHO/UNICEF JMP, 2015.

² The seven national norms are: the village has an active committee for water, sanitation and hygiene; at least 80% of the population has access to clean water; at least 80% of households use hygienic latrines; at least 80% of households dispose of their waste hygienically; at least 60% of the population washes their hands before meals and after latrine use; at least 70% of the population understands the fecal-oral route of disease and ways of preventing transmission; and the village is cleaned at least once per month.

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