



Evaluating Impact: Turning Promises into Evidence

Rural and Peri-urban WASH provision

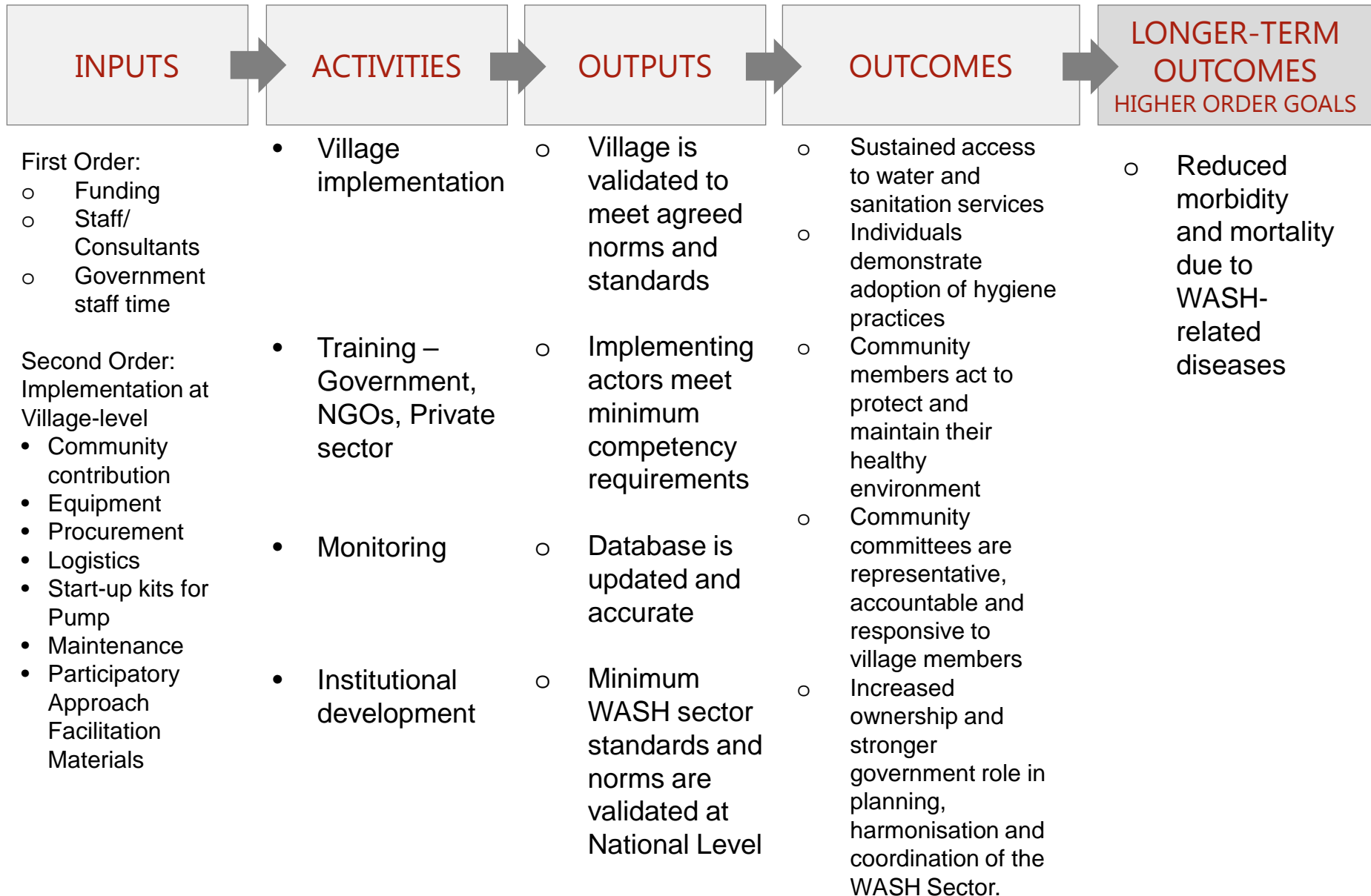
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1. Background

- ❑ Globally, the DRC has one of the highest mortality rates from WASH-attributable diseases.
- ❑ Access to water and sanitation is low.
- ❑ Proposal to increase support through a second phase of the UNICEF-supported (Government-owned) “Healthy Village” programme and an innovative new NGO Consortium.
- ❑ Bottom-up approach focusing on providing villages with access to basic infrastructure and promoting behaviour change through participative approaches and empowering communities for sustainability.
- ❑ Key assumptions – behaviour change is possible within project cycle; communities have the capacity to sustain results.

2. Results Chain



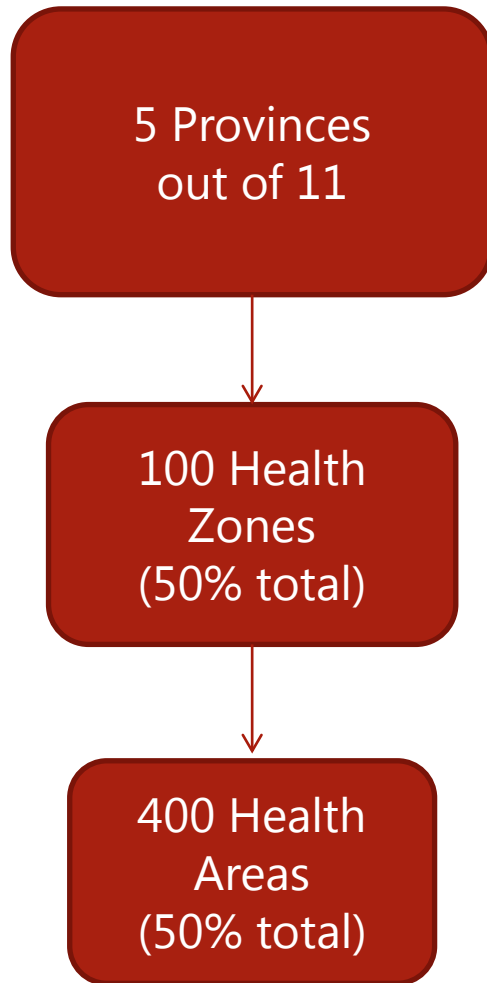
3. Primary Research Questions

- Which service delivery models achieve WASH outcomes to agreed norms and standards within (given period of time TBD)?
- What mechanism (incentives?) best sustains use and maintenance of WASH and hygiene practices?

4. Outcome Indicators

OUTCOMES	INDICATORS
Sustained access to water and sanitation services	Number/ % of Village members that use the improved water point and latrines
Individuals demonstrate adoption of hygiene practices	Number of people observed practicing minimum hygiene behaviors
Community members act to protect and maintain their healthy environment	Numbers of new households building toilets
Community committees are representative, accountable and responsive to village members	Number of committees with resources available to maintain WASH infrastructure Number of committees with parity in representation (gender)
Increased ownership and stronger government role in planning, harmonization and coordination of the WASH Sector	Number of organizations and donors that comply with norms and standards

5. Identification Strategy/ Method



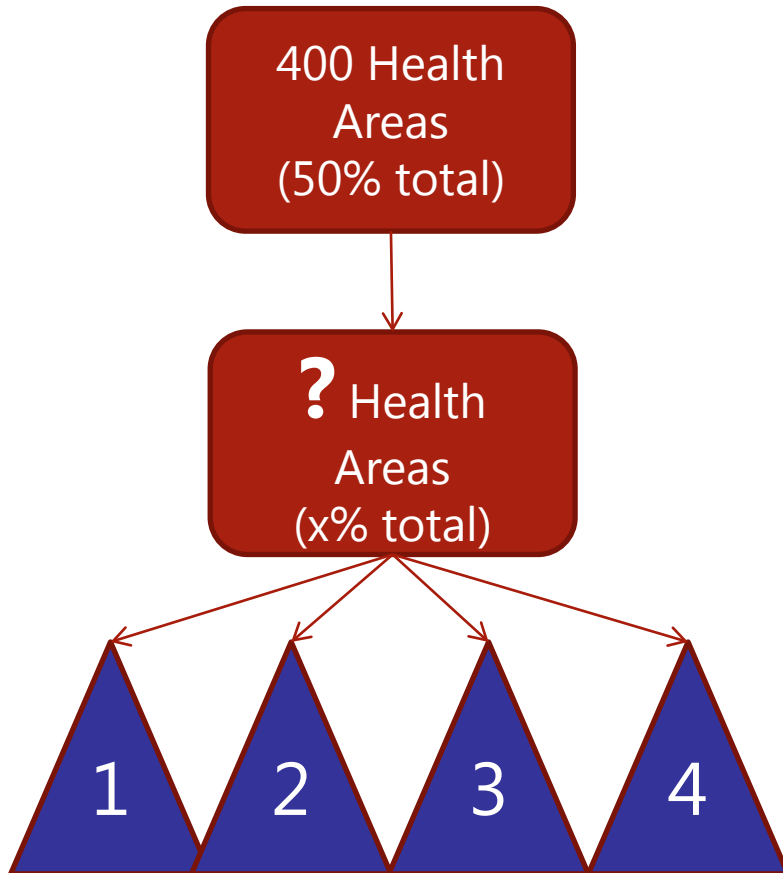
- ❑ 5 provinces out of 11 are selected based on where partners are working.

- ❑ Assess for External validity (Population and contextual characteristics of interest for generalizing results to national: Rural, Peri-Urban, North, South, etc.)

- ❑ Criteria based on Ministry of Health National Development Plan, Cholera Zones and vulnerability criteria (NGOs).

- ❑ Criteria based on vulnerability - low access to water & sanitation, presence of waterborne diseases, presence of vulnerable groups- poverty, minority groups, etc.

6. Sample and Data



❑ Internal Validity – randomly select evaluation sample based on required sample size (power function).

Randomize into Treatment Groups (1-2-3) and Control - 4

7. Time Frame

Groups

1D	1	2	2		out	
2T	-	1	2		2	out
3T	-	--	1		2	2
4C	-	0	0		1	2
	1	2	3	4	5	6
	Time (Years)					
	Baseline	T1	T2	T3		

8. Sources of Financing

- Spanish Impact Evaluation Fund
- DFID
- UNICEF and other donors
- NGOs