

End evaluation report of Sida's core support to WaterAid 2014 – 2018

Executive Summary



Women from a community of ex-bonded labourers raise their hands during the evaluation visit to Nepal, September 2017.

Executive Summary

The purpose of this evaluation was to assess the progress of WaterAid's Global Strategies for the period 2014-2018 as an end of contract evaluation for the core support provided to WaterAid from Sida. This covers the end of WaterAid's 2009-2015 strategy and the first half of the 2015-2020 'Everyone, Everywhere' strategy. The second aspect of the evaluation was to provide recommendations for how WaterAid may learn from and improve its approaches in the remaining years of the current strategy. The evaluation focused on three critical areas, following the ToRs agreed with Sida:

1. *WaterAid's global achievements, including achievements of the 2009-2015 Global Strategy and alignment of the 2015-2020 Global Strategy with the SDGs*
2. *WASH access for persons with disabilities*
3. *WASH in health*

The evaluation methodology included document review, London-based and distance stakeholder consultations, interviews and focus group discussions, field visits to Madagascar, Tanzania, Nepal and India, analysis, drafting and reporting.

WaterAid's global achievements

For the 2009 - 2015 Global Strategy, WaterAid focused on increasing water, sanitation and hygiene (WASH) access for the poorest and most marginalised people. WaterAid achieved 91% of its target of 'directly' reaching 25 million people with water and sanitation services. WaterAid did not specifically monitor the achievement of the target of reaching 100 million people 'indirectly' due to difficulties in proportioning indirect contributions at the country programme (CP) level. WaterAid also expanded its reach to 30 countries, following the organisational growth plan and target.

WaterAid's 2015-2020 Global Strategy focuses on maximising impact through catalysing sustainable change in the WASH sector. Direct service delivery is at a smaller scale than under the previous strategy, and is designed to provide a model to be replicated and scaled up by partners to achieve long-term sustainable change. There are also significant efforts being made to influence more systemic change through advocacy and campaigns. The current strategy is intrinsically linked to the sustainable development goals (SDGs). The overall vision is aligned with SDG 6, to achieve universal WASH access by 2030. There are also strong interlinkages with goals on health, nutrition, education, sustainable cities, poverty reduction, gender equality and climate change.

WaterAid has had a positive impact on institutions and communities where they work. Government officials at the national and sub-national level identified several policy and capacity-related benefits of WaterAid's engagement in building alliances for change, e.g. partnering with government institutions and helping them with policy developments and/or piloting approaches to WASH. WaterAid has also directly impacted communities, where interviewees stated that improved WASH services had contributed to reduced diarrhoeal rates, increased school attendance and improved access to clean water. The inclusive nature of WaterAid's work has also made it easier and safer for marginalised groups, such as disabled people, to access water and sanitation, and contributed to broader community empowerment.

WASH access for persons with disabilities

WaterAid considers equity and inclusion (E&I) a central plank of providing sustainable WASH services for 'Everyone, Everywhere', including people with disabilities. E&I is aligned with the human rights-based approach (HRBA) to water and sanitation access, which is the foundation of WaterAid's programmatic approach. WaterAid has made significant investments in its E&I agenda for nearly a decade, and has prioritised mainstreaming E&I across all programme and advocacy work. An internal E&I review in 2015 identified high level of awareness and commitment within WaterAid to E&I principles, although it was not clear if people's understanding of the terms complied with definitions in WaterAid's own E&I Framework.

Successes in WaterAid's disability work are based on partnerships, advocacy, inclusive service delivery models and replicable tools and guidelines. In several countries, strong partnerships have been built to support disabled people to claim their rights to water and sanitation. Partnerships are core to WaterAid's work, helping to inform and deliver the disability inclusion agenda. WaterAid works directly with groups of marginalised people, such as Disabled Peoples' Organisations (DPOs), to identify viable and appropriate WASH interventions that are sustainable and people centred. WaterAid also works closely with government and this has been instrumental in driving disability inclusion at national and district levels. WaterAid's inputs have strengthened partner capacities and contributed to policy shifts. WaterAid has also developed several disability-inclusive tools, policies and approaches, and WaterAid specialists contribute to cutting-edge research in this field.

One of the main challenges both internally within WaterAid CPs and among partners is the working definition of 'disability'. The provision of inclusive WASH requires WaterAid and its partners to clearly and consistently define disability from a rights-based perspective, which considers both 'impairment' and 'barriers'. However, most stakeholders interviewed equated disability only with impairment, without a clear understanding of the broader set of constraints faced by disabled people. This can mean that certain barriers, particularly around attitudes and stigma, are missed. This lack of understanding helps to account for situations where people with disabilities remain excluded despite provision of accessible water and sanitation services. For example, primary schools in some countries indicated that children with disabilities were not attending school despite availability of accessible WASH facilities. Other challenges relate to the standardisation and sharing of best practice and guidelines, particularly for service delivery. It seems that different parts of WaterAid are at very different stages of their E&I journey, and this creates an additional challenge to ensure universal best practice and standardisation is consistent across the organisation.

WASH in health

WaterAid's WASH in health work integrates service delivery, capacity-building and advocacy, supported by strong partnerships and continued analysis of barriers and opportunities to improve WASH in the health sector. WaterAid focuses on four areas: WASH in health care facilities (HCFs), WASH and nutrition, WASH and neglected tropical diseases (NTDs) and hygiene in health. WaterAid has worked in health since 2008, but the 2015-2020 strategy recognises integration with health as a core aim. By working on WASH and health together, combining service delivery models with advocacy, WaterAid can maximise the impact and cost-effectiveness of programming work.

WaterAid's successes up to now include capacity building, sector strengthening and service delivery to integrate WASH into HCFs and hygiene programming, and national and international advocacy, often based on research and practitioner experience. In case study HCFs, staff and local health officials were very positive about the impacts of WaterAid's work. Respondents stated that WaterAid projects had resulted in fewer sepsis related deaths, reduced infection rates and fewer cases of

diarrhoea, and contributed to cleaner, more pleasant working environments, increased patient satisfaction and improved staff motivation. An integrated health and hygiene programme in Nepal has resulted in improved health indicators. At the national level, WaterAid has supported policy changes to achieve quality universal health coverage, promoting assessment tools to develop national WASH in HCF baselines to track progress, and supporting governments to integrate WASH in health into SDG monitoring frameworks.

Nutrition and NTD work-streams are currently mostly based on partnerships, advocacy and research. For example, WaterAid works with national governments and other partners to integrate WASH into nutrition policies and programmes. Several CPs have joined Scaling Up Nutrition coalitions to promote multi-sectoral action on nutrition. WaterAid has also produced and disseminated research on nutrition sensitive WASH programming to inform and influence others in the sector. Similarly, WaterAid works in partnership with others to produce and disseminate research on NTDs and supports selected government-led programmes, such as the Uganda trachoma prevention project.

Nonetheless, there are critical challenges to the successful delivery of WaterAid's WASH in health ambitions. These include: sustaining services in health care facilities, ensuring upscaling of WASH in health programmes, and monitoring of WASH in health. WASH service failures can jeopardise positive gains in HCFs. Sustainable services are intrinsically linked to the availability of funds for capital and recurrent costs, while ownership from motivated health staff, health managers and district governments is essential to ensure adoption. Ultimately, WaterAid's direct service interventions provide models to be replicated and scaled-up. However, governments are often constrained financially or they may not fully understand or accept that they are the principal duty-bearers to provide water and sanitation for their citizens. WaterAid's monitoring is also currently not fully capturing improvements in care service quality and system-wide changes, or post-implementation project sustainability or scale-up. WaterAid recognises monitoring is a challenge, and that further work needs to be done to embed good practice in this area.



Accessible toilets in Madagascar, August 2017.

Conclusions

In the last year of the 2009 – 2015 strategy, WaterAid was largely successful in reaching 25 million people with access to water and sanitation, achieving 91% of target. However, it was not possible to verify whether a further 100 million people were indirectly reached through influencing. Nonetheless, given the multiplier approach adopted by WaterAid through its policy and advocacy work, it is likely WaterAid did make a substantial contribution towards this goal. WaterAid was also operational in 30 countries, in line with the strategic growth target.

WaterAid campaigned actively to ensure WASH was an integral part of the SDG development agenda. There was logical progression between the two global WaterAid strategies, with clear thinking about transitioning from the MDGs agenda to the SDGs. WaterAid's current strategic approach also embraces the interconnectivity between SDGs.

WaterAid is on track to drive forward the change outlined in its 2015-2020 strategy and it is expected large numbers will be reached 'indirectly' through advocacy and influencing. Measurement of indirect reach and the impact of policy influence is not yet sufficient to demonstrate these achievements in a clear and consistent manner, although a new user protocol is being embedded across the organisation, and a new approach to measuring policy change will be piloted in 2018/2019.

In terms of WASH access for disabled people, WaterAid is a leader in promoting disability inclusion in the WASH sector, though further work is required to ensure its approach to disability is fully understood and mainstreamed internally.

In terms of WASH in health, WaterAid is considered a major player promoting WASH in the health sector, through an integrated programmatic approach. WaterAid's achievements in WASH in health interventions, and its longer-term sustainability, are not yet being recorded in a systematic way.

The evaluation team used the universally accepted OECD/DAC evaluation criteria as an evaluation framework, and present the following findings:

Relevance: WaterAid's strategic approach is very relevant for the SDG development framework, and will remain so for the foreseeable future. WaterAid has the capacity to adapt to new demands and emerging themes, and to support CPs in addressing critical contextual challenges. Key upcoming challenges include sector financing, scaling up and private sector involvement.

Efficiency: WaterAid's strategic approach is efficient in terms of translating concepts and ideas into implementable approaches. The current technical support structure is quite efficient in terms of providing support to CPs, sharing experiences, and organising exchanges but support in some areas is not yet adequate and this has led to uneven capacities across the organisation. Additional resources are a critical challenge, for example, training and capacity building around E&I and disability inclusion.

Effectiveness: WaterAid is effective in achieving numerical targets, promoting quality programming and influencing the wider WASH sector through its programmatic approach. WaterAid is also effective in engaging governments and other WASH stakeholders in developing policy level change, joint sector wide approaches and influencing best sector practice. WaterAid is effective in creating positive impacts in the lives of poor and marginalised communities through partner led interventions. However, in the longer run, effectiveness is critically linked to sustainability.

Sustainability: WaterAid's approach at the CP level is conducive to attaining long-term sustainability of WASH systems and facilities, but sustainability ultimately depends on the longer-term commitments made by Government partners, particularly in relation to providing finance for scaling-up and replicating models and the sustained operation and maintenance of infrastructure. This is a critical challenge to achieve WaterAid's vision and SDG 6 of universal WASH access by 2030.

Recommendations

General

1. Ensure the federation monitoring system is results oriented and measures outcomes and impacts.
2. Carefully manage ambition and focus efforts on ensuring the gains already made at the policy level are adopted and sustained for the long-term, both at the national and district levels.

WASH access for persons with disabilities

3. Ensure all WaterAid and partner staff understand and apply the '*impairment + barriers = disability*' definition that WaterAid has already adopted, and which is compliant with CRPD principles (this applies to programme staff as equally as policy and advocacy staff), by sharing learning and best practice across the organisation, to help even out progress in this area.
4. Promote consistent and widespread use of the Accessibility and Safety Audit tool and other resources and frameworks developed for use by WaterAid staff and country programme partners.
5. Produce clear, consistent and accessible WASH designs for WaterAid staff and partners to use by developing harmonised global technical minimum standards on accessibility which allow for local adaptations according to specific context.
6. Prior to constructing WASH facilities in schools, undertake a contextual analysis and clarify the prevailing attitudes towards children with disabilities at the community, family and institutional level.

WASH in health

7. Gather more evidence about the outcomes and impact of WASH in health interventions to enhance informed and knowledge-based advocacy and learning.
8. Ensure that the models promoted for WASH in health infrastructure are appropriate for the local context, e.g. in terms of technology choice, level of services, and stakeholder ownership, to maximise the potential for sustainability.
9. Advocate and encourage government partners to replicate and upscale the WASH in health models being proposed by WaterAid and partners, and share lessons of successful experiences.



WaterAid staff and partners in Nepal, August 2017.