



Report

Improving WASH service delivery in protracted crises

The case of the Democratic Republic of Congo

Beatrice Mosello, Victoria Chambers and Nathaniel Mason

August 2016





Improving WASH service delivery in protracted crises

The case of the Democratic Republic of Congo

Beatrice Mosello, Victoria Chambers and Nathaniel Mason

Key messages

- Constraints to achieving effective and sustainable WASH in DRC highlight a lack of complementarity between humanitarian and development interventions, rather than a 'gap' between them.
- Nonetheless there are opportunities to achieve greater complementarity at both strategic and operational levels.
- Efforts to support complementarity at national level could have strategic impact and include: providing flexible financing options rather than binary humanitarian / development funding; and documenting and sharing experience of WASH interventions more systematically to identify the conditions under which certain approaches work and others do not.
- At sub-national level, we recommend that humanitarian and development actors develop and agree on 'Common Principles for WASH in Crisis', finding operationally focused middle ground between practical and ideological differences. In DRC, such principles should be deliberated and agreed between stakeholders at the sub-national level to respect huge differences between provinces.

Acknowledgements

Thanks are due to Andrew Parker (UNICEF), Laure Anquez (UNICEF), Jamal Shah (UNICEF) and Dominick de Waal (WSP) for their steer and support throughout the project. We are particularly grateful for the kind assistance provided by Franck Abeille (UNICEF DRC) and the other members of the UNICEF WASH Programme in Kinshasa and Lubumbashi. Thanks to Modeste Zihindula and Patrick Mbay for their in-country support and assistance during this research.

Peer review was provided by Simon Levine (ODI) and several experts from UNICEF Headquarters.

Finally, we would like to thank all the people we interviewed in the course of the project who gave their time so generously, and engaged in an open and constructive manner throughout.

All quotations from interviewees are anonymous. Any errors or omissions are our own.

Table of contents

Acknowledgements	ii
Abbreviations	3
Executive summary	5
1. Introduction	8
1.1 Background	8
1.2 Methodology	9
2. Characterising the crisis in DRC	11
3. WASH needs and interventions in DRC	13
3.1 WASH access and provision	13
3.2 Institutional framework for WASH	14
3.3 Development WASH interventions	15
3.4 Humanitarian WASH interventions	18
3.5 WASH coordination mechanisms	20
4. Structural determinants of the siloes in DRC	25
4.1 Geographic and thematic separation keep the communities apart	25
4.2 Emergencies are defined mechanistically in the face of overwhelming needs	26
4.3 Nascent integration and coordination at the operational level impeded by separation at the strategic level	27
4.4 Lack of clarity and mistrust undermine potential for external actors to align behind government	28
4.5 Financing for humanitarian and development interventions entrenches disjointed ways of working	28
4.6 Recruitment approaches and performance incentives for staff undermine longer-term ways of working	30
4.7 Involvement of and incentives for beneficiaries	31
5. Attempts to improve complementarity	32
5.1 Humanitarian implementing organisations: attempts to incorporate development approaches	32
5.2 Development organisations responding to crises	34
5.3 Collaborative approaches	35
5.4 UNICEF	36
5.5 Donors	37
5.6 Overview summary	37
6. Conclusion and recommendations	40
6.1 Synthesis	40
6.2 Towards recommendations: adopting appropriate perspectives	42
6.3 Recommendations for action at sub-national levels	43
6.4 Recommendations for action at national level	47

References	49
Appendix 1: Interview list	52
Appendix 2: Methodology	54
Study design	54
Appendix 3: Research questions	57
National-level field work – Kinshasa	57
Provincial field work – Lubumbashi, Katanga	59
Tables	
Table 1: Amount of Humanitarian Response Plan funding per year, 2006 - 2014	20
Table 2: Typical Humanitarian and development WASH approaches in DRC. Information from desk-based research and in-country interviews.	24
Table 3: Examples of approaches to increase the complementarity of humanitarian and development WASH approaches in DRC	37
Table 4: Seven illustrative Common Principles for WASH in Crisis, Katanga, DRC	45
Boxes	
Box 1: What is a protracted crisis?	9
Box 2: Key research questions	10
Box 3: Four major crisis narratives in DRC	12
Box 4: Key actors in the DRC urban and rural WASH sector.....	15
Box 5: Healthy Schools and Villages	16
Box 6: Mining companies delivering WASH services in Katanga.....	23

Abbreviations

ACD	<i>Assistance aux Communautés Démunies</i>
AMCOW	African Ministers' Council on Water
ARCC	Alternative Responses for Communities in Crises
BTC	Belgian Technical Cooperation
CSO	Civil society organisation
CNAEA	National Water and Sanitation Committee
CPAEA	Provincial Water and Sanitation Committee
CERF	Central Emergency Respond Fund
CHF	Common Humanitarian Fund
DFID	Department for International Development
DPS	Provincial Health Directorates
DRC	Democratic Republic of Congo
VEA	Healthy Schools and Villages
FAO	Food and Agriculture Organisation
GIEA	Donor Group on Water and Sanitation
HRP	Humanitarian Response Plan
IDP	Internally displaced person
INGO	International non-governmental organisation
JMP	Joint Monitoring Programme
LRRD	Linking Relief, Rehabilitation and Development
MARP	Methods of Accelerated Participatory Research
MDG	Millennium Development Goal
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
MSF	<i>Médecins Sans Frontières</i>

NGO	Non-governmental organisation
NNGO	National non-governmental organisation
OCHA	Office for Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
PEAR	Programme for Extended Assistance to Returnees
PSMEC	Multisectoral Strategic Plan for the Eradication of Cholera in DRC
RRM	Rapid Response Mechanism
RRMP	Rapid Response to Population Movements
SIDA	Swedish International Development Assistance
SNHR	National Service for Rural Water Supply
SWIFT	Sustainable WASH in Fragile Contexts Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency of International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WSP	Water and Sanitation Programme

Executive summary

Delivering Water, Sanitation and Hygiene (WASH) services during humanitarian emergencies and immediate recovery phases is essential for saving lives and responding to basic needs, yet choices about how WASH services are delivered can undermine future development and peace. Longer-term interventions can also overlook how they equip communities, households and government to prepare and respond to future emergencies. This is increasingly evident in protracted or recurrent crises, in which overlapping and cyclical phases of emergency, relief, recovery and development interventions coexist. In these contexts, practitioners and academics alike have acknowledged the problem of reconciling the fundamentally different institutional cultures, assumptions, values, structures and ways of working that characterise the humanitarian and the development communities.

In this report, we analyse humanitarian and development approaches in a specific sector, in a particular country: WASH interventions in the Democratic Republic of Congo (DRC). We consider how and why siloes have arisen. We argue that the problem is not so much about filling a 'gap' between humanitarian and development siloes, but about aligning the principles and practices of both communities in specific contexts so that the overall response can meet changing needs and constraints. We identify a number of ways through which improved complementarity might be achieved, differentiating between national and sub-national levels.

DRC has been in crisis for decades, facing conflict, outbreaks of epidemics, natural disasters, and food security emergencies at recurrent intervals. In this context humanitarian and development interventions, including in WASH, have tended to occur simultaneously, albeit with some geographical separation. Eastern DRC has received a high share of humanitarian attention due to the various and repeated instances of conflict it has faced. Other parts of the country have received large amounts of development aid, such as the ex-province of Katanga in which research was conducted for this case study.

Like many other basic service sectors in DRC, WASH receives limited financial support from the state, with substantial finance coming from both development and humanitarian donors. Financial support from WASH development partners in DRC has focused on building, maintaining and repairing water and sanitation infrastructure, and engaging communities and local governments and authorities in WASH provision. The Healthy Villages and School (VEA) programme, run by UNICEF in partnership with the government, is the largest development WASH intervention in the country. Interventions from humanitarian actors in the WASH sector have focused primarily on providing life-saving and emergency water and sanitation to people in conflict (IDPs and returnees) and during cholera and other epidemics. Recent funding, channelled through the pooled humanitarian mechanisms, has been increasingly directed to crisis prevention and community resilience projects. Several humanitarian interventions have also 'stretched out' to incorporate operational modalities and objectives that are more typical of development interventions, but this is far from the norm.

If different funding channels and implementation approaches maintain the disconnect, there are numerous other underlying reasons. The geographical and political characteristics of

DRC render collaboration between the provinces and with Kinshasa challenging: the capital city and DRC's provinces are separated by large distances, with poor communication channels and transport links. This reduces the capacity and political motivation of the government to ensure that interventions are implemented effectively, and prevents national-level teams from having effective oversight of provincial level interventions. It also limits the capacity of local and provincial offices and organisations to input into national planning.

Coordination between WASH humanitarian and development actors was also found to be challenging due to persistent differences in recruitment processes and reporting mechanisms and the incentives these create. Humanitarian organisations are characterised by high turnover of staff which hampers their capacity to conduct longer-term programmes or inform their interventions with comprehensive socio-economic assessments and conflict analyses. Furthermore, accountability of humanitarian organisations to their country offices is based on reporting of short-term results (e.g. number of people reached by chlorine delivery) rather than outcomes and impacts. In contrast, development programmes generally have reporting which is more burdensome but focused on longer-term indicators of success.

Despite these differences, in some areas humanitarian and development WASH actors have been able to work effectively together on common problems. In Katanga, for example, repeated cholera outbreaks have offered a window of opportunity for humanitarian and development WASH actors to collaborate towards a common goal, coordinating to tackle root causes of cholera (inadequate WASH services) as well as to meet emergency needs.

Our analysis identified a number of ways in which improved complementarity between humanitarian and development WASH approaches might be achieved in DRC. These correspond to undertaking strategic, supporting reforms and innovations at the national level whilst making more operationally focused adjustments at the sub-national (provincial) level.

At the national level, a first step is to take a more differentiated approach to WASH, recognising the huge scale and diversity of the country. Agency staff based in Kinshasa should support sub-national strategies and approaches to WASH which take account of distinct regional political economies. This would ensure that interventions respond to the real needs on the ground, and provide greater flexibility to take advantage of windows of opportunities and focus on problem-solving. Second, WASH donors should examine how they might provide more flexible financing, for example that matches the flexibility of humanitarian funding modalities with the longer-term perspective of more programmatic development finance. Third, greater investment is needed in locally led initiatives with a meaningful role for Congolese organisations, for whom the humanitarian and development siloes may appear to be artificial constructs of the aid community. Fourth, both humanitarian and development organisations should more systematically document their experience of WASH interventions to identify the particular conditions, contexts and issues for which their approaches work (or do not work).

Our study also highlighted the need to improve complementarity of WASH approaches at the sub-national level through the identification of common principles. These are a set of pragmatic, mutually agreeable ways of working that can be agreed among agencies that support the delivery of WASH, whether they identify as 'humanitarian' or 'development'.

To be relevant and useful, the common principles should be deliberated and agreed between a range of stakeholders at the provincial level, representing development and humanitarian communities and wherever possible involving local government and civil society organisations. UNICEF can play a central convening and catalysing role given its presence in Kinshasa and DRC provincial capitals coupled with its understanding of both humanitarian and development communities, as well as its leadership role in the WASH Cluster. However, encouraging and empowering the government to take a leadership role within the sector, with both capability and legitimacy, must remain an ultimate long-term

ambition. Our paper sets out a number of common principles which can be taken as examples or adopted where they are relevant to different provinces.

1. Introduction

1.1 Background

This report is part of a broader study focused on understanding the nature and causes of the disconnect between development and humanitarian WASH interventions, and possible solutions. It presents findings from the DRC case study. ODI researchers have also produced a second case study on South Sudan, as well as a synthesis report and briefing note. The overall objective of the study is to examine ways to ensure better complementarity between humanitarian and development approaches in protracted conflict and crisis situations to improve WASH service delivery. The work was commissioned by the Water, Sanitation and Hygiene (WASH) Section in the United Nations Children Fund (UNICEF) together with Water Sanitation Program (WSP) of the World Bank, and undertaken by the Overseas Development Institute (ODI).

This research can be situated within the long-standing debate on the challenges of Linking Relief, Rehabilitation and Development (LRRD) (Mosel and Levine, 2014). Supporting the delivery of services like WASH during humanitarian emergencies and immediate recovery phases has been seen as essential in terms of addressing life-saving needs, but modes of WASH service delivery can undermine or support future development and peace. In WASH, as in the broader LRRD debate, siloes continue to exist between humanitarian and development programming (Wild and Mason 2012).

The supply of water, sanitation and hygiene (WASH) offers a useful entry point to the broader LRRD debate, as it is both a key pillar of humanitarian interventions in emergencies and crises, and of longer-term programmes focusing on the participation of local communities and governments towards resilience-building and sustainable socio-economic development.

Practitioners and academics alike have acknowledged the problem of reconciling the fundamentally different institutional cultures, assumptions, values, structures and ways of working that characterise the humanitarian and development ‘communities’. This debate has resulted in some recent changes in the delivery of relief, for example through cash transfers and a stronger focus on exit strategies and sustainability. It has also resulted in the addition of the concept of ‘connectedness’ to the list of criteria for Evaluating Humanitarian Assistance in Complex Emergencies (OECD-DAC 1999: 22).¹ However, it has had a far weaker impact on the way in which development assistance is being provided and targeted (Mosel and Levine 2014).

In the face of protracted crises (see Box 1) it becomes paramount to identify ways in which international aid can address emergency needs of the most vulnerable while supporting, or at least not undermining, the long-term development prospects of a country and its people. The upcoming World Humanitarian Summit and processes to operationalise the Sustainable Development Goals offer unique opportunities to reflect on these questions. While the situation in the DRC is in many ways unique, certain findings may be relevant to other protracted crises, for example Haiti, Syria, Iraq, and Afghanistan-Pakistan.

¹ Connectedness is defined as ‘the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account’ (Beck 2006: 2).

Box 1: What is a protracted crisis?

According to the Food and Agricultural Organisation (FAO), protracted crises are characterised by their longevity, the presence of conflict, weak governance, unsustainable livelihoods and the breakdown of local institutions (FAO 2010; 2012). Therefore, engagement in these contexts will be impacted by:

- The presence of extreme and widespread needs (where the 'normal' continuously passes emergency thresholds)
- Unpredictable and rapidly changing needs, with different segments of the population requiring very different support at any given time
- High insecurity, as state structures are weak and contested or have broken down completely, leading to absent or weak rule of law
- Deep mistrust within societies and between societies and what is left of state structures, with a high a degree of politicisation of resources, including aid.

Source: Mosel and Levine (2014)

In this paper we argue that the problem is not so much about filling a 'gap' between humanitarian and development interventions; rather, the central challenge is to align the principles and practices of both 'communities' in specific contexts so that the overall response can adequately meet changing needs and constraints. It is not about 'bridging the gap' by creating a new category or funding mechanism that sits in the middle of humanitarian and development aid, but ensuring better complementarity and collaboration within the international aid/assistance architecture (be it humanitarian or development). This can be achieved by fostering strategic collaboration between all WASH actors in a given context, so that international aid is used to prevent and respond to crises, while contributing to development goals in the long term, to the benefit of the people both communities seek to serve.

1.2 Methodology

The scope of this study is delineated in two main ways: it focuses on WASH, and on a particular country case. The DRC case study was based on a preliminary desk review of key literature on WASH service delivery in conflict and protracted crises and disaster situations as well as qualitative interviews with key global and in-country stakeholders. On the basis of consultations with the UNICEF DRC Country Office, it was decided that the in-country interviews would be carried out at the national level in Kinshasa and in the 'ex-Province' of Katanga.² Whilst Katanga is one of the richest areas of DRC due mainly to its exploitable reserve of mineral resources, its socio-economic indicators are poor and it faces multiple challenges, including regular outbreaks of cholera and other epidemics (e.g. measles), high rates of acute malnutrition, and increasing numbers of internally displaced people (IDPs) due to the violence and insecurity associated with the Mayi-Mayi militia groups. The purpose of the two field visits was to understand how different configurations of humanitarian and development actors interact and implement WASH interventions at the national and provincial levels, with the provincial research focusing more on the operational activity.

Primary data collection was undertaken by two ODI researchers each accompanied by a Congolese national consultant with extensive knowledge and experience of the WASH and

² At the time of the field work, Katanga was a Province of DRC. As of March 2016, the administrative 'decoupage' process has resulted in the breaking up of Katanga.

health sectors in DRC. Fieldwork visits were undertaken in Kinshasa from 31 August to 4 September 2015 and in Lumbubashi from 13-19 September. The fieldwork used semi-structured discussions with key stakeholders in each of the fieldwork locations. In total, 30 individual interviews were conducted with a broad range of stakeholders including UNICEF country office and field staff, donors, UN agencies, international non-governmental organisations (INGOs), national non-governmental organisations (NNGOs), government counterparts, and beneficiary communities (see Appendix 1 for a complete list of interviewees). Interviews were conducted in French and records were translated into English.

Box 2 sets out the overarching research questions that guided this study. Further methodological details and an expanded set of questions are available in Appendix 2 and 3, respectively. Due to the relative lack of research on humanitarian and development siloes in the WASH sector specifically, an iterative, inductive approach was used, rather than a rigid, predefined analytical framework. While the overarching research questions were agreed in advance with UNICEF and WSP, the research design and particularly the expanded set of questions (Appendix 2 and 3) were adjusted through the course of desk research and field work. This allowed us to incorporate insights from discussions with global and regional sector experts and humanitarian and development professionals. We selected this approach to avoid constraining our analysis to pre-set categories, and instead incorporated issues as they emerged, such as institutional cultures, assumptions and values; operational structures and ways of working; interaction and effective collaboration; and institutional arrangements and incentives.

Box 2: Key research questions

- How do humanitarian and development WASH communities, programmes and approaches interact currently, and what is the story of their interaction up to now?
- Do individuals, teams and organisations undertaking humanitarian and development WASH collaborate effectively? If not, why?
- How are decisions about programming and policy made, within and between humanitarian and development WASH communities, and do decisions lead to effective action on the ground? If not, what are the underlying reasons?
- What windows of opportunity exist to ensure a better connection and complementarity between development and humanitarian WASH at all levels, including around the institutional arrangements and operating structures and incentives?

Source: Authors

The rest of this report considers, in turn: the nature of the protracted crisis in DRC (Section 2); the recent history and institutional architecture of the WASH sector in the country, including the core features of the ‘Sanitary Village, Sanitary Schools’ programme (Section 3); the nature of the interaction between the two sectors (Section 4); what efforts have been made to enhance complementarity to date (Section 5); and finally, our recommendations for increasing complementarity between humanitarian and development WASH, and with other actors including the government and civil society in DRC (Section 6).

2. Characterising the crisis in DRC

The Democratic Republic of Congo is a country which can be said to be experiencing protracted and recurrent humanitarian crises. The multiple crises of violence and conflict, epidemics, malnutrition and natural disasters have cost many Congolese people their lives and deprived thousands more of security, livelihoods and basic goods and services. DRC's recurring crises have for many years been among the most serious in the world. In 2013, DRC was the fifth largest recipient of international humanitarian assistance (GHA 2015), receiving \$7.41 billion,³ and it has figured among the top ten recipients for over 10 years. The various crises in DRC are estimated to affect 20% of the population – an estimated 15 million people (GHA 2015).

DRC is an immense and incredibly complex country. Its national boundaries contain a diverse range of ethnic, socio-cultural and linguistic populations spread over a geographical area the size of Western Europe. It was administered through ten provinces and its capital city until July 2015, when the long-awaited decentralisation policy divided the country into 25 provinces plus Kinshasa.⁴ The economic characteristics and natural resource endowments of the country's provinces differ dramatically: the provinces have remained separated owing to limited internal transportation and communication networks. As a result, DRC's provinces have been historically more oriented outwards towards neighbouring countries with better infrastructure or towards international markets than towards Kinshasa. Ethnic conflicts over land and natural resources are significant in several parts of the country, and are echoed in provincial and national politics. The capacity of the Congolese state to deliver public goods and services is weak to the point of being non-existent, with non-state actors playing a critical role in the provision of basic services such as education and health.

The DRC has been in a situation of high fragility following decades of conflict and crisis. Since independence in 1960, the country has been plagued by a series of conflicts, from the 1965 coup that brought Mobutu Sese Seko to power to the First and Second Congo Wars from 1996 to 2003. Whilst the election of Kabila in 2006 marked the official end of the post-war transition which began in 2003, the reality of the DRC is not simply a transition 'out' of war. Since 2006 the country has experienced extended national and regional armed conflicts and burgeoning conflict in areas once thought stable. In particular, waves of violence in Eastern DRC undertaken by a diverse range of armed actors, including the undisciplined Congolese army, have wreaked havoc on the local population and forced hundreds of thousands of people to flee their homes. The drivers of this violence and how they interact across local, national and regional levels are complex: they include tensions over land, ethnic and national identity, the control of natural resources, the fragility of state power and regional political and security dynamics (Kooy and Bailey 2012). There is a risk that international actors and policy-makers shape their interventions around the over-simplified narratives of conflict minerals, sexual violence and state-building (Autesserre 2011; 2012 in: Kooy and Bailey 2012). This makes for a complex environment for aid

³ OCHA Financial Tracking Service, accessed 21 October 2015.

⁴ The subdivision of the country from 11 to 26 provinces was enshrined in the 2006 constitution, but it took years before it was implemented on 16 July 2015. Nevertheless, gubernatorial elections have yet to take place – and are unlikely to happen before the 2017 national elections; many of the new provinces also do not have official structures in place.

agencies and donors seeking to promote development, peace-building, state-building and address humanitarian needs – objectives that are not always perfectly compatible with one another.

The seemingly endless cycle of violence and insecurity has been perpetuated by a generalised context of widespread and increasing poverty, chronic instability, and natural disasters in the almost complete absence of a functioning government. The state itself is a major obstacle to development and is characterised by a predatory, corrupt, and clientelistic behaviour (International Alert 2015; Trefon 2011). Malnutrition, cholera epidemics and chronic flooding have generated crises in more stable areas of the country. Whilst four main crisis narratives can be distinguished (see Box 3) the interlinkages and reciprocity between the different factors increases both the complexity and severity of the challenge facing DRC.

Box 3: Four major crisis narratives in DRC

The multiple crises facing DRC include:

- **Armed conflicts:** About 6.5 million people face vulnerabilities related to violence and displacement – they require protection, food security, essential household items and access to basic services. Regions particularly affected primarily the Provinces of North Kivu, South Kivu and Orientale
- **Nutritional crises:** As of September 2015, the UN Office for Coordination of Humanitarian Affairs (OCHA) estimated that 4.8 million people were in need of food aid and agriculture support. Acute nutritional crises in the DRC affect different provinces, and in particular Kasai Occidental, Kasai Oriental and Bandundu are particularly affected. They are worsened but not exclusively caused by IDP movements and conflict. They particularly affect children under the age of five; for them, the rate of global acute malnutrition has been estimated to be between 11% and 15% (HRP 2015)
- **Health epidemics,** in particular cholera, measles and viral haemorrhagic fever (including Ebola), are also recurrent in different parts of the country. For example, South Kivu is particularly vulnerable to cholera epidemics. In Katanga, the ongoing measles epidemics has affected more than 30,000 people since January 2015.
- **Tensions over land and control of resources:** These are often related to the control of customary power, and can degenerate into inter-ethnic conflicts and political rivalries such as in Katanga, Kasai Occidental, Kasai Orientale, North Kivu and Bandundu.

The extent to which these crises are present in particular provinces varies as does the way provinces experience them. Katanga, the focus for our sub-national case study, has experienced nearly all these types of crises to varying degrees in recent years: several cholera and measles epidemics have broken out; food security is problematic in some parts; and there has been an ongoing localised conflict with the Mayi-Mayi in Katanga.

Source: Authors

3. WASH needs and interventions in DRC

3.1 WASH access and provision

Like other basic services in DRC, the WASH sector is characterised by low levels of state provision, particularly at village level. However, the institutional framework of WASH is more fragmented than other sectors like health and education that have a greater number of traditional and non-state providers present, such as faith-based organisations (World Bank 2011). Whilst the country has an abundance of water, its varied topography means that the technical methods and costs of providing safe drinking water differ considerably between regions (for example between piped water, motorised systems, and gravity flow systems).

The sector suffered major setbacks during the country's long political crisis in the 1990s and early 2000s, and recovery has been slow (World Bank 2011). Despite the fact that DRC is not a country in which water resources are scarce, nearly half of the Congolese population still rely on the supply of water from unprotected sources (JMP 2015). The limited financial resources allocated to the sector mean that development of new facilities is slow and existing ones are seldom maintained. Virtually all sanitation facilities in rural areas are constructed and maintained by private parties such as non-governmental organisations and religious missions (Kooy and Bailey 2012).⁵

According to recent data from the Joint Monitoring Programme (JMP) of UNICEF and the World Health Organisation (WHO), only 1% of the rural population in DRC has piped water in their homes, and only 30% of households have access to other improved water sources. The percentage of people using unimproved water sources increased from 39% in 1990 to 52% in 2015, with a further 17% currently reliant on surface water sources. Even in cities, 16% of the population still use unimproved sources and 3% are reliant on surface water. With respect to sanitation, only 29% of the population has access to improved facilities (in both urban and rural areas), while 10% of the population still practises open defecation (3% in cities and 16% in rural areas) (JMP 2015). In recognition of these trends, the Millennium Development Goal (MDG) targets set for the DRC were lowered in 2006, and set to 49% coverage for safe drinking water and 45% for sanitation (World Bank 2006).

The lack of access to protected water sources and poor levels of sanitation pose a serious public health threat to the DRC. They are contributing factors to the widespread presence of cholera in the country: the WHO estimates that in 2013 there were 26,942 cases of cholera; this number was slightly reduced in 2014 when 15,591 cases were registered in the period January-September (UNICEF 2014). Diarrhoeal diseases also remain a leading cause of death, killing 109,800 people in 2012 (data as of January 2015).⁶

⁵ Information from personal communication with UNICEF DRC, November 2015.

⁶ See: www.who.int/gho/countries/cod.pdf?ua=1

3.2 Institutional framework for WASH

The WASH sector in the DRC operates in the context of an extremely weak institutional framework. The lack of regulation and policies or clarity over the mandates and responsibilities of the different actors impedes substantial investments and commitments to WASH infrastructure and service delivery in the country. The lack of access to improved water sources and sanitation, in turn, maintains high rates of cholera, typhoid and other water-borne diseases; it also creates and/or reinforces nutritional crises, and may risk exacerbating existing conflicts, for instance between neighbouring communities and groups.

A comprehensive Water Law has been in development since 2007. Despite achieving a broad stakeholder consensus, it was only adopted by the National Assembly on 15 November 2015 due to serious underlying coordination issues between the plethora of ministries involved in water resource management, who struggled to agree on who should be given the leadership of the sector under the new arrangement.⁷ The multiplicity of actors present in the sector has contributed to this, as has the incoherence of the policy framework. Several central ministries and agencies have held overlapping responsibilities in the water sector, but none with a clear mandate or authority to coordinate sector policies. There is currently no nationwide policy or planning for rural water supply or sanitation, and until now there has been no single lead ministerial responsibility for rural sanitation and hygiene, with roles split between ministries (Health and Environment). Box 4 below gives a brief overview of responsibilities for urban and rural water supply and sanitation. Information on sector roles and responsibilities is limited and unclear – indicative of the wider institutional coordination challenges. Most of the information in Box 4 comes from the 2011 DRC Country Status Overview for the African Ministers' Council on Water (AMCOW), corroborated with interviews where possible.

Administratively the DRC is in the midst of a decentralisation process which was stipulated in the DRC Constitution (2006) and subsequent Laws on Decentralisation (2008). In theory, decentralisation will involve a devolution of substantial public resources and decision-making authority to elected bodies at the sub-provincial levels of cities, communes, sectors, and chiefdoms; grouped together, these are the Decentralised Territorial Entities (*Entités Territoriales Décentralisées*). While donor-influenced dialogue and support appear to have kept questions of decentralisation on the DRC agenda, however, political support for it has been tokenistic and progress has been slow. WASH sector decentralisation will theoretically mean that national policies and regulations will be defined at the central level, but that primary responsibility for WASH services will move to provincial and municipal authorities. This will require a coherent legal and policy framework which clearly defines roles and responsibilities at both the provincial and central level – a framework that is currently lacking.

Coordination for the sector has been the responsibility of the National Water and Sanitation Committee (*Comité Nationale des Agences de l'Eau et Assainissement* – CNAEA) since the 1980s when it was set up under the control of the national water agency, REGIDESO. However, in 2007, given the focus of REGIDESO on urban water supply, the CNAEA was recreated under the Ministry of Planning. The strategy of placing the water sector coordination under the Minister of Planning was justified on the basis of ensuring a better distribution of resources between the urban and rural areas, thus enabling the rural sector to receive more resources.⁸ At present, the activities of the CNAEA focus on clarifying the institutional and legal framework for the management of water resources, including water delivery in urban and rural areas. It also oversees the implementation of the decentralisation process in the water sector (see further discussion of CNAEA in section 3.4).

⁷ In DRC a wide range of ministries' have responsibility for water resource management. Amongst these are: Ministry of Planning; Ministry of Health, Ministry of Environment and Sustainable Development; Ministry of agriculture fishing and livestock; Ministry of Energy and Hydraulic Resources, and the Ministry of National Economy.

⁸ Interviews with respondents in Kinshasa 31 August to 4 September 2015.

Historically in DRC, with its size and highly centralised management system, the needs of the vast population at the localised level have not been a major concern of the government in Kinshasa. The government plays only a peripheral role in the WASH sub-sectors and has a tendency to transfer their responsibilities to development partners and humanitarian agencies.

Box 4: Key actors in the DRC urban and rural WASH sector

In the **water sector**, the Ministry of Planning is responsible for the elaboration and monitoring of the country's Growth and Poverty Reduction Strategies⁹ and is involved in the WASH sector through the CNAEA. Whilst the CNAEA has a broad mandate for water policy development, programming and monitoring, as well as coordination at the inter-ministerial level and with development partners, it has remained powerless in the face of conflicting interests between ministries.

Urban water supply: The national water utility REGIDESO remains the central actor of urban water supply with technical capacity on water supply matters. With investments skewed towards Kinshasa, it is active in other cities at a reduced scale, and 20% of its networks, serving mostly secondary towns, are inactive. It operates under the administrative and financial oversight of the Ministry of State Portfolio and under the technical oversight of the Ministry of Energy, which is responsible for urban water supply policies. Under the ongoing reform of public enterprises, which is supported by the World Bank, REGIDESO is being transformed into a public enterprise with commercial statutes.

Rural water supply: The National Service for Rural Water Supply (*Service National de l'Hydraulique Rurale* – SNHR) is nominally responsible for rural water supply. Whilst it currently sits within the Ministry of Rural Development, it will become the responsibility of the provinces under the proposed decentralisation reforms. The Ministries of Public Health and Education are also engaged in rural water supply through the Healthy Schools and Villages (*Villages et écoles assainies* – VEA) programme, which integrates sanitation and hygiene education. Also important is a multi-donor programme, executed by Belgian Technical Cooperation (BTC), which is supporting community-based autonomous water supply systems.

Rural and urban sanitation: There is no national sector policy beyond basic target setting in the Growth and Poverty Reduction Strategy (*Document de Stratégies et de Croissance pour la Réduction de la Pauvreté* – DSCR P). The two central institutional structures with a nominal mandate for sanitation interventions are the National Sanitation Programme/National Directorate of Hygiene within the Ministry of Environment, and the Office of Roadways and Drainage within the Ministry of Infrastructure, Public Work and Reconstruction. However, they are described as 'dysfunctional and severely resource constrained' (World Bank 2011: 18). In rural areas, the primary interventions are the sanitation components of the VEA programmes supported by the Ministry of Public Health and UNICEF.

Source: World Bank 2011

3.3 Development WASH interventions

There are a number of bilateral and multilateral partners involved in development-oriented WASH interventions in DRC, with the UK Department for International Development (DFID), the United States Agency for International Development (USAID), the Swedish International Development Agency (SIDA), and BTC particularly prominent. From 2007/08, the annual pace of public expenditure for the water and sanitation sector amounted to about \$65 million per year, of which \$62 million (95%) was provided as external aid. In

⁹ DSCR P I (2007-09), and the DSCR P II (2010-13).

most cases there is, at least on paper, an attempt to include the Congolese government as a partner in development-oriented WASH projects. In practice, however, implementation is exclusively rolled out by NGOs or subcontractors.

One of the largest development WASH interventions in DRC is the national programme Healthy Schools and Villages (*Villages et écoles assainies* – VEA) which has been jointly implemented by the health and education ministries with the support of UNICEF since 2006 (see Box 5). Although it is always described as a ‘national programme’, in reality UNICEF provides the funding (\$250 million) and technical expertise and without UNICEF’s continued intervention the programme would not function. The programme accompanies villages and schools through a number of steps in the process and helps them attain the required norms. The steps combine hygiene education/awareness with diagnosis, community action planning, implementation, and monitoring and evaluation.¹⁰ Villages and schools which successfully achieve a number of WASH-related indicators are certified as healthy.

Box 5: Healthy Schools and Villages

In 2006 the government initiated the VEA Programme in 11 provinces operating through the local health zones. VEA built on a government programme which had been started in the 1990s in coordination with the USAID-funded Primary Health Care Project in rural areas, SANRU, which identified a series of standards that a village had to comply with in order to be certified as sanitary.

The overall objective of the VEA Programme is to ‘ensure the survival and development of children by increasing the rate of access to clean water, improved sanitation and improved and hygiene education’. This involves (1) improving access to clean water, adequate sanitation, good hygiene practices and a healthy environment in the target communities and in schools, (2) capacity building for government stakeholders in charge of education, health, water and sanitation, and (3) improving the national and local policy and governance of the sector to better control the implementation of the programme.

VEA is led by the ministries responsible for health and education with financial support from UNICEF, DFID, USAID and the Japanese International Cooperation Agency. UNICEF-DRC is the main partner for implementation working with NGOs and local committees. The government and UNICEF-DRC mutually undertake to assist the population to progressively achieve and maintain their right to clean water and a healthy environment. The programme works with local communities, traditional leaders, local NGOs, and health and education personnel through the local health zones. The active participation of communities and families is integral to the programme.

Source: EAA (2012)

The VEA programme is implemented in 11 provinces and around 9,000 villages. It is managed and monitored through the Provincial Health Directorates (*Directions Provinciales de Santé* – DPSs), who pay salaries, equipment and administrative costs. Within the DPS, the key actor for VEA implementation is the local health zone’s central office, each of which has two staff members dedicated to the programme. UNICEF provides training to public servants involved in the programme across the country, with offices in each province; it also supports NGOs to implement WASH activities in villages alongside government agencies.

¹⁰ There are eight steps and seven norms for villages (seven steps and six norms for schools) which relate to water access, latrine usage, hand-washing practice, cleanliness etc. The complete list of steps and norms is available at: <http://swiftconsortium.org/what/sanitation>.

The results of the programme have, however, been mixed and there are challenging questions around how sustainable they are. In Phase 1, a sustainability study showed that a large number of villages have reverted back to ‘unhealthy’ practices (i.e. people no longer using latrines) after they have received their certification (only 5% kept their certification). This was echoed by our interviews both in Kinshasa and in Katanga. In response, in phase 2, UNICEF added a component for follow-up of implementation, to ensure that the villages continued to practice the promoted behaviours after they had obtained the VEA certification.

Interviewees attributed these shortcomings to a combination of poor technical interventions, lack of capacities to ensure the maintenance of the infrastructure, and lack of ownership from the community. Several interviewees indicated that while communities are incentivised to engage in the process to secure infrastructure such as the building of water pumps, once this is in place there are fewer incentives to maintain facilities.¹¹ Other challenges for the VEA approach were highlighted as follows:¹²

- *Religious and cultural barriers to changing the attitudes and behaviours of communities.* The role of the village chief was viewed as fundamental – it was noted that where village chiefs were educated and aware of the importance of hygiene practices themselves, there was a higher chance the process would take root in communities.
- *Understaffed health zones, with insufficient technicians and/or logistical means to ensure the thorough monitoring of the implementation of VEA activities.* In some cases, support is provided by NGO staff, but this happens on a project basis; in any case, when the project is over, NGO staff leave. An approach highlighted to resolve this issue has been to rely more on already existing local organisations, e.g. women’s groups.
- *The geographical spread of the VEA interventions.* Until recently, geographical dispersion meant that the achievements in one health zone in terms of reducing the number of cholera cases were nullified by the lack of intervention in neighbouring villages (because people move and carry the disease with them). This is being resolved by coordinating the geographical focus of the interventions so as to reach a ‘critical mass’ of targeted communities for more sustainable results (instead of deciding the interventions only on the basis of requests from the health zones).

In order to address these challenges, the programme approach has evolved since its origin in 2006. There is greater community involvement to minimise the top-down supply-driven distribution of materials, and subsidies for household sanitation have been phased out. UNICEF recently introduced a new phase of the VEA programme post-certification. In this phase, the Ministry of Health’s Hygiene Division – in charge of implementing the VEA programme – establishes facilitation teams that accompany communities in the process. Facilitation teams work with the communities to encourage them to resume ‘healthy practices’ such as hand-washing, ending open defecation, and so on.¹³

Other development partners have also been involved in various capacities with VEA. Since 2012, the Dutch development organisation SNV has been supporting the capacity building of VEA partners and local authorities through cooperation and partnership agreements with UNICEF. The nature of their interventions has changed over time in response to learning from their experience. There have been moves to better understand local structures to overcome the problem of local appropriation of the programme and to explain the variety of outcomes recorded across different committees.¹⁴

¹¹ Interview with respondent from international NGO, held in Lubumbashi on 15 September 2015.

¹² From interviews with representatives of: UNICEF, MMG, Health Division, international and national NGOs, held in Lubumbashi in September 2015.

¹³ Information from interview with respondent from Division of Hygiene of Ministry of Health, held in Lubumbashi on 14 September 2015.

¹⁴ Information from interview with respondent from SNV, held in Kinshasa on 1 September 2015.

Also important in the rural water sector is BTC. BTC implement bilateral and multilateral programmes focusing on the rural WASH sub-sector. They currently implement a multi-donor programme supporting rural and peri-urban community-based autonomous water supply systems in five provinces (Kasai-Oriental, Maniema, Bas-Congo, and Sud-Kivu). The programme is responsible for building new infrastructure in areas where REGIDESO is not present and for putting in place autonomous management systems in collaboration with the government. The programme embeds BTC technical staff in national public administration offices and works with local Congolese organisations. It is designed to be a flexible programme which adapts to circumstances on the ground.

The DRC WASH Consortium is another key player in development-oriented WASH. It comprises five INGOs (*Action Contre la Faim*, *Agence d'Aide à la Coopération Technique et au Développement*, Catholic Relief Services, Concern Worldwide and *Solidarités International*) and provides support to reach the steps of VEA. It is in principle a development programme which started in 2013 and will last until 2017, but the teams on the ground often take a humanitarian approach. The consortium tries to adapt and promote innovation in the WASH sector. It works in 500 villages across 15 health zones in stable areas such as Katanga. The objective of the WASH Consortium is to align with the national strategy (certification of VEA) and promote innovation.

According to an assessment of the water and sanitation sector in the DRC undertaken by AMCOW in 2011, large aid flows have been mobilised for the rehabilitation of water supply installations and services, but the effective utilisation of investments has been slowed down by institutional and administrative dysfunction, weak capacity as well as the general lack of supporting infrastructure, logistics, and economic services (banking, transport suppliers, and so on) (World Bank 2011). The actual utilisation of committed funds is generally less than 50% in public projects (World Bank 2011). For example, major ventures such as the 2008-2015 World Bank's Urban Water Supply Project (*Projet d'Alimentation en Eau potable en Milieu Urban*), supported by an International Development Association grant of \$190 million, have been delayed by the low utilisation of committed funds, due in turn to the weak implementation capacity of government counterparts (World Bank 2011). Moreover, given the absence of the national sector WASH policy, the majority of development aid is linked to the basic targets for WASH service delivery set in the country's growth and poverty reduction strategy.

3.4 Humanitarian WASH interventions

Humanitarian interventions in the WASH sector in DRC have largely consisted of life-saving and emergency WASH support to IDPs and conflict-affected people, as well as investments in measures to enhance the sector's preparedness and response. However, due to the protracted nature of the crisis, WASH humanitarian actors have also engaged in more preventive strategies, for instance awareness-raising hygiene campaigns in cholera-endemic areas. These interventions have been concentrated in specific geographical areas, such as eastern DRC. Some interviewees noted that the focus of humanitarian support has been not just about needs but about where it is logistically feasible to intervene due to availability of transport, accommodation and security. One interviewee argued that this has left gaps in areas suffering from emergencies that are not receiving humanitarian support.

Questions were raised, moreover, as to how humanitarian needs are assessed. Several interviewees indicated that official IDP figures are unreliable and claimed that little is known about these people and what their diverse needs actually are. One interviewee said that she felt that, after 20 years' presence, the interventions of her own organisation have become routine with colleagues assuming they already know what the problems and answers are.¹⁵ UNICEF interviewees also recognised that humanitarian objectives do not necessarily coincide with those of the populations.

¹⁵ Information from interview with a donor agency respondent, held in Kinshasa on 31 August 2015.

The 2015 WASH Cluster strategy focused on the priorities of violent conflicts, nutritional crises, epidemics and natural catastrophes, requesting a total budget of \$79.2 million to target 7.5 million people. A large majority of this budget (80%) was directed to the provinces of South Kivu, North Kivu, Eastern and Katanga. In 2014 the response to the cholera epidemic in Katanga amounted to \$12.4 million, which was also used to fund preparedness and community response activities (UNICEF 2015).

Humanitarian response in DRC is financed through a number of funding vehicles. One of the most important is the **Common Humanitarian Fund (CHF)** a multi-donor pooled fund mechanism set up in 2006 at the initiative of humanitarian donors to provide flexible and predictable funding to support the country's Humanitarian Response Plan (HRP).¹⁶ In 2014 the CHF was supported by seven bilateral donors: the UK, Sweden, Norway, Belgium, Ireland, Netherlands and Luxembourg. 56.4% of funding goes to the eastern provinces, 31.6% to national and multi-province projects, and 9.5% to western provinces. This geographic distribution reflects the funding needs identified in the HRP. With respect to the WASH sector, the CHF has a strategic objective of improving access to clean water and delivering sanitation services as a means of reducing waterborne diseases such as cholera.¹⁷ According to the 2014 CHF Annual Report, the WASH sector received \$8 million in 2014, or 13.2% of total CHF allocations. This supported 20 projects which were delivered by international NGOs (14), NNGOs (4) and UN agencies (1). In 2014 the WASH sector received the largest number of allocations. By July 2015, CHF funding for WASH amounted to \$3.7 million, 6.3% of the total (CHF 2014).¹⁸ Annual totals to the CHF suggest a general trend of diminishing humanitarian contributions.

DRC has also been receiving funds from the **Central Emergency Response Fund (CERF)** since 2006; in 2015, the DRC was allocated \$14.8 million through this funding mechanism, which represents 5.02% of the total CERF allocations (in 2012, the DRC received \$31.4 million, equivalent to 6.43% of total allocations).¹⁹ Of the CERF budget, only \$9 million was actually disbursed for projects aimed at improving protection response and access to education in conflict in North Kivu and Katanga. The 2014 CHF annual report noted there was good complementarity between the CHF and the CERF, notably for the Ebola crisis and the refugee crisis in the Central African Republic. CERF also sought to support emergency interventions by the UN agencies and all partners including NNGOs (CHF 2014).

Originally created as the Rapid Response Mechanism (RRM) in 2004 by UNICEF, OCHA, INGO Partners and DFID, and merged in 2009 with another UNICEF project (Programme for Extended Assistance to Returnees, PEAR), **the Rapid Response to Population Movements (RRMP)** mechanism was designed to better respond to acute emergency needs in the DRC, and especially to those of refugees and recently returned IDPs. Funded by multiple donors, it delivers assistance in specific sectors, such as non-food items, WASH, education and health. Interventions are usually limited to three months as they are supposed to start 'when other actors lack the capacity to meet urgent humanitarian needs' (Baker et al. 2013). Some examples of interventions in the WASH sector are cholera response and prevention, construction of emergency latrines and water points, delivery of water and sanitation kits to IDPs.

In 2011, UNICEF also established the **Alternative Responses for Communities in Crisis (ARCC)**, funded by DFID. This multi-purpose unconditional cash approach was designed to respond in a more appropriate way to the heterogeneity of the needs of medium- to long-

¹⁶ It should be noted that the DRC benefited from the funding of the Emergency Response Fund, which was operational since 2004, but formally closed in December 2013 and replaced by the 'reserve' of the CHF.

Information from: www.unocha.org/democratic-republic-congo/about-ocha-drc/common-humanitarian-fund

¹⁷ Besides food, health and water and sanitation, some of this budget was allocated to fund projects in the health and NFI sector (\$3 million), protection (\$3.9 million), and education (\$2.4 million). See:

https://fts.unocha.org/reports/daily/ocha_RPool2B_C239_Y2015_1509211511.pdf

¹⁸ CHF is allocated to food security (\$8.4 million); health (\$6.07 million); coordination (more than \$7 million going to UNDP, OCHA and WFP), and multi-sectorial projects (\$4.8 million).

¹⁹ See CERF's website at: www.unocha.org/cerf/cerf-worldwide/where-we-work/cod-2015

term returnees and internally displaced people and their host families. UNICEF and partners recently finished the second cycle of the two-year (2013-2015) ARCC programme, which tested the cash approaches in different sectors: humanitarian/transition; nutrition; education; and protection/gender-based violence.²⁰

Table 1 shows a reduction of the percentage of WASH funding requirements covered by humanitarian donors since 2009. Especially since 2014, when attention (and funds) had to turn towards conflict situations in Syria and Yemen, the funding for WASH has dropped by almost 50%. In both 2014 and 2015, most of the donors' money was allocated to food security, nutrition and protection in 2014, and food security and logistics in 2015. The risk, admitted even by the UN Deputy Emergency Relief Coordinator during her visit to the country in September 2015, is that DRC 'falls off the humanitarian radar'.²¹

Table 1: Amount of Humanitarian Response Plan funding per year, 2006-2014 (in US \$).

Year	REQUIREMENTS (revised)	Consolidated Appeal Process (CAP) funding (not considering carry-over)	% COVERED	WASH REQUIREMENTS (revised)	CAP WASH FUNDING (not considering carry-over)	%WASH COVERED
2009	946m	514m	68.1%	117m	30m	26.4%
2010	827.6m	445.1m	63%	115.7m	26.5m	22.9%
2011	735.7m	392.4m	66.2%	95.6m	22.1m	23.1%
2012	718.5m	548m	73.7%	79.1m	23.7m	30%
2013	892.6m	497m	70.5%	89.3m	28.1m	31.4%
2014	832m	386m	47.2%	70.6m	13.5m	19.2%
2015	692m	258.3m	44.6%	79.2m	13.5m	17.1%

Source : OCHA FTS DRC page²²

3.5 WASH coordination mechanisms

In theory, the CNAEA is supposed to coordinate the WASH sector at the national level, including by ensuring inter-ministerial coordination and complementarity between development and humanitarian programmes. The provincial committees (Provincial Water and Sanitation Committees – CPAEAs) have equivalent responsibility in their provinces. However, several interviews revealed that the CNAEA views its role almost exclusively in terms of supporting the development of sustainable strategies for providing safe drinking water, despite occasionally cross-overs when there are recurring epidemics (i.e. cholera),

²⁰ Also see: Information from blog post by Gabriele Erba, Monitoring Specialist, ARCC UNICEF RDC, available at: www.cashlearning.org/news-and-events/news-and-events/post/223-unicefas-alternative-responses-for-communities-in-crisis-arcc-programme-a-the-largest-humanitarian-multi-purpose-unconditional-cash-transfer-program-in-the-drc.

²¹ See www.un.org/apps/news/story.asp?NewsID=51807#.Vfsgzd-qqko

²² Starting from 2009, the first year of the cluster system.

the underlying causes of which are related to the lack of safe water supplies.²³ In practice this means that they focus on development-oriented projects, which tend to have an urban water bias. The separation of the CNAEA from the REGIDESO created serious conflicts within the sector, leading REGIDESO to refuse providing technical support to the CNAEA. There are claims that CNAEA is becoming increasingly politicised.²⁴

Information provided by different respondents pointed to the incapacity of the CNAEA to coordinate the water sector. A pilot steering committee composed of the various ministries with responsibility for water exists within CNAEA, but it does not seem to be functioning. At the provincial level, the CPAEAs have even less capacity; they often consist of only one or two individuals, without an office space. Capacity does vary from province to province, but several respondents indicated that some CPAEAs receive more resources (from donors and provincial governments) than others.

There is also an almost total lack of vertical coordination between WASH actors at the national and provincial level, as well as village/community level, which WASH sector actors fear is only likely to worsen with decentralisation reform.²⁵ According to respondents at UNICEF, the decentralisation reform 'will make our life harder; it has already slowed down our activities a lot this year'.²⁶ It will take time before all changes are effective, staff are allocated to the new administrative posts, and bank accounts are opened. At the same time, interviewees in the Katanga recognised that the decentralisation reform could have some positive impacts on staffing in parts which have been underserved.²⁷

At the national level, WASH development interventions are highly fragmented and there is little coordination between development actors. A Donor Group on Water and Sanitation (GIEA) exists at the national level. The group, which includes major donors (such as the World Bank, DFID and UNICEF) focuses on identifying common solutions to address particular bottlenecks that come up in their interventions, for example in terms of their relationship with the government. The GIEA is providing ongoing support to water sector reforms and more recently it has discussed supporting the REGIDESO in order to find a solution to the non-payment by government of its water invoices which totals nearly \$84 million.²⁸ However, government and implementing partners are only invited from time to time to join these meetings, depending on the specific topic under discussion. Options for involving NGOs were viewed as limited: there is no formal body representing all NGOs operating in DRC; inviting them all to meetings would prove unfeasible from a logistical point of view, and inviting some but not others would bias procurement processes and create factions within the sector.

In the absence of the strong leadership, resources, mandate and capacity that the CNAEA would require to fulfil its mandate as a coordinating agency, the WASH Cluster has been the main coordination mechanism for WASH humanitarian interventions at the national and provincial level.²⁹ The OCHA humanitarian clusters are composed of UN agencies in cooperation with humanitarian NGOs and are split into eight thematic areas. The clusters were created in 2006 and are intended to facilitate better working with actors in the sector. UN OCHA prepares humanitarian cluster action plans, and presents them to the government, although the government does not participate in the cluster activity. Humanitarian actors (especially agencies and NGOs) work extensively in the clusters, but there appears to be limited collaboration between the different clusters. The WASH Cluster is led by UNICEF, which also manages the nutrition, education, and non-food items clusters, while the WHO is responsible for health and the FAO and World Food Programme (WFP) for food security. There is no early recovery cluster.

²³ Information from interviews with CNAEA respondents, held in Kinshasa on 4 September 2015.

²⁴ Information from interviews, held in Kinshasa from 31 August to 4 September 2015.

²⁵ Interview with Min of Health Kinshasa and others in Katanga, conducted in September 2015.

²⁶ Interview with UNICEF representative, held in Lubumbashi on 16 October 2015.

²⁷ Interview with representative of Division of Hygiene in the Ministry of Health, held in Lubumbashi on 14 October 2015.

²⁸ Information from interviews, held in Kinshasa from 31 August to 4 September 2015.

²⁹ Information from interviews with development partners, held in Kinshasa from 31 August to 4 September 2015.

The national WASH Cluster represents a single coordination mechanism for implementing partners in the humanitarian sector, but no equivalent exists for the development actors.³⁰ At the national level in Kinshasa the cluster meets once a month and few development actors appear to participate actively – whether bilateral donors, INGOs or NNGOs. For example, DFID noted that they follow the WASH Cluster from afar; BTC, an important player in the rural water supply sector, said that they were not really invited to participate in the cluster and that there was a lack of symbiosis with their work. An NNGO, ADIR, also indicated that they had participated in the national WASH Cluster in Kinshasa but that they did not feel the preoccupation with discussing emergencies in the provinces (i.e. cholera, population movements) was relevant for their work. Their main objective is to address the endemic problems facing WASH in Kinshasa and in sustainable WASH development, which they did not feel received attention in Cluster meetings.

The WASH Cluster also has a presence at the provincial level. In the provinces, where there are, in most cases, both humanitarian and development interventions in WASH, the WASH Cluster appears to be well established and has links with the development world. SNV is a member of the WASH Cluster at the provincial level and noted that at that level there is not really a distinction between humanitarian and development ‘communities’. This was echoed by other WASH-sector actors.

In Katanga, respondents reported that because many of the participating NGOs have a double mandate, being involved in both humanitarian and development interventions, and because UNICEF is leading on the VEA programme, the WASH Cluster ends up discussing all WASH activities. Government representatives also attend the cluster meetings.³¹ Respondents in Katanga reported that out of all the humanitarian clusters the WASH Cluster is one of the most functional. This is largely attributed to the leadership of UNICEF, which not only coordinates but also has an active role in funding and implementing projects: ‘This gives UNICEF a good overview and understanding of what is going on, and gives WASH Cluster members incentives to comply with the cluster requirements, as this opens the doors to funds.’³² A UNICEF representative said: ‘The WASH Cluster could be well-positioned to eventually facilitate a transition to development, it should be its exit strategy.’³³ However, for now it remains part of the humanitarian aid architecture, which means that the approach it encourages its members to take through funding allocation will tend to remain a short-term one.

In Katanga, an additional issue for coordination is the role of large companies. Despite the increasing role that mining companies play in delivering WASH services (see Box 6), these do not appear to coordinate with other WASH actors. For example, the Director of Social Development at MMG said that they collaborate with UN agencies and work with local NGOs to implement their projects on the ground. However, coordination is not very good: ‘the private sector is accountable to itself; we are not called to report our WASH interventions in the WASH Cluster, for example, nor to the government. To be honest, coordination does not really matter: there are so many needs, and so little is being done that it will be very difficult anyway for two actors ending up doing the same things in the same place.’³⁴

³⁰ Interview with DFID representatives, held in Kinshasa on 3 September 2015.

³¹ Interview with representative of CPAEA, held in Lubumbashi on 16 September 2015.

³² Interview with representative of international NGO, held in Lubumbashi on 15 September 2015.

³³ Interview with UNICEF representative, held in Lubumbashi on 16 September 2015.

³⁴ Interview with Director of Social Development Programme at MMG, held in Kinshasa on 17 September 2015.

Box 6: Mining companies delivering WASH services in Katanga

Over the years, several multinational mining companies have invested in Katanga in search of minerals including copper. Many companies have social development programmes and interventions. The 2002 Mining Code, a key governance framework for the mining sector in DRC, makes a miner liable for any damages it causes that may affect the rightful occupants of the land on which it mines. Mining companies are also required to support infrastructure projects, such as roads, schools and hospitals (KPMG 2014).

MMG, a mining company in Kinsevere, set up a sustainability programme which includes delivering WASH services in villages close to operations. MMG report investing between \$2.5 and \$4 million a year in social development programmes – \$200,000 of which go into WASH supply and service delivery. This has involved drilling boreholes and constructing water pumps and water tabs in 30 villages, benefiting 40,000 people. MMG also report supporting the establishment of water committees and providing training to villages to maintain and operate the water points. Users are required to pay a small water fee on the grounds that this will enable the communities to buy spare parts and repair pumps when they break. Out of 22 communities, 16 are reported to have active water committees that regularly collect water fees and put them into common deposits.

This apparent success was attributed in part to the flexibility of the working model and the fact it was not accountable to any particular donor: 'We could be ambitious: first of all, our budget is nothing like that of NGOs – we can afford to take more risks as we do not have to report on results, we are accountable to ourselves; secondly, we can hire international and national experts that design and deliver our projects, to ensure they are always at the highest standard.'

The area in which MMG operates is also relatively stable. Epidemics in the area have been limited to measles in 2010 and cases of cholera that were contained. Some preventive or preparedness measures have been taken, such as water tanks in villages in case water pumps break down. For this private sector actor, the problem appears less daunting than others interviewed: 'It was quite straightforward: we provided the infrastructure, made sure it worked, and already reduced the incidence of illnesses in the communities of a great deal', a respondent from MMG said.

Of course, significant challenges remain. The villages around the MMG site attract many people from other parts of the province, who hope to work for the mining company. Therefore, the infrastructure that is put in place often becomes insufficient to satisfy all the needs, and deforestation has increased. Also, the fact that people very often move between villages in search of jobs means that ownership is difficult to achieve: 'You train a person, you can be sure he or she is gone the month after.' And finally, the management of the water use fees can cause conflicts within communities, and especially between the chief of village and the people ('money gets stolen very easily').

Source: Authors, based on interviews with members of the MMG Social Development Programme held in Kinsevere on 17 September 2015

Table 2 summarises characteristics of 'typical' humanitarian and development WASH approaches in DRC – as deduced from the interviews and discussions with stakeholders. A note of caution is needed, as in practice the two categories often overlap: humanitarian funding may go to projects that have some development traits, and vice versa, as the more detailed cases considered in this section illustrate.

Table 2: Typical humanitarian and development WASH approaches in DRC

Humanitarian WASH in DRC	Development WASH in DRC
<p>'Saving lives' imperative and meeting urgent needs: focus on rapid service delivery, e.g. emergency WASH support to IDPs and conflict-affected and vulnerable host communities, lifesaving WASH to crisis affected IDPs and returnees, repositioning of core pipeline WASH emergency supplies to enhance the sector's preparedness and response</p>	<p>VEA programme focused on supporting ownership and participation in service delivery of government stakeholders</p> <p>Also projects aimed at implementing behavioural change programmes (hygiene promotion campaigns, prevention of gender-based violence), capacity-building to and collaboration with governmental authorities (to set up enabling framework, build capacities and expertise), and building, maintaining, repairing WASH infrastructure</p>
<p>South and North Kivu, Eastern Province and Katanga (rural and urban)</p>	<p>Most provinces covered (VEA especially Equateur, Katanga, Eastern/Western Kasai); focus is rural</p>
<p>Short-term programming: 3-6 months, simple monitoring and evaluation requirements, focused on results (e.g. # of people reached)</p>	<p>Long-term programming cycle: 3-5 years, complex logframe/theory of change, M&E focused on outputs, outcomes and impacts</p>
<p>CHF, CERF and bilateral donors</p>	<p>UNICEF, World Bank, European Union, bilateral donors</p>
<p>Strategy based on HRP, coordination in WASH Cluster (led by UNICEF)</p>	<p>Interventions coordinated through WASH Consortium and Donors' group</p>
<p>UN agencies and INGOs partner with NNGOs to implement interventions (direct implementation in some cases); government is often 'by-passed', focus is more on rapid service provision than ownership and capacity-building</p>	<p>UN agencies and INGOs work with NNGOs and civil society organisations (CSOs), partnerships with government (at national and provincial levels); investments in capacity-building</p>

Source: Author. Information from desk-based research and in-country interviews.

4. Structural determinants of the siloes in DRC

Fundamentally, the humanitarian and development worlds struggle to work together in DRC. An external evaluation of the RRMP Program in DRC conducted in 2013 noted that ‘in sectors like WASH the connections between humanitarian and longer-term interventions are missing’ (Baker et al. 2013). Because of the protracted nature of the crisis in DRC, the one-time assistance provided by humanitarian interventions is rarely sufficient to meet the needs of the population, including displaced and returnee communities. At the same time, many development actors end up undertaking short-term interventions to face recurrent crises that occur in the course of their programming, for example due to an outbreak of cholera, or the recurrence of instances of conflict. Finding ways for humanitarian and development WASH interventions to operate in complementary ways in contexts defined by recurrent and often constant crisis would help address the needs of the beneficiaries (the population) in a more consistent and effective way, saving their lives when needed, but also building or reinforcing their capacity to withstand and respond to future crises, thus reducing their vulnerability. To this end, we argue that strategic collaboration between WASH actors, rather than mere coordination of interventions, is required – to define a common long-term strategy within which both development and short-term emergency interventions are inscribed.

In this section we consider the underlying structural reasons why the lack of complementarity exists and persists.

4.1 Geographic and thematic separation keep the communities apart

Humanitarian and development interventions in DRC are geographically polarised. The immense size of the country and its lack of transport infrastructure has led to a concentration of humanitarian action in the eastern part of the country; in many cases decision-making centres for humanitarian interventions are located in the east, whilst management and strategy level staff for development agencies tend to be based in Kinshasa. Moreover, humanitarian staff, even at management level, are located closer to field operations (with bases in the provinces) than staff of development-oriented agencies, who are typically based in Kinshasa.

Humanitarian and development actors also tend to focus on different aspects of the WASH sector (see Table 2 above): provision of emergency water and sanitation access to IDPs, returnees and populations during crises for the former, and building the infrastructure and capacity of governments, communities and other service delivery actors to provide WASH to their populations for the latter. Historically, outside of the government VEA programme, development donors typically focus on WASH governance in the urban environment, a sub-sector in which humanitarian organisations rarely intervene.³⁵ Very often, humanitarian

³⁵ Interviews, held in Kinshasa from 31 August to 4 September 2015.

organisations intervene in areas where there are no development interests. This has left serious ‘gaps’ in areas which have received no development assistance and where communities are particularly vulnerable to health epidemics and food insecurity, increasing their vulnerability to crises requiring humanitarian intervention. Specific bilateral and multilateral donors also have particular geographical and thematic focuses. For example, DFID concentrates its intervention in DRC in a number of provinces, while BTC focuses on the rural water supply sub-sector.

The geographic and thematic focus adopted by both humanitarian and development stakeholders is arguably a natural response to the overwhelming scale of the country and its needs, but without adequate structures for interaction, it tends to result in gaps or counter-productive overlaps. Several interviewees expressed a view that the concentration of humanitarian operations in eastern DRC is reducing the envelope available for crises in other regions. Stakeholders in Katanga, meanwhile, thought that the area was being overlooked because of its perceived mineral wealth, despite frequent WASH challenges and cholera outbreaks: ‘Donors here are not keen on funding neither emergency interventions, nor development projects... there is conflict also in Katanga, but the government does not want to talk about it, for fear of discouraging investors. This is true for WASH but also for other sectors like education. At the meetings of the education cluster sometimes nobody shows up.’³⁶

4.2 Emergencies are defined mechanistically in the face of overwhelming needs

The ways in which the humanitarian and development communities define ‘emergencies’ differ substantially. The government respondents interviewed for this study did not appear to have a strong independent view of what constitutes an emergency with a tendency to define ‘emergencies’ in alignment with those issues that humanitarian organisations are willing to respond to. For example, the humanitarian community considers that areas where there are no natural disasters are not a priority for aid – so, for example, while flooding and the food insecurity it creates is considered a crisis, generalised food insecurity is not.³⁷ In contrast, some development actors like ADIR argue that on-going food insecurity constitutes a state of permanent emergency. There are examples of development-oriented NGOs that are trying to address the underlying causes of cholera but are unable to find funding through humanitarian funding streams because this is not considered an emergency.³⁸ This is also true for urban water supply. Interviewees from ADIR noted that prior to 1999 there were only 6-7 million people in Kinshasa. Since the war, the population of the capital has increased to 10 million people and this has placed incredible stress on an already dated, insufficient and malfunctioning urban water supply system. As a result, indicators with respect to water and sanitation are deteriorating rapidly. ADIR is highly critical of the tendency of humanitarian organisations to focus solely on displacement of people to camps and not those who move to urban areas. This is a view shared by interviewees from other agencies such as the World Bank who think that humanitarian actors ought to view lack of water as a chronic emergency.

The WASH Cluster strategy does, however, recognise community resilience as a cross-cutting theme for all its activities, and commits to linking its exit strategies with development programmes (UNICEF 2015). Some activities listed to this end are developing a local market for chlorine products, building the capacity of local civil society organisations, and reinforcing the public system for the management of epidemics like cholera.

The scale of need is clearly such that prioritisation must be done rapidly, on the basis of imperfect criteria. Nonetheless, the bureaucratic definition of what is and is not an emergency does appear to limit the ability of implementing partners to address more

³⁶ Interview with programme manager at AIDES, held in Lubumbashi on 18 September 2015.

³⁷ Interviews held in Kinshasa from 31 August to 4 September 2015.

³⁸ Interviews held in Kinshasa from 31 August to 4 September 2015.

systemic problems, despite the apparent commitment to integrating resilience and developing exit strategies.

4.3 Nascent integration and coordination at the operational level impeded by separation at the strategic level

While there are many NGOs that work across the humanitarian and development spectrum, there are no formal links at the strategic level, nor coordination which would facilitate a meaningful transition between the departure of humanitarian organisations and the arrival of development actors. Even within organisations which straddle both ‘communities’ (e.g. UNICEF), individuals, teams and organisations undertaking WASH interventions do not often collaborate. Humanitarian and development sector staff are different individuals with different mandates, sitting within different departments.

Particularly in the provinces, actors implementing donor-funded development programmes do participate in the WASH Cluster. However, their participation in these meetings does not appear to facilitate discussions around how humanitarian strategies could contribute to support longer-term outcomes of a more ‘developmental’ nature. WASH Consortium stakeholders argued that they do attempt to bring up development issues during these meetings.³⁹

While a donor coordination mechanism exists in the form of the GIEA, coordination at this critically important level remains unconvincing and, most importantly, does not translate into effective collaboration between the different actors. Fundamentally, while the various bilateral donors may agree on what they would like their end objective to be, their priorities and strategies of how to achieve these objectives differ widely depending on their own governments’ positions.

There is also little interaction between the eight humanitarian clusters including those which are closely interlinked with WASH, such as food security and health. The way data is collected and recipients are defined in the different clusters and in different organisations does not facilitate comparative and complementary working. For example, the FAO and UNDP work at the community level and therefore they target ‘communities’. However, the WASH sector typically counts the number of people who potentially have access to water from an intervention, or receive sanitation or hygiene promotion, and thus target ‘people’ as beneficiaries. OCHA is trying to promote more multi-sectoral interventions by establishing better links between sectors (clusters). Nevertheless, in practice this has resulted in OCHA knowing who is doing what, where and when, but this not translating into better integration across the various clusters’ work. OCHA reportedly does not identify cross-cutting priorities which would really assist with coordination.⁴⁰

Finally, there appears to be little coordination between implementing NGOs (and particularly humanitarian NGOs) and stabilisation actors such as the UN mission, MONUSCO. Many areas in North Kivu, for example, are under the mandate of MONUSCO, which can create problems for humanitarian organisations working there as humanitarian principles prohibit collaboration with armed groups. MONUSCO has a Humanitarian Coordinator, but it is not clear what the role entails. A respondent from SIDA noted that they do take guidelines from MONUSCO but that they regularly take stock of the situation. UNICEF noted this as a particular challenge for their humanitarian response for IDPs through the Rapid Response for Population Movement. IDPs were assisted for a three-month period, but when they began returning to their village there was no follow up support.

³⁹ Interviews held in Kinshasa from 31 August 31 to 4 September 2015

⁴⁰ Interviews held with UNDP representatives in Kinshasa from 1 September 2015

4.4 Lack of clarity and mistrust undermine potential for external actors to align behind government

Coordination between external actors and the government is also poor. Development and humanitarian actors do engage with the government but typically through what they consider to be weak and ineffective coordination structures, as key respondents at national level pointed out. They claimed this is due to fragmented government structures, which makes it difficult to understand who is responsible for what. Our research indicated that external actors have little confidence in the capacity or willingness of the government to implement and coordinate programmes. Donor funding is channelled through the NGOs or UN agencies instead. During our interviews, agencies and implementing organisations frequently indicated that the REGIDESO and SNHR are inactive and that the CNAEA is not functioning as a coordination body and is effectively not operational. This lack of coordination reflects the lack of coherent leadership at the national level. Even when external actors do sign agreements with government the relationship is not really one of a partnership and there appears to be no meaningful capacity building of government officials at the national level to supervise and follow up projects.⁴¹

For their part, the government officials we interviewed were critical of externally driven interventions. One respondent claimed that humanitarian organisations do not inform the relevant local authorities when they arrive and what their activities will involve, nor give them notice of when they will leave. In the Ministry of Health, one respondent said that the money intended for the WASH sector, including for emergency response, should be directed to the appropriate government ministries rather than to INGOs and that donors should be encouraging NGOs to work more with government so that they can strengthen government systems. UNICEF implements the VEA programme in partnerships with INGOs and NNGOs, and government officials claim that these are selected without the agreement of the government and with no regard for whether NGOs meet the government's criteria.⁴² They further claim that INGOs are often completely unfamiliar with the DRC context on the ground and are therefore not well placed to intervene. Given these sentiments, it is perhaps unsurprising that there is a high level of resentment towards INGOs, including those from other African countries (for example Congo-Brazzaville) among public sector workers. Public officials interviewed complained that INGOs come to DRC for financial gain and that their purpose and objectives often change depending on where the money is, and that many implant themselves in DRC and only look for funding once they are there.

Whatever the merits of either side of the argument, engrained mistrust and lack of clarity about whom to actually engage with are widespread. In addition, from the interviews it emerged that most governmental authorities at provincial or national level would not have the professional and technical capacity and resources required to conduct emergency response or invest in longer-term WASH at the scale required. This situation prevents even initial conversations towards a long-term goal of supporting a coherent, government-led approach within the sector.

4.5 Financing for humanitarian and development interventions entrenches disjointed ways of working

According to the Financial Tracking System of the UN OCHA, in 2015 DRC received total humanitarian funding of \$431 million (of which \$373.5 million was through the HRP), whereas \$692 million had been requested to face the country's humanitarian needs. Looking

⁴¹ Interviews with public sector officials held in Kinshasa from 31 August to 4 September 2015

⁴² In DRC, domestic NGOs must operate in conformity with the government's official development strategy in order to be legally registered and hence able to operate. INGOs must enter into framework agreements with the relevant ministries. All INGO and NNGO activities should in theory be in line with and approved by the government. In the case of humanitarian interventions, however, funding goes through common mechanisms and INGOs directly intervene on the ground using NNGOs but bypassing the government, as some government representatives critically pointed out. Information from key respondents in Kinshasa and Lubumbashi in September 2015.

at the development commitments of the World Bank only, these reached \$490 million in 2015.⁴³ It is difficult to estimate the exact amounts of funding that go into development or humanitarian WASH, as the lines between the two are often blurred.

The Humanitarian WASH Cluster requested \$79 million but only received \$20 million, thus being able to fund only the 21% of its planned interventions.⁴⁴ As development aid is not channelled through common funds as in the case of humanitarian aid, it is more difficult to come up with aggregate estimates of development WASH funding in DRC. For development WASH, the World Bank had committed \$100 million in 2013 (no more recent data are available), mostly for WASH infrastructure rehabilitation and repair in different parts of the country.⁴⁵ While humanitarian funding goes directly to INGOs that are in charge of setting up the intervention (which is then often implemented by local NGOs or contractors), development donors tend to work via budget transfers to governmental organisations at both national and provincial levels. Thus, for instance, DFID directs 30.7% of its development budget to the DRC government.⁴⁶ From our interviews, it emerged that WASH development funding goes primarily to the Ministry of Health, as they are the biggest partner of UNICEF in the VEA programme; some support is also provided to the CNAEA and its provincial offices. However, we were unable to find data on the exact amounts that are transferred to different government partners, and we suspect these will vary a great deal depending on the province, especially after the approval of the decentralisation reform.

Typically, therefore, cross-over between humanitarian and development funding channels is challenging, though some donors like SIDA and DFID appear more open to working across the divide. Donors such as the Office of U.S. Foreign Disaster Assistance and the European Commission's Humanitarian Aid and Civil Protection Department were viewed as being focused solely on short-term emergency interventions which save lives.⁴⁷ Even within development funding, the conditions, procedures, and modalities attached to funds differ enormously depending on who is providing them.

In general, humanitarian NGOs are focused on immediate results, with completion windows of typically around three months and no more than 18. Development projects tend to have longer timeframes, normally 2-3 years. The procurement process for receiving funding for humanitarian and development interventions is also significantly different. Tenders for development projects tend to be more complicated and time intensive, with long delays between the tender being issued and the intervention actually starting (up to nine months, according to an interviewee from a national development NGO).

The very different expectations and timeframes attached to how humanitarian and development WASH funding are structured play out in a number of ways, including in relation to staffing (short-term contracts and high turn-over rates for humanitarian organisations, longer-term engagements for development ones), community involvement and incentives (community engagement as a priority for development interventions, while humanitarian interventions typically involve communities less and focus on delivering goods and services), and how results are defined and measured (focus on outputs, outcomes and impacts for development interventions, less complicated monitoring and evaluation procedures focused on outputs for humanitarian ones). Though these differences are arguably entrenched by the higher-level priorities of funders, they appear to be exacerbating resistance between the two communities at field level, for example when the timescale adopted by one side is viewed as undermining the efforts of the other, and are thus considered separately below.

⁴³ Data from World Bank's project tracker at:

www.worldbank.org/projects/search?lang=en&searchTerm=&countrycode_exact=ZR

⁴⁴ Data from UN OCHA FTS at: <https://fts.unocha.org/pageloader.aspx?page=emergencyDetails&appealID=1065>.

⁴⁵ Data from World Bank's project tracker at:

www.worldbank.org/projects/search?lang=en&searchTerm=&countrycode_exact=ZR.

⁴⁶ See DFID Development Tracker website at: <http://devtracker.dfid.gov.uk/countries/CD/>

⁴⁷ Interviews held in Kinshasa from 31 August to 4 September 2015.

4.6 Recruitment approaches and performance incentives for staff undermine longer-term ways of working

Several of our interviews suggest that staff employed to deliver WASH humanitarian projects typically do not stay very long in country (maximum one year); they are recruited for their technical rather than contextual expertise and receive rapid training. Existing recruitment and human resources policies may allow staff with the required technical competences to be hired, but do not necessarily support the development of appropriate country-specific knowledge and expertise. In addition, they do not allow staff to develop relationships with local and other external stakeholders. The main concern of international experts spending six to twelve months in a country is meeting their performance targets; one interviewee from a local NGO told us that they are keen to avoid ‘problems’. Development staff, particularly those in Kinshasa, stay longer in post. BTC’s development professionals argued that this creates greater accountability to beneficiaries and means that they have more time to understand the context in which they work. However, engaging with communities who are constantly on the move is extremely challenging, even for professionals staying longer in country. Understanding of the context is also more limited among development professionals based in Kinshasa, as they are less familiar with the needs and interventions at provincial level.

According to different respondents from INGOs, the recurrent crises that occur in DRC make international donors suspicious of long-term commitments and stuck in a constant emergency response mode. In this short-term, target-driven mentality, the overall strategy is determined by personal and organisational remuneration and incentives, rather than shared goals and accountability to the beneficiaries, i.e. the Congolese population. ‘It is a system that functions on short-term international staff being assigned to a station and having to obey to some quota imperatives set in the capital. Once you declared that 50,000 people have been treated for cholera, you are free to go somewhere else, hopefully with a higher salary’, said an interviewee from an international NGO.⁴⁸ ‘The development system is the same,’ he added, ‘...doing development takes time, and the current system does not allow for time; especially international organisations develop interventions without a sound understanding and knowledge of the context.’⁴⁹

Desire for rapid results also leads to a preference for international over local expertise and capacity. Humanitarian projects are typically delivered by INGOS, of which one interviewee estimated there were 160 present in DRC.⁵⁰ Responses from humanitarian workers and government officials indicate that there is an underlying assumption that humanitarian INGOs know best how to respond to emergency situations. Several national development NGOs working in development (such as ADIR) claim to have been refused work with humanitarian organisations (UNICEF) because they are ‘development’ actors’ and are not specialised in emergencies despite the fact that they consider themselves as always dealing with emergencies. Whilst development programmes also often use INGOs, there are examples of development projects which try to embed their projects in local contexts and work with national NGOs and government. This is the case with VEA, whereby UNICEF works in partnership with the government. BTC provided another example of a development project working at the implementation level with frontline public officials and organisations like CARITAS attempting to integrate with local structures. There was, however, a feeling that more could be done. A representative of the INGO Alima suggested that international technical experts could be paired with Congolese WASH experts who have a deeper understanding of the political economy context.⁵¹

⁴⁸ Interview with respondent from international NGO, held in Lubumbashi on 18 October 2015.

⁴⁹ Interview with respondent from international NGO, held in Lubumbashi on 18 October 2015.

⁵⁰ Interviews with UNDP representative in Kinshasa from 1 September 2015

⁵¹ Interview with respondent from Alima, conducted in Lubumbashi in September 2015.

4.7 Involvement of and incentives for beneficiaries are an emerging point of tension

In order to respond rapidly and achieve outputs, humanitarian WASH interventions often pay community members to ensure that work is completed in the shortest time possible. Beneficiaries are also usually provided with services and infrastructure for free (i.e. food, non-food items or water). This contrasts with the common approach to development WASH interventions, whereby voluntary inputs are required from communities. These contributions can take a number of forms, including community members' time to participate in committee meetings, labour to build sanitation facilities or water points, or cash payments to generate funds for maintenance and operation. Differing approaches to community contributions is an issue in the WASH sector, particularly in DRC where a reliance on (free) emergency provision has historically deeply shaped community expectations. According to interviewees, humanitarian programmes in eastern DRC are perceived as gifts, which has promoted a system of dependency on humanitarian assistance, and may lead to humanitarian actors being more positively perceived by communities than development actors.

Elsewhere in the country, SNV noted that this created challenges for VEA implementation in Bandudu – even with regard to behaviour-change promotion around handwashing. Despite the fact that handwashing is relatively low-cost for communities to adopt, SNV encountered resistance because communities were not being offered a direct financial incentive (e.g. being paid to be involved in the programme). The World Bank views the issue of incentives for communities as particularly acute in the rural water subsector, arguing that payment for water services is essential to ensure sustainable water provision with self-management by local communities. BTC flagged the provision of free water as a major problem, again in eastern DRC. The BTC programme puts in place autonomous water supply systems which are reliant on payment for water to support their management and maintenance. However, in eastern DRC BTC respondents noted that populations have become used to receiving water for free and do not believe they should pay. DFID also noted that in North and South Kivu it is very difficult to implement development mechanisms (i.e. those based on community involvement and contributions) because humanitarian approaches have become the norm.

Humanitarian interventions are not limited to water trucking or purification, and may also involve the communities and leave permanent infrastructure without the financial or institutional arrangements to incentivise its maintenance. A view expressed by one interviewee is that humanitarian actors are essentially dodging the issue of incentivising communities to maintain their own facilities – either accidentally or wilfully, because they know the reality is too complicated.

Beyond community contributions, an increasing tension was reported around differing incentives for specific individuals – notably community leaders. For example, some humanitarian WASH interventions have become accustomed to paying per diems to customary chief and other actors to facilitate rapid results; not only does this create expectations for other implementing organisations that do not pay per diems (e.g. local NGOs), but it also creates competition between NGOs to buy the attention and cooperation of local actors, who favour working with those who pay higher per diems. A DFID interviewee indicated raising this with the inter-donor WASH group and had tried to persuade the donors to agree upon a common approach to per diems.

From our interviews, it appears that different approaches to payment and reward for communities and individuals are not just a theoretical issue, but are becoming a major point of contention, and possibly even resentment, for organisations that see a need to move towards a longer-term approach.

5. Attempts to improve complementarity

Our study indicated that the staff of both humanitarian and development organisations are aware of the differences in their approaches, tools and methods of intervention, and understand that it is important to bridge this gap in order to deliver better services to the Congolese people, respond to crises, and prevent their recurrence. Our research highlighted that attempts at bringing more complementarity between humanitarian and development WASH approaches in DRC do exist. It also demonstrated that development programmes can continue to be implemented in crisis contexts, and that humanitarian aid can be delivered in such a way as to increase the impacts and benefits of its interventions in the medium to longer term. There is, therefore, some scope for optimism with regard to improving coordination between humanitarian and development WASH approaches.

Below, we present a few examples of efforts to build complementarity, either by seeking windows of opportunity to modify ostensibly humanitarian or development interventions at field level, or to tackle the more structural causes of the disconnect, of the kind identified in Section 4. It should be noted that our findings are based on interviews conducted in Kinshasa and Lubumbashi, and as such may exclude examples from other organisations and/or provinces. The exercise is nonetheless a useful starting point to identify what conditions need to be in place for delivering better WASH programmes in contexts characterised by protracted crises like the DRC.

5.1 Humanitarian implementing organisations: attempts to incorporate development approaches

An interesting case of a humanitarian WASH intervention incorporating elements that are more typical of development approaches is that of *Médecins Sans Frontières* (MSF) France in Kalémie, in Katanga.⁵² MSF is known for its emergency-focused work, especially in conflict situations (‘which makes it even more surprising to see them getting out so much of their comfort zone’, said one respondent from OCHA).⁵³ In Kalémie, a city situated in an endemic cholera region, MSF France decided their options were either to continue spending \$1 million a year fighting cholera epidemics by treating people and trying to reduce death rates, or to spend \$3 million upfront to build water and sanitation infrastructure providing access to clean drinking water as a preventative measure. Thus, in 2011, they started a multi-sectoral project with a strong prevention component; activities included the partial rehabilitation of the water network, preventive vaccines and distribution of water filters to households. As of July 2014, MSF France had improved the water supply system of Kalémie town, distributed residential water filters in Katangi health area and vaccinated 51,400 people against the disease. However, the project had to be suspended in November 2014 after two consecutive attacks on MSF (MSF 2014), illustrating the very real security threats that inhibit this kind of initiative. Interviews with other international organisations in Katanga reported that now that MSF has left the area, the activities have completely ceased, and the situation has gone back to the 2011 levels. This would seem to point to the failure of

⁵² See more information at MSF France’s website: www.msf.fr/pays/rd-congo-rdc [in French].

⁵³ Interview with Head of Katanga Sub-Office at OCHA, held in Lubumbashi on 15 September 2015.

the project to properly involve the communities and local institutions in maintaining this system, thereby hindering the sustainability of the intervention in the long term.⁵⁴

A case involving the Congolese NGO AIDES shows humanitarian implementers taking a pragmatic line on working with local actors. AIDES is a country-wide NGO founded in 1998, whose expertise lies in providing assistance to refugees, IDPs, returnees and host communities during conflict and other emergencies. In Katanga, they work in eight health zones, including in the ‘triangle of death’⁵⁵ where only few organisations are active. At the beginning of 2015, AIDES started a 24-month project on community resilience, funded under the CHF with an envelope of \$2.5 million, of which \$700,000 was for WASH interventions. This reflects the commitment of the CHF to maintain a multi-year standard allocation including with a community resilience component (GHA 2015). ‘OCHA was interested in targeting people on the move, as these are the most difficult ones to reach, but also the main targets to stop the spread of cholera and other epidemics’, said an interviewee from AIDES.⁵⁶ Interviews suggested a determination both to involve communities (‘communities already have their own mechanisms of resilience; it is a matter of strengthening them’)⁵⁷ and also the government and authorities at the local level, even if these are parties to the conflict (‘you need to make compromise, and have your beneficiaries in mind... applying the do no harm approach means working with the local authorities, or you risk worsening the conflict’).⁵⁸

On a similar note, World Vision reported always aiming to adopt a participatory approach, building on its development work. One interviewee said: ‘It is key to work with communities, or your project is doomed to fail. We ensure that latrines and water pumps are built by people in the community and that they are then involved in the maintenance; we pay them a small salary, give them training and even leave them some material to repair the pumps if they break. Then they cannot come back to us and ask to repair the pump – they have to do it themselves’.⁵⁹ It is, however, reportedly difficult to embed capacity-building and awareness-raising into the short timeframe that is typical of emergency interventions. Part of this relates to what is demanded by the particular nature of a crisis, for example: ‘given that cholera epidemics happen so often, we are almost sure that after one short-term intervention there will be another one. If you work through community structures and always in the same communities, you can afford to introduce some longer-term measures – and this can be done at relatively low cost if you know the context well, you have the trust of communities, and you have done a thorough risk assessment and you have clear mitigation measures in place.’⁶⁰ Other reasons appear to relate to institutional arrangements, for example for funding: World Vision reported that despite having expertise in both humanitarian and development interventions, they find it easier to access humanitarian funds for their operations in Eastern DRC, as compared to other funding pots that would allow them to implement long-term, more sustainable and participatory approaches on the ground.⁶¹

World Vision have also looked at integration between WASH and other areas to maximise sustainability and impact of interventions. In 2014, World Vision started an integrated programme on malnutrition and WASH in Mitwaba in collaboration with the WFP and with funding from the Canadian government. ‘You cannot do nutrition programmes without focusing on WASH too, and vice versa; understanding and addressing this linkage through

⁵⁴ Information from representative of UNICEF through personal communication in November 2015.

⁵⁵ The region between the towns of Manono, Mitwaba and Pweto in Northern Katanga is commonly referred to as ‘the triangle of death’ due to intercommunal clashes between the Luba and Twa ethnic groups, as well as the continued attacks by the Mai Mai Bataka Katanga militia and ongoing fighting with the national army. Source: interview with several key respondents held in Lubumbashi in September 2015.

⁵⁶ Interview with programme manager from AIDES, held in Lubumbashi on 17 September 2015.

⁵⁷ Interview with programme manager from AIDES, held in Lubumbashi on 17 September 2015.

⁵⁸ Ibid

⁵⁹ Information from interview with programme manager at World Vision, held in Lubumbashi on 16 September 2015.

⁶⁰ Information from interview with programme manager at World Vision, held in Lubumbashi on 16 September 2015.

⁶¹ Interview with respondents from World Vision, conducted in Lubumbashi in September 2015.

integrated programming allows for interventions that have longer-term impacts even in unstable areas', a respondent from World Vision said.⁶²

A final example of a humanitarian implementing partner looking at longer-term approaches is provided by *Assistance aux Communautés Démunies* (ACD), a national NGO that is promoting the local production and marketing of chlorine to purify contaminated water with the support of UNICEF. Chlorine is recognised as important not only for those reliant on surface water sources, but also those using who have a nominally protected source: 'even if you have clean water at the water point, by the time you transport it to your house it is contaminated.'⁶³ Adoption of chlorination is not straightforward. Often, the introduction of chlorine tablets encounters cultural barriers, such as the opposition of village chiefs. Subsidisation of chlorine imports, for example from Zambia, distorts the market and reduces the commercial attractiveness of local production. In the regions where ACD has piloted their new technology for chlorine production, the organisation nonetheless found that the number of cholera cases dropped significantly. 'It is an easy and cheap way to get hold of chlorine and have clean water', said our respondent at ACD. 'It can work well in emergency situations, but also builds the managerial and marketing skills of people in the communities and help them understand the importance of accessing clean water.'⁶⁴

5.2 Development organisations responding to crises

A first example of a development-oriented stakeholder attempting to evolve its approach to WASH in the face of protracted crisis is provided by SNV. Since 2012, SNV have been supporting the capacity building of VEA partners and local authorities through cooperation and partnership agreements with UNICEF. The nature of their intervention has changed over time in response to learning from their experience. There have been moves to better understand local structures to overcome the problem of local appropriation of the programme and to explain the variety of outcomes recorded across different committees. As a specific example, SNV identified that humanitarian interventions are typically better received by local populations because of their more rapid implementation. In view of this, SNV experimented with incorporating Methods of Accelerated Participatory Research (MARP) into the VEA programme. This method involves facilitating a dialogue that enables the community to identify problems, come up with solutions and mobilise resources to implement them (establishing implementation schedules, community cards, defining the scope of the interventions etc.). The process is intended to increase both visibility and ownership of interventions, with a quick turnaround.

There are also examples of implementing organisations (predominantly INGOs) taking a more adaptive and learning-oriented approach, which seems to be a prerequisite for greater complementarity in the longer term – even if clear and attributable successes are somewhat rare. For example, SNV's broader organisational approach appears to be conducive to the kind of learning and adaptation based on experience described in the MARP example above. SNV makes use of localised contextual analysis, community approaches, coaching, and facilitation of peer-to-peer (Congolese) learning. SNV's national level staff are also predominantly Congolese, and the organisation has had a memorandum of understanding with the government from the beginning, which included the development of an exit plan.

Many of the NGOs that have been present in the DRC WASH sector for a significant period of time highlighted the importance of learning from experience, and of managing this knowledge internally in order to improve their interventions on the ground. CONCERN has historically prioritised field knowledge: it has conducted several evaluations of its own activities, to assess their actual impact on beneficiaries on the ground. Others organisations have started to focus on programmes, rather than individual projects. For example, CARE, despite its traditional humanitarian approach to WASH interventions in the DRC, recently made a strategic decision to move to longer-term programming, to which individual projects

⁶² Ibid.

⁶³ Interview held in Lubumbashi on 14 September 2015.

⁶⁴ Ibid.

could contribute. However, one respondent from CARE admitted they are now reverting back to rapid response approaches to cope with the protracted nature of the crisis in DRC because they recognise that there are times when emergency approaches are necessary.

In another example, the Sustainable WASH in Fragile Contexts (SWIFT) Programme, led by Oxfam (partnering with local NGOs) and Tearfund in North and South Kivu and Maniema provinces, is investing in operational learning projects around how the VEA programme could be evolved and adapted for small towns and peri-urban areas. The programme is also funded by DFID under a payment-by-results arrangement. Implementing partners are required to measure the sustainability of their interventions (continued use of water supply and sanitation, and adoption of hygiene promotion) one and two years after the majority of implementation takes place. SWIFT therefore stands to generate considerable learning about the sustainability of WASH programming in these states, as well as about the contributing factors.⁶⁵

5.3 Collaborative approaches

As some of the examples above highlighted, cholera prevention and response has been one of the areas where humanitarian and development WASH actors have successfully been able to undertake complementary interventions. During crises and conflicts where there are significant population movements and poor access to safe water and sanitation, there is an increased risk of epidemics such as cholera. In the DRC, cholera has become endemic in many regions, and particularly in eastern DRC. The government has done little to prevent these crises to date, but has shown some signs of willingness to act. With the support of UNICEF, the government produced a 2013-2017 Multisectoral Strategic Plan for the Eradication of Cholera in DRC – (*Plan Stratégique Multisectoriel d'Élimination du Cholera en RDC*, PSMEC). The PSMEC identifies 120 'at risk' health zones in the country and defines a preventive and responsive approach that spans across multiple sectors (hygiene, sanitation, water, education, etc.) and responds to both prevention (long-term) and response (short-term) objectives (UNICEF 2015).

The DRC WASH Consortium has established a rapid response mechanism to cholera outbreaks, led by *Solidarités International* based on their experience since 2004 in the broader RRM model described in Section 3. This mechanism aims at providing emergency funding for epidemics in areas where WASH Consortium members are already intervening. Importantly, the rapid response mechanism is funded through DFID's development funding window. Rapid response teams are set in place to mitigate risks: they can be deployed within 72 hours from the identification of the first cholera cases.⁶⁶ They work with the health zones and NGOs to decide, in a given context, how they can best intervene in the event of a cholera epidemic. This way, the need for humanitarian responses is reduced in areas that are at high risk of cholera outbreaks. There have been four cases of epidemics since the WASH Consortium has been running this system, and it seems to have been able to mitigate the scale of humanitarian response required, according to the WASH Consortium.

The WASH Consortium planned this contingency fund from the outset in order to allow for a rapid response. It could be considered as a risk mitigation strategy to protect the gains from development interventions in areas at high risk of cholera outbreaks. The WASH Consortium also considered the idea of establishing a contingency fund for population movements. Concern, which lead the consortium, was able to find additional funding from another donor linked to another of the projects they lead and this contingency mechanism was put in place, though under the auspices of another CONCERN programme and not the WASH Consortium itself.

Elsewhere there have been efforts to improve cross-cluster interventions within the humanitarian sector, which now uses more integrated approaches to support more

⁶⁵ ODI is a global partner of the SWIFT Consortium, which also operates in Kenya. See <http://swiftconsortium.org>

⁶⁶ For more information, see: <http://consortiumwashrdc.net/laboratoire-strategique>

sustainable outcomes. In fact, short-term gains in one sector can be built upon by interventions in other sectors for amplified results. For example, Action Against Hunger implemented a \$2 million project in 2014 aimed at improving access to WASH facilities while promoting economic recovery and markets towards achieving food security. The project was co-funded by USAID and OFDA for a period of one year. Activities started from providing access to WASH in an emergency mode, but aimed at having a longer-term development impact by linking up with activities to promote the access of the population to agricultural markets. Respondents reported that increased dialogue has been possible thanks to UNICEF, which leads the WASH Cluster but which also has strong involvement in development through the VEA programme. As such the cluster coordination mechanism has provided a space within which development actors and humanitarian actors can talk informally about their experiences of WASH interventions, according to key respondents from INGOs and NNGOs we interviewed at national and provincial levels. Local NGOs such as ADIR noted that this increased the receptivity of humanitarian actors to the need of starting a dialogue with their development counterparts, in order to improve responses.

Collaboration between humanitarian and development WASH actors has been particularly successful at the provincial level, perhaps because there are fewer actors and interventions to coordinate. At the provincial level, it has also been easier to establish positive relations with the government than at the national level where politics is more disconnected from the reality on the ground. In Katanga, for example, a representative of OCHA declared that the relationship with the provincial government is very positive: ‘They follow our suggestions, and we include them in our decisions in the cluster. Last year, they even gave money to OCHA to fund the crisis response in Nsusu to provide shelter and protection to the displaced population.’⁶⁷ Again, there are concerns that the decentralisation reform will change these dynamics, multiplying the government offices and reducing their budget and resources.⁶⁸ The benefits of increased dialogue are already visible in the case of cholera response, whereby WASH actors have been able to better understand the dynamics of cholera transmission, and situate cholera hotspots identify appropriate solutions in both urban and rural areas.

5.4 UNICEF

The scale and duration of UNICEF’s work in the WASH sector, its physical and operational presence in the provinces, as well as its country office in Kinshasa (which gives it access to the decision-making process at the national level), makes uniquely well-positioned to encourage complementarity across the WASH siloes, both internally and among others. As such, we give it particular attention.

In an attempt to harmonise humanitarian and development approaches with the objective of reducing the vulnerability of people in areas subject to recurrent crises (i.e. in the Kivus), UNICEF has been placing more emphasis on promoting resilience and exit strategies. It has also pushed for more cross-sectoral approaches.

Notable among UNICEF’s broader programming is the Rapid Response to Population Movements (RRMP), described in Section 3, which has arguably contributed to a more systemic and strategic approach to humanitarian response. In 2012 it had a budget of over \$37 million; in 2015 it received \$43m, making it the largest single humanitarian response programme in DRC after food aid. Funded by multiple donors, RRMP delivers assistance in specific sectors, such as NFI, WASH, education and health with interventions that are usually limited to three months (Baker et al. 2013). RRMP’s strategy integrates four basic requirements: pre-positioned relief supplies and funding for INGOs that are UNICEF partners; access to additional funds when needed; a continuous capacity of humanitarian surveillance; and a capacity to quickly respond through pre-established partnerships and standby agreements. A recent review of the RRMP highlighted that coverage has been best where RRMP partners have a pre-existing presence and are embedded in the humanitarian

⁶⁷ Interview with respondent in OCHA, held in Lubumbashi on 15 September 2015.

⁶⁸ Interview with respondents in OCHA and UNICEF, held in Lubumbashi in September 2015.

system. In addition, RRMP, and RRM and PEAR before it, have provided a space where innovative activities can be field-tested. There are already a number of examples of RRMP pilots that have been adapted and used by other agencies (Baker et al. 2013).

5.5 Donors

Most donors still prefer channelling their funding through humanitarian- or development-specific channels and procedures. However, more recently, some have tried different approaches to bring more complementarity between development and humanitarian WASH programming, realising the limitations of maintaining two separate approaches in situations where emergency response and long-term programming occur at the same time. For example, ADIR noted that the European Commission has relaxed some of its financial procedures for countries affected by crises by simplifying contractual rules for equipment purchases, or for the recruitment of local staff. Furthermore, a number of bilateral donors are making efforts to facilitate the use of development funds for rapid responses to crises as well as extending the length of humanitarian interventions (see the above examples of SIDA, DFID and BTC).

Other bilateral donors' determination to pursue a long-term agenda means that there has been a recent drive for more strategic programming. For example, in the past, USAID's humanitarian and development programmes were not located in the same geographic areas, with humanitarian responses taking place in eastern DRC and development activities implemented in other regions. However, the new USAID strategy for the period 2015-2019 will focus on undertaking humanitarian and development interventions in the same geographic area in a bid to improve complementarity and synergy, and make sure that there is better coordination with other donors.⁶⁹

5.6 Overview summary

Table 3 below summarises the lessons learned from failures and successes of the above efforts to build complementarity.

Table 3: Examples of approaches to increase the complementarity of humanitarian and development WASH approaches in DRC

WASH actor	Example	Factors of success/lessons learned
MSF-France	Rehabilitation of water network in cholera endemic region	<ul style="list-style-type: none"> Initial high investment in infrastructure acts as a preventive measure to epidemic outbreaks; saves money in the long-term. Can be done where organisation has pre-established presence in one region. However, ongoing conflict and violence can lead to suspension of long-term activities. Lack of sufficient involvement of the community can lead to non-sustainability of the intervention; infrastructure breaks down if nobody is there to maintain it.
AIDES	CHF-funded project on community resilience	<ul style="list-style-type: none"> Multi-year standard allocation with community resilience component (window for long-term/development intervention in international humanitarian fund).

⁶⁹ Interview with key respondent from USAID, held by Skype in July 2015.

WASH actor	Example	Factors of success/lessons learned
		<ul style="list-style-type: none"> Identify the direct causes of crises/epidemics (cholera): people on the move as main targets of intervention – preventive approach incorporated into emergency response. Work with local government and other authorities; need to make compromises ‘with the beneficiaries in mind’. This requires an in-depth knowledge of and embeddedness within the local politics, in turn deriving from long-term presence in a region.
World Vision	<p>Self-built latrines and water pumps in several villages in Katanga.</p> <p>Integrated WASH and nutrition approach in Mitwaba</p>	<ul style="list-style-type: none"> Participatory approach, work with (the same) communities and through community structures to avoid free-riding behaviours and ensure sustainability of the intervention. Risk assessment and mitigation measures in place before you start an intervention. Integrated WASH and nutrition programmes for longer-term impacts.
ACD	Technology for chlorine production as a cholera prevention measure	<ul style="list-style-type: none"> Emphasis on community ownership and awareness-raising. Introduce simple technologies and build the skills of communities to produce and use a key input. Building market opportunities (and managerial and marketing skills).
WASH Consortium	Rapid response mechanism to cholera	<ul style="list-style-type: none"> Emergency funding for immediate response in areas at high risk of cholera epidemics. Preventive approach to cholera outbreaks (rather than emergency intervention at later stage). Operates in regions where WASH Cluster members are already present to ensure that rapid response teams can be given appropriate resources and are effective in preventing cholera outbreak. Contingency fund planned from the outset.
SNV	Incorporated accelerated participatory research into their VEA development programming to make outcomes more visible and rapid	<ul style="list-style-type: none"> Build on what makes WASH humanitarian interventions more appealing to populations, and incorporate it in development activities (VEA): more visible and rapid results. Learn from existing programmes (humanitarian and/or development) but be willing to innovate.
UNICEF	Harmonise humanitarian and development approaches to stabilise areas that are subject to recurrent crises	<ul style="list-style-type: none"> Emphasis on promoting resilience and exit strategies.
UNICEF	RRMP and PEAR plus: to better respond to acute emergency needs in the DRC	<ul style="list-style-type: none"> Multi-sectoral to address the emergency needs of refugees and returned IDPs. On-the-ground presence of partners embedded in the humanitarian system, with overall coordination by UNICEF.

WASH actor	Example	Factors of success/lessons learned
		<ul style="list-style-type: none"> • Open up a space to field-test innovative approaches to increase emergency preparedness and prevention.
WASH Cluster	Increased dialogue between WASH humanitarian and development actors and government	<ul style="list-style-type: none"> • UNICEF as lead agency acts as a 'bridge' between humanitarian and development WASH actors. • Visible benefits of improved collaboration, e.g. in case of cholera response. • Easier at provincial than national level (less diversity, fewer actors to coordinate, less geographical separation). • Involvement of local government important – window of opportunity to move from short-term emergency response to longer-term engagement.
CONCERN, CARE	Learning and long-term planning	<ul style="list-style-type: none"> • Privileged field knowledge, conducted research and evaluation on its own activities (and especially long-term involvement on the ground). • Focus on programmes, rather than projects especially in protracted crises. • Importance of institutional memory.

Source: Authors.

6. Conclusion and recommendations

6.1 Synthesis

This paper has considered the recent history of DRC and its WASH sector, how the humanitarian and development WASH siloes have manifested and been maintained, and existing efforts to overcome 'siloes'. Taking a step back, we can return to the overarching questions which underlie our analysis (set out in the Introduction in Box 2). Against these questions we synthesise our findings as follows:

Question 1: How do humanitarian and development WASH communities, programmes and approaches interact currently, and what is the story of their interaction up to now?

DRC has been in crisis for decades, facing conflict, outbreaks of epidemics, natural disasters, and food crises at recurrent intervals. In this context humanitarian and development interventions have tended to occur simultaneously, with donors funding one, or the other, or both, often with geographic separation. For example, eastern DRC has tended to receive most of the humanitarian donors' attention due to the various and repeated instances of conflict there and its geographical accessibility; other parts of the country, such as Katanga, have received large portions of development aid. Also the WASH sector, which in DRC is typically run by international organisations with little support and involvement from the state, receives a mix of development and humanitarian funds.

We found that interaction between the humanitarian and development actors implementing WASH programmes and interventions in DRC is limited. Even interaction within humanitarian and development communities was lacking. This impacts on the level and quality of the WASH services that are delivered to the Congolese population, both during emergencies and in more stable situations and contexts.

Question 2: Do individuals, teams and organisations undertaking humanitarian and development WASH collaborate effectively? If not, why?

Due to the presence of the WASH Cluster, humanitarian interventions appear to be more coordinated than development ones. In the absence of a similar coordination mechanism, WASH development interventions are more fragmented. A clear government counterpart with which donors can liaise and progressively channel their funds was also missing in the WASH sector, and the recently implemented decentralisation reforms risk accentuating this fragmentation, according to our interviewees. Coordination, let alone collaboration, between WASH humanitarian and development actors is also challenging:

- Horizontal collaboration at national level was found to be limited due to the nature of the political and institutional framework in DRC; the latter is characterised by unclear roles and responsibilities for WASH, resulting in fragmented decision-making around WASH and hence budget allocation and planning. The case of Katanga shows that collaboration can be easier at the provincial level where actors are less numerous and dispersed.
- The geographical and political characteristics of DRC renders collaboration between the provinces and Kinshasa difficult. Kinshasa and the provinces are often

separated by large distances and communication routes and means are poor. This reduces the capacity of Kinshasa (government and donor country offices) to control the way interventions are implemented. It also reduces the capacity of local/provincial offices and organisations to input into planning processes, most of which happen at national level. This means that funds are not always allocated taking into account the real needs of the targeted province, community or people.

Question 3: How are decisions made around programming and policy, within and between humanitarian and development WASH communities, and do decisions lead to effective action on the ground? If not, what are the underlying reasons?

We found that:

- There is a strong disconnect between decision-making at the national level and interventions on the ground. Programmatic decisions made in Kinshasa by, for example, donor or INGO country offices often do not reflect the real needs on the ground. Furthermore, agreements with ministries at the national level are unlikely to guarantee the collaboration and involvement of their counterparts at the provincial level.
- Humanitarian organisations, in particular, are characterised by high turn-over rates, hampering their capacity to conduct longer-term programmes or inform their interventions with comprehensive socio-economic assessments and conflict analyses. Reporting to the country offices is not based on outcomes and impacts; staff of humanitarian organisations only need to report on short-term outputs, such as the number of people reached by chlorine delivery. This gives them little motivation or incentive to engage in longer-term activities. Opportunities for collaboration are also missed because of the programming mode of development organisations, which is generally long-term and heavy in monitoring and evaluation and other bureaucratic requirements. This means that they are often risk-averse about operating in the more unstable parts of DRC, where humanitarian organisations will tend to concentrate.
- Decision-making in DRC is highly politicised and difficult to navigate for international ‘external’ organisations. The WASH sector lacks a clear and well-defined institutional structure and roles and responsibilities are scattered between different ministries and at different levels. This makes interaction with government agencies difficult for international actors.
- Humanitarian and development actors do not share the same definition and vision of what constitutes an emergency (a point that applies beyond DRC), yet often they end up undertaking similar activities. Conducting hygiene behavioural campaigns or installing water pumps in IDP camps can have implications for longer-term development, even if led by humanitarian agencies.
- Separate funding mechanisms and conditions appear to lie at the core of these challenges. In protracted crises, there are often more similarities than differences between humanitarian and development work. Humanitarian and development funding mechanisms nonetheless reinforce binary stereotypes: humanitarian interventions must be short-term and supply-driven and can only report on outputs; development interventions are longer-term, pay attention to demand and supply, and should aim at development outcomes like sustainable WASH use and behaviours.

Question 4: What windows of opportunity exist to ensure a better connection and complementarity between development and humanitarian WASH at all levels, including around the institutional arrangements and operating structures and incentives?

Even in protracted crises, we recognise that humanitarian and development WASH serve different needs: the division of labour between the two is fundamental. However, this becomes a problem when it hinders capacity to work towards a long-term common goal, such as the effective and sustainable delivery of WASH services to the population. It is not just about better coordination: humanitarian and development WASH actors must come

together to agree where their objectives overlap, and work towards these with the capacities, expertise, and resources they have at their disposal. Our analysis highlighted several windows of opportunity for bringing more complementarity in WASH interventions in DRC:

- **Identifying a common problem and trying to find common solutions.** Development and humanitarian WASH actors identified recurrent cholera epidemics as a common problem: cholera is a development problem (it can be essentially prevented by putting in place adequate infrastructure for the supply of clean water and sanitation), but it is also a humanitarian problem (cholera outbreaks require immediate interventions to reduce the number of casualties and contain the spreading of the epidemics). In Katanga, for example, this offered a window of opportunity for humanitarian and development WASH actors to come together and collaborate towards a common goal.
- **Work at the provincial level.** The planned decentralisation reform has in theory shifted, and will continue to shift, power and resources into the hands of provincial governments. In addition, the political environment at the national level is very difficult to navigate for international donors and agencies, especially in the WASH sector. As such, it is possible to work towards better complementarity in the interventions at the provincial level. Provincial governments remain fundamentally detached from their national counterparts and are able to take decisions and use resources with more discretion. As the case of Katanga demonstrated, government actors can input more meaningfully into funding allocation decisions, and a broader range of local actors' expertise and capacity can be harnessed.

6.2 Towards recommendations: adopting appropriate perspectives

There are two important issues of perspective which must be considered before framing recommendations.

Firstly, the need to acknowledge the validity of difference. We have argued that in the WASH sector in the DRC the problem is less a 'gap' between humanitarian and development siloes, and more a lack of complementarity between them around the shared concern of effective and sustainable WASH. Water, sanitation and hygiene fulfil people's basic survival needs and rights *and are also* engines of longer-term welfare, productivity and opportunity. Agencies must fight the temptation to simplify the inevitable trade-offs that arise in complex, protracted crises, and focus instead on what can be realistically achieved in response to both these criteria.

There are, however, strong reasons for the persistence of siloes. Humanitarian and development aid programming and delivery have fundamentally different purposes, mandates and visions, which are embedded in the institutional set-ups, as well as the 'mind-sets', of each community and individuals working within them. The differences can also become entrenched over time, embedded in arrangements that begin to appear structural, such as conditions and timeframes attached to funding. The siloes cannot therefore be overcome by ignoring their existence. Acknowledging the validity of differences, and the very real constraints that individuals and organisations face in delivering on their missions, is a first important step in constructive dialogue and efforts towards complementarity.

Secondly, the need to frame recommendations at an appropriate scale. In this study we looked at the history of the WASH sector in the DRC, how the humanitarian and development WASH siloes have manifested and been maintained, and some of the recent efforts to overcome 'siloesation'. In all cases, a defining theme is the geographical, social and economic complexity that characterises the country and the configuration of actors within it.

In characterising structural reasons for the siloes (Section 4), we observe that localised efforts towards complementarity at the operational level, i.e. in provincial capitals and 'the field', are rarely adopted more widely. Lack of integration at the strategic level, primarily in

Kinshasa, hampers this. There are a number of structural constraints which relate to the way that large, multi-province programmes are funded and designed, and to the plans and approaches adopted by donors at the strategic or national level. At the same time, the effects of poor complementarity, such as contradictory approaches to community involvement and contribution, build frustrations at the operational level, which further entrench the perception that each side is not contributing to, and may even be undermining, the efforts of the other.

Our analysis of existing attempts to overcome siloisation suggest that there are windows of opportunity at both strategic and operational levels, and action is needed at multiple scales: in Kinshasa, in provincial capitals like Lubumbashi, and even at lower levels where interventions are rolled out, down to communities and households. In framing recommendations about how to further develop complementarity, it is therefore essential to do so at the appropriate level or scale.

Below, we set out a number of short-to-medium proposals for action at the provincial level, and at the national level. In the longer term these will need to be linked together – UNICEF appears a natural candidate for this linking role, given its presence in both Kinshasa and the provincial capitals, its understanding of both humanitarian and development communities, and its leadership role in the WASH Cluster. This said, and although deep concerns persist about governmental legitimacy and capacity, encouraging and empowering the Congolese government to take its own leadership role within the sector must remain an ultimate long-term ambition, to which all stakeholders progressively work.

6.3 Recommendations for action at sub-national levels

As a consequence of the history of WASH interventions in the DRC and the recent decentralisation reform, actual interventions are generally planned and implemented at the provincial and local levels, rather than in Kinshasa. Therefore, while a number of broader trends and challenges can be identified at the national level, it is at the sub-national level that efforts to achieve operational complementarity must be directed.

Our starting point for this is the concept of ‘common principles for WASH in protracted crises’ to provide a shared basis for building operational complementarity at sub-national level – led from the level of DRC’s provinces. Framed as short, targeted and actionable statements, such common principles need to be based on whatever common ground can be identified between humanitarian and development communities (respecting the validity of difference, they should not contradict ‘common sense’ as perceived by each community). They should be ambitious but achievable in the given constraints of available resources and logistical factors, and they must provide a clear framework, without stifling innovation.

The common principles that we outline below take account of some recent streams of thinking in programming and policy.

Firstly, they reflect a growing body of empirical evidence and practical experience focusing on the factors that lead to improved service delivery (including WASH services) in developing countries, by addressing locally determined problems in politically informed ways, with adaptive and entrepreneurial approaches (Andrews et al. 2013; Booth and Unsworth 2014; Wild et al. 2015; Faustino and Booth 2015). An examination of the initiatives that have succeeded in pushing forward innovative ways of working suggests that they share some common features. For example, they apply iterative problem solving or stepwise learning. They also involve brokering constructive relations among key players to discover shared interests and smart ways of dealing with vested interests. Finally, they are *locally led* and address problems that are salient for domestic actors, rather than selected by donors (DDD 2014).

Secondly, the idea of identifying common principles for WASH in crises also builds on a concept that is currently gaining ground amongst key donors, and which argues for a simple framework that provides a ‘bare minimum’ of guidance from which to build appropriate and innovative decision making. For example, DFID’s ‘Smart Rules’ (DFID 2015) offer a

simplified, unified framework and manual to guide DFID staff throughout the programme cycle.⁷⁰ Another example lies in the food security and nutrition sector, which has recently developed a list of 11 general principles and concrete measures that should shape government and development actors' efforts to meet immediate humanitarian needs while building resilient livelihoods (CFS 2015).

Thirdly, the concept of common principles should be read in the context of wider efforts in the WASH sector to define a set of core 'collaborative behaviours'. Four such collaborative behaviours have been developed by the Partners of Sanitation and Water for All (SWA 2015) and include the following:

- Enhance government leadership of sector planning processes
- Strengthen and use country systems
- Use one information and mutual accountability platform
- Build sustainable water and sanitation sector financing strategies.

SWA Partners include many governments of countries that urgently need to accelerate progress on WASH, as well as key WASH agencies and other organisations supporting this endeavour. The Collaborative Behaviours represent a refinement and consolidation of the aid effectiveness agenda, tailored to the WASH sector on the basis of empirical research from eight countries. DRC is not, however, an SWA Partner as yet. Moreover, the first and second principles, especially, may appear unachievable in a country where there are serious concerns about functioning and legitimacy of governance. Despite this, the idea of developing Common Principles to improve complementarity between development and humanitarian communities can be seen as a first step in an incremental and much longer journey towards strong and country-led WASH sectors and the full implementation of the common principles.

Common Principles for WASH in Crisis should be developed, deliberated and agreed by the stakeholders concerned. It is up to them to determine the exact content and priorities of the actions to follow in order to implement the Common Principles. The process should start with shared recognition that there is a crisis affecting the way in which WASH services are delivered and reach the Congolese population. Secondly, international agencies and their partners at the national and provincial levels should come together to understand the causes of the crisis, whether it can be prevented, and how it can be addressed. This will also entail defining who is best placed to act, depending on the level of resources, expertise and capacity they have. Funding and activities need to be agreed and prioritised next: donors should be ready to decide what to fund as well as what not to fund, especially in a context marked by limited funding. The presence of institutional platforms enabling this type of dialogue and collaboration amongst the different actors is therefore essential. For example, in Katanga the WASH Cluster could be the place for the debate to start.

We appreciate that the abstract idea of common principles holds little meaning and so set out a number of illustrative examples for one sub-national area – Katanga – in Table 4. We developed these examples on the basis of our observations and analysis of humanitarian and development WASH programming in the province, and as such their transferability to other provinces may be limited. The illustrative common principles aim to show what we mean in terms of style, rather than in terms of content, as the latter should be negotiated and agreed amongst key WASH actors in each province, for example in the framework of the provincial level WASH Cluster, in collaboration with the CPAEA where possible. To put the principles into practice, it will be critical to set out how the various actors who sign up to them will be held accountable, through periodic progress assessments.

⁷⁰ The 'Smart Rules' are intended to 'encourage teams to focus more on the what and how of delivery and less on the why and rationale; introduce leaner documentation and processes that encourage a proportionate approach, to help people spend their time on the right things to deliver results and effectively manage risk; bring together all the information we need to comply with [DFID/ UK Government] rules in one place, which saves time and increases compliance.'

Table 4: Seven illustrative Common Principles for WASH in Crisis, Katanga

Common principle	Who it applies to	How it could be operationalised
1. Identify common areas of intervention and exploit inter-sectoral linkages	Implementing partners; provincial government agencies; WASH Cluster	In Katanga, cholera prevention and response has been identified as a priority by both humanitarian and development WASH actors. It is also the common topic that receives funding from both humanitarian and development donors. As such, it can offer an entry point for the two 'communities' to initially come together for integrated planning. For example, longer-term WASH programmes could combine the expertise of development actors in setting up water and sanitation infrastructure, promoting hygiene practices, etc.; and the expertise of humanitarian actors in deploying rapid response measures to avert the escalation of cholera outbreaks into epidemics.
2. Hold regular joint meetings to create space for cross-silo decision making	WASH Cluster and/or other fora that bring together humanitarian and development actors	The WASH Cluster already offers a space for debate and discussion between humanitarian and development actors in Katanga. It could be used to continue this debate by more formally involving development actors in addition to humanitarian ones, under the coordination of UNICEF for instance (given its focus on both humanitarian and development interventions through the VEA). Periodic update meetings and consultations could be increased also between WASH and other sectors, such as nutrition, health, protection, etc.
3. Involve governmental authorities at the local level, and enable leadership development in the WASH sector	WASH Cluster, provincial and local government	In Katanga, international donors and implementing agencies consider governmental authorities in the health and education sectors as credible partners to work with (they are perceived to be more organised, have more expert staff and resources). These partnerships, already active for the implementation of the VEA programme, can be exploited for the implementation of WASH emergency responses too. ⁷¹ Over time, involvement of water sector officials should also be encouraged.
4. Collaborate with domestic partners	WASH Cluster, NNGOs, Provincial and local government, corporations	WASH Cluster members may consider sharing information with and involving government, NGOs and even the private sector (mining companies in Katanga) in planning interventions at provincial level; some of the latter have active WASH programmes in different regions of Katanga, and can provide additional/complementary resources to increase the impact of individual WASH interventions (both emergency response and longer-term development/resilience-building ones).

⁷¹ For specific donors or implementing partners, diplomatic missions may be able to advise on windows of opportunity within a fast-evolving and contentious political situation, to engage with local government authorities while respecting the principles of neutrality and impartiality that are typical of humanitarian interventions.

NNGOs and community-based organisations can provide important information on issues that risk compromising the positive outcomes of the project, for example around local-level governance.

Note that ‘collaborating with’ does not mean ‘conforming with’; this principle may need to be put into practice sensitively, and should be avoided if following the recommendations of local actors, or even providing local actors with information about intended interventions, would clearly endanger life or compromise principles such as neutrality.

5. Engage and support local in-country capacity	WASH implementing partners	Use local implementing capacity (e.g. NNGOs, domestic private sector, local government) unless there are strong reasons not to, in recognition of the fact that local partners can be more qualified to respond to some crises, and more likely to remain when international actors leave.		
6. Encourage continuity within and between projects	WASH Cluster, implementing partners	<p>The WASH Cluster should play a role in ensuring that funded WASH interventions incorporate thorough conflict sensitivity and environmental assessments. ‘Keep the focus on the beneficiaries’, and ensure that projects reflect the needs of the people on the ground, rather than requirements set in Kinshasa.</p> <p>All WASH project proposals should include, and be evaluated against, consideration of (i) how, where, for whom, and by whom WASH services are being delivered and what the implications are after project conclusion and over the medium term (e.g. 2 years);⁷² and (ii) what measures can be put in place to reduce adverse effects, e.g. in terms of exacerbating conflict, environmental degradation, and population displacement. Higher value proposals should include deeper consideration based on e.g. mandatory conflict and context analysis.</p>		
7. Build capacity to think ‘outside the siloes’	WASH implementing partners	<table border="0"> <tr> <td data-bbox="560 1370 869 1543">Include training on emergency preparedness and response for key development WASH positions.</td> <td data-bbox="879 1370 1118 1543">Where possible, enable learning for relevant staff through exchange/ secondments rather</td> </tr> </table>	Include training on emergency preparedness and response for key development WASH positions.	Where possible, enable learning for relevant staff through exchange/ secondments rather
Include training on emergency preparedness and response for key development WASH positions.	Where possible, enable learning for relevant staff through exchange/ secondments rather			

⁷² The questions ‘how’, ‘where’, ‘for whom’ and ‘with whom’ provide a helpful structure to consider positive and negative consequences of an intervention, for example:

- **How?** Can this type of intervention be done if there is: active conflict, no government counterpart or other legitimate authority, low security conditions (e.g. road security), high prices or lack of markets e.g. for spare parts, limited existing WASH infrastructure (and in what conditions?).
- **Where?** What is the hydrological and geological context, what is the settlement type now and in future (urban/rural/small town; IDP camp/PoC/ host communities)?
- **With whom?** Who are potential partners, enablers and blockers to WASH service delivery? What is the water governance structure at local level, i.e. who is in charge, do conflicts occur around water points and/or other water infrastructure? Given the context and capacities/resources available, is it possible to partner up with other international agencies (e.g. if they have already established presence on the ground), communities, NGOs, local/national government, the private sector?
- **For whom?** What is the level of need? What is the likely capacity of local populations to collaborate to support operations and maintenance? How are different groups excluded or included in the benefits and responsibilities of service provision? What is the potential for benefits to be captured by particular groups (including access to services but also rents e.g. from monopolising markets for spare parts)?

Include training on M&E, administration and practical WASH skills such as community-based hygiene and sanitation promotion, for key humanitarian WASH positions.	than one-off training events.
--	-------------------------------

Source: Authors

6.4 Recommendations for action at national level

While we have argued that the Common Principles for WASH in Crises should be evolved at the provincial level to take into account the political and geographical contexts of sub-national entities in DRC, several broad structural changes are required at the national level. Without these, perceived and material barriers to greater complementarity will continue to exist and it will be difficult to put into action any Common Principles that are developed.

First, key WASH actors, and in particular donors and their government partners, should focus on supporting and coordinating provincial-level strategies and approaches. The WASH Cluster can play a pivotal role in ensuring that interventions are planned not only according to geographic criteria, but also to respond to real needs on the ground. This would enable implementing organisations to take into account the distinct regional political economies and enable greater flexibility for interventions to take advantage of windows of opportunities (i.e. localised political support for the CPAEA) and/or to focus on problem-solving (i.e. by addressing the underlying drivers and causes of crises in specific provinces).

Second, there is a need to find flexible financial arrangements that bridge the humanitarian and development divide by supporting interventions that respond to the humanitarian needs of people in crises, while supporting (or at least not compromising) their development prospects. We suggest that WASH donors should introduce less rigid financial rules to enable flexible spending on development or humanitarian activities within programmes. For example, they could specify a proportion of budgets in development programmes that can be quickly reallocated to allow for emergency response if the need arises. On the other hand, humanitarian donors could prioritise funding interventions that incorporate longer-term considerations/plans or clearly show that they are successfully leveraging and building off existing interventions, and incentivise these through project proposal selection criteria. Most bilateral and multilateral humanitarian funds are currently channelled through common funding mechanisms. One idea could be to direct some of this funding to implementing partners that are familiar with both humanitarian and development approaches. Some organisations have expertise in both areas but find it easier to access humanitarian funds for their operations in eastern DRC than other funding pots that would allow them to implement long-term, more sustainable and participatory approaches on the ground.

Third, there should be a greater investment in more locally led initiatives and a greater focus on country-based organisations which have the interest and ability to address critical problems. Both humanitarian and development WASH actors should consider ways to draw more systematically on Congolese expertise and work with local NGOs when planning and implementing their WASH interventions. For example, international technical experts could be paired with Congolese WASH experts who have a deeper understanding of the political economy context. This is key to identify problems and solutions that are important and relevant to local people, by establishing relationships in which beneficiaries, rather than money, are the real focus on WASH interventions. Donors and managers of pooled funding can incentivise this by including specific requirement for meaningful involvement of local partners, especially for any medium and longer-term funding (e.g. above a year's duration).

Finally, both humanitarian and development organisations should prioritise documenting their experience of WASH interventions to identify the particular conditions under which approaches work or do not work and whether there are particular contexts and issues in which various approaches work best or don't work at all. This should aim to record innovative initiatives which have proved successful and which have been able to adapt to specific contexts to take account of sub-national and sub-provincial variations and of the dynamic context. Methods could range from including dedicated operational learning components within implementation activities, to encouraging all project managers, development or humanitarian, to provide brief qualitative assessments of where there have been successes, as part of project reporting. The objective should be to contribute to building an evidence base about the sorts of change processes that contribute to better WASH outcomes both at times of crisis and, when crisis abates or alleviates, by building preparedness and resilience. Learning from failure is likely to be an important element of this process.

References

- Andrews, M., Pritchett, L. and Woolcock, M. (2013) 'Escaping Capability Traps Through Problem Driven Iterative Adaptation (PDIA)', *World Development* 51: 234-244.
- Baker, J., Sosole Kahemu, C., Hidalgo, S., Kayungura, G., Posada, S., Tasikasereka, M., and Vinas, M. (2013) *External Evaluation of the Rapid Response to Population Movements (RRMP) Program in the Democratic Republic of Congo*. Evaluation Report, commissioned by UNICEF. Available at: www.unicef.org/evaldatabase/files/DR Congo_2013-001_RRMP_Final_Report.pdf
- Beck, T. (2006) *Evaluating Humanitarian Action Using the OECD-DAC Criteria*. London: Active Learning Network for Accountability and Performance in Humanitarian Action.
- Booth, D. and Unsworth, S. (2014) *Politically Smart, Locally Led Development*. Discussion Paper. London: Overseas Development Institute.
- CFS (2015) Framework for Action for Food Security and Nutrition in Protracted Crises (CFS-FSA). Final Draft, Committee on World Food Security (CFS), Rome, 22 May. Available at: www.fao.org/fileadmin/templates/cfs/Docs1415/FFA/Neg/CFS_FFA_Day7_FINAL_DRAFT.pdf
- CHF (2014) *DRC annual report*. Common Humanitarian Fund. Available at: [https://docs.unocha.org/sites/dms/Documents/ANNUAL REPORT CHF DRC 2014.pdf](https://docs.unocha.org/sites/dms/Documents/ANNUAL%20REPORT%20CHF%20DRC%202014.pdf)
- DDD (2014) *The DDD Manifesto: On Doing Development Differently*. Available at: <http://doingdevelopmentdifferently.com>
- DFID (2015) *Smart Rules: Better Programme Delivery*. Version IV: effective 1 July 2015 until 31 October. London: Department for International Development. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/443199/Smart-rules-update-080715.pdf
- EAA (2012) 'Evaluation du programme école et village assainis'. Rapport final Préparé par EAA pour le compte du gouvernement de la république démocratique du Congo et le fonds des Nation Unies pour l'enfance (UNICEF). Eau et Assainissement pour l'Afrique.
- FAO (2010) *The State of Food Insecurity in the World: Addressing Food Insecurity in Protracted Crises*. Rome: Food and Agricultural Organisation.
- FAO (2012) 'Food Insecurity in Protracted Crises: An Overview'. Brief prepared for the High Level Expert Forum, Rome, 13-14 September. Rome: Food and Agricultural Organisation.
- Faustino, J. and Booth, D. (2015) *Development Entrepreneurship: How Donors and Leaders Can Foster Institutional Change*. Working Politically in Practice Case

Study 2. London and San Francisco: Overseas Development Institute and The Asia Foundation.

GHA (2015) *Global humanitarian assistance report 2015*. Global Humanitarian Assistance. Available at: www.globalhumanitarianassistance.org/wp-content/uploads/2015/06/GHA-Report-2015_-Interactive_Online.pdf

HRP (2015) *République Démocratique du Congo: Plan de Réponse Humanitaire 2015*. Available at: www.humanitarianresponse.info/en/system/files/documents/files/hrp_2015_drc_summary_english.pdf.

International Alert (2015) *Beyond stabilisation: Understanding the conflict dynamics in North and South Kivu, Democratic Republic of Congo*. London: International Alert. Available at: www.international-alert.org/sites/default/files/DRC_ConflictDynamicsKivus_EN_2015.pdf

JMP (2015) 'Democratic Republic of Congo: estimates on the use of water sources and sanitation facilities (1980-2015)'. WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation. Database available at: www.wssinfo.org/documents/?tx_displaycontroller%5Btype%5D=country_files.

Kooy, M. and Bailey, S. (2012) *Tearfund WASH service delivery in the Democratic Republic of Congo: contributions to peace-building and state-building*. London: Overseas Development Institute. Available at: www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8293.pdf

KPMG (2014) *Democratic Republic of Congo: Country mining guide*. KPMG International, Strategy Series. Available at: www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/mining-country-guides/Documents/democratic-republic-congo-mining-guide.pdf

Mosel, I., and Levine, S. (2014) *Remaking the case for linking relief, rehabilitation and development: How LRRD can become a practically useful concept for assistance in difficult places*. HPG Commissioned Report. London: Overseas Development Institute (www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8882.pdf).

MSF (2014) *International Activity Report 2014*. Available at: www.msf.org/sites/msf.org/files/msf_international_activity_report_2014_en.pdf#page=38

OECD-DAC (1999) *Guidance for Evaluating Humanitarian Assistance in Complex Emergencies*. Organization for Economic Cooperation and Development, Development Assistance Committee. Available at: www.oecd.org/dac/evaluation/2667294.pdf

SWA (2015) *Four Collaborative Behaviours for the Development of Sustainable WASH Services for All*. Sanitation and Water for All. Available at: <http://sanitationandwaterforall.org/about/the-four-swa-collaborative-behaviours>

Trefon, T. (2011) *Congo Masquerade: the political culture of aid inefficiency and reform failure*. London: Zed books.

UNICEF (2014) 'Humanitarian Action for Children 2014: Democratic Republic of the Congo'. Available at: www.unicef.org/appeals/files/20140816_DRC_HAC_MYR_FINAL.pdf

UNICEF (2015) 'WASH cluster strategy for the Democratic Republic of Congo'. Available here (in French): <http://reliefweb.int/report/democratic-republic-congo/r-publique-democratique-du-congo-plan-strat-gique-2015-cluster-wash>

Wild, L. and Mason, N. (2012) *Examining the role of WASH services within peace- and statebuilding processes. Findings from Tearfund programmes in the Democratic Republic of Congo and the Republic of South Sudan*. London: Overseas Development Institute. Available at: www.odi.org/publications/7329-wash-conflict-fragile-states-water-governance

Wild, L., Booth, D., Cummings, C., Foresti, M. and Wales, J. (2015) *Adapting Development: Improving Services to the Poor*. London: Overseas Development Institute.

World Bank (2006) *Getting Africa on track to meet the MDGs on water and sanitation: a status review of sixteen African countries*. Washington, DC: World Bank.

World Bank (2011) *Water supply and sanitation in the Democratic Republic of Congo: turning finance into services for 2015 and beyond*. An AMCOW country status overview; Water and sanitation program. Washington, DC: World Bank.

Appendix 1: Interview list

List of people and organisations interviewed for this study

Name	Organisation	Position
Interviews in Lubumbashi:		
Philippe Lwabo	EHB	National coordinator
Jean Kazadi	EHB	Programme manager
(Anonymous)	AIDES	WASH Programme Manager
Michel Santos	MMG	Social Development Manager
Dimitry Ilunga Ngoy	MMG	Social Development Team
Mulaj Musasa Gilbert	MMG	Social Development Team
Baudouin NYANGOMBALE SANZOU	IRC	Emergency Coordinator
Daniel Mushaga	Defi Michee	National Coordinator
George Kadinga	Action Contre la Pauvrete (ACP)	General Coordinator
Souleymane Beye	OCHA	Head of Katanga Sub-Office
Anthony Bertrand Bonhommeau	ALIMA	Head of Mission
John Shamamba Muchuba	Assistance aux Communautés Demunies (ACD)	National coordinator
Magali Carpy Botoulou	UNICEF	Head of Mission
Patrick Bilanda	UNICEF	WASH Specialist
Patrick Lilombo	World Vision	Senior FAIRO
(Anonymous)	Health Zone	Technician
Ambroise Ilunga	CPAEA/Katanga	Provincial Executive Secretary
Patrick Mbay	PROVIC	Health Specialist

Jacques Kasake	SNHR	Technician
Hugues Nsenga	Ministry of Health, Hygiene Department (D9)	SNV Focal Point
Kinshasa interviews:		
Deo Marindi	Water and Sanitation Programme (WSP), World Bank	Water Supply Specialist
Elena Ferrari	UNDP	Early Recovery Advisor
Dr Mavard KWENGANI	Department of Hygiene, Ministry of Health	Director
Tolo Assad	SNV	
Dominique Sowa	ADIR	
Antoine Mesu	Belgian Technical Cooperation	Head of WASH programme
Dr Kebela	Ministry of Health	Director, Department of disease prevention,
Franck Abeille	UNICEF	Head WASH Chief
Lisa Rudge	Department for International Development (DFID)	WASH Advisor
Aude Rigot	UNICEF	Head of Emergencies
Francois Landiech	Swedish International Development Cooperation (SIDA)	
Stephen Jones and Amaleye Dia	WASH Consortium	
Jean Claude Luyela Musiewob	Comité Nationale des Agences de l'Eau et Assainissement (CNAEA)	Director
Modeste Zihindula	Independent WASH consultant	

Appendix 2: Methodology

Study design

We selected a sequential desk-field design for the research, whereby desk research was interspersed with fieldwork. The two tracks were closely interconnected, allowing the team to inform outputs with international good practice and thinking, as well as insights from case study contexts and experience of programming and policy realities. Preparatory research consisted of a literature review on WASH service delivery in conflict and protracted crises and disaster situations, coupled with consultations with UNICEF and WSP and interviews with key global stakeholders.

Secondly, for this case study interviews were conducted in Kinshasa and Lubumbashi (Katanga) over a total of 10 days with UNICEF staff (at country office and field offices), donors, UN agencies, International non-governmental organisations (INGOs), national non-governmental organisations (NNGOs), government counterparts, and beneficiary communities (in Katanga). A complete list of the interviews is presented in table A1 below. The choice of Katanga as project location to use as case study was made in consultation with UNICEF DRC Country Office. Interviews were conducted in French and then translated into English by the researchers.

Two Congolese national consultants with deep knowledge and experience of the WASH and health sectors in DRC participated in the fieldwork, contributing to shaping the research focus and identifying suitable respondents.

Analytical framework

As noted, the research approach was inductive and iterative, incorporating a focus on emerging issues as they arose in the course of interviews. Guided by the overarching research questions, detailed sub-questions (see Annex 2) were adapted to explore a range of issues including institutional cultures, assumptions, values, structures and ways of working, principles and practices, interaction and effective collaboration, decision-making, institutional arrangements, and operating structures and incentives.

We initiated the research with a broad conceptual approach emphasising three types of disjunction that give rise to and sustain the siloisation between humanitarian and development WASH – in accountability, norms, and institutions. These disjunctions are common to most service sectors, but all too apparent in the case of WASH. In emphasising these three disjunctions, we sought to apply, implicitly, a political-economy approach, rooted in understanding fundamental incentives and power differentials at organisational and individual levels. A starting point was the belief that it is misaligned incentives and imbalances of power and information that inhibit more productive outcomes for WASH users in poor and fragile contexts, but are, at the same time, key to unlocking such outcomes.

We present the three original categories below (summarised from our proposal) both to demonstrate our starting point, and to confirm that the inductive nature of the research revealed considerable nuance and a need to look beyond these three overarching categories.

We revisit the question of analytical frameworks in our synthesis report for this project.

Accountability: Driven by accountability to domestic constituencies, donor governments emphasise short-term, easily enumerated results. In fragile and conflict-affected contexts, this breeds reliance on international non-governmental organisations, working directly or through local partner NGOs, which have the capacity and flexibility to bypass, or work loosely in parallel with, inadequate government structures. Where this works well, it provides incremental services which ultimately may be taken over by government agencies and communities. Where it fails, it leaves redundant and collapsing infrastructure, without the capacity – either in communities, the private sector, or government – to sustain services. Results don't tend to come as easily (nor are they easily counted) if those same funds are entrusted to national governments which are struggling to establish basic bureaucratic and technocratic functions, including public financial management and sector monitoring and information systems.

Meanwhile accountability to the constituency that all parties ostensibly aim to serve – end users – may be jeopardised. The accountability of NGOs, working through project modalities, to service users, is high in the short term. But over the long term, discrete project funding cycles close and emergency and relief organisations move on to the next most crisis-affected area. As they do so, the accountability gap may not be filled by government actors, which have been bypassed or undermined by the reliance on third parties. We acknowledge the fundamental challenge for donors seeking to route funds to low capacity environments, and the potential for non-governmental organisations to play a critical role in the transition from emergency relief to longer-term development.

Norms: Organisational missions are accumulated over time and go far deeper than short statements on agency websites. OCHA's emphasis on the four humanitarian principles – humanity, neutrality, impartiality and independence – constitute a rational response to the challenges of meeting basic needs in contexts where such ideals are severely compromised by political oppression or violent conflict. The ability to maintain independence and non-alignment in fast-changing political and military situations is critical to protect staff and service users alike. The primary purpose for such agencies, of meeting fundamental needs and protecting life and health, take precedence, and are shielded from the messy realities of building durable political settlements. But this normative approach becomes more challenging in a post-conflict environment. Here, the risk of crises reoccurring, and legacies of community mistrust of elites and officials, can prevent relief agencies from engaging with the groups that will, ultimately, need to assume responsibility for sustainable services.

Development agencies, meanwhile, have the luxury of looking beyond the relatively narrow purpose of WASH to meet immediate survival needs and contain epidemics. As a country and its partners shift into the developmental mode, the purpose of WASH also begins to shift: to being a fundamental pillar of health systems, and an enabler of productivity for households and economies. Achieving results of this nature is still necessarily complex, and cannot be achieved without investment in sector systems, and the core-government systems (above all fiduciary management) which underpin them.

So what of the middle spaces – post-conflict, or in situations of recurrent crisis where government maintains a skeleton presence but faces severe problems of legitimacy and capacity? Relief and development agencies alike acknowledge the complexity of these transitional phases, and the need for adaptive, iterative responses. Yet the world of international assistance continues to organise itself, normatively as much as operationally, on the basis of 'two-sizes-fit-all'. The unpredictable nature of the fragile contexts and crises does, of course, force humanitarian agencies into longer-term engagement; development agencies can become entangled in emergency response – as exemplified by the setbacks experienced in South Sudan. But the fundamental challenge posed by deep-seated norms, within development and humanitarian communities – including about the very purpose of WASH (as basic need or engine of productivity and opportunity), remain urgently in need of better understanding.

Institutions: The professional cadres which make up the development and humanitarian WASH communities remain fundamentally isolated from each other – their operational and management tiers sometimes prioritising radically different things. Funding streams are

compartmentalised, not least because of the basic accounting challenge of having funds available for rapid deployment to emergencies versus longer-term commitments needed for systems-building. OCHA pooled funding – the Central Emergency Response Fund (CERF), Common Humanitarian Funds (CHF) and Emergency Response Funds (ERF) – remain a largely unfamiliar domain for developmental WASH policy specialists, even where, in the case of CHF and ERF, pooled funding is available on a long-term, country-specific basis to tackle recurrent and persistent crises. Key developmental modalities of programmatic and budget support are, similarly, a world away for many humanitarian agencies, leaving an uneasy and often unsustainable middle ground of project-based funding.

On the ground, while humanitarian and development professionals share similar skillsets – such as engineering, or social development, or logistics – they are persistently separated by institutional arrangements, job descriptions and recruitment policies. In part this is due to recognisable differences in technologies and approaches needed to meet emergency WASH needs versus developmental WASH needs. But the organisations involved can usefully be questioned on how, and why, their staffing and professional development policies reinforce this divide. Similar questions can be asked of the WASH knowledge and policy community, which does little to overcome the gap – exemplified in the apparent disconnect between emergency WASH technical standards (such as Sphere) and the standards monitored (and now proposed for post-2015) by the JMP.

Appendix 3: Research questions

National-level field work – Kinshasa

Understanding general context/working modalities:

- How long have you been working in DRC, focusing on what/in what regions (urban/rural, states, community focus)?
- How does the crisis/health emergencies/political and violence situation on the ground affect the capacity of your organisation to work? (E.g. violence can restrict access in certain regions, military groups target INGOs' personnel, etc.) What are the main logistical and other challenges you face in your daily work? Do other organisations have similar problems (or are there some organisations that for instance have better access to certain areas, have a better negotiating position with military/state, etc.)? If so, why might that be the case?
- Who are the predominant actors in the WASH sector? State or non-state providers? How do you engage with them? Has the Water Law been passed? More generally, to what extent the national legislative/policy framework in the sector constrains/enables your interventions?
- What have been the impacts of the decentralisation reform, if any? What do you think will be the impacts of this reform on the future of your activities? (e.g. more and more powerful local authorities may be easier to work with for delivery of services at local level, or they may constitute an obstacle, making your interventions more difficult).
- At what level are you mostly operating? To what extent is your work community-based, and why? (Humanitarian Response Plan for DRC calls for community-based assessment of vulnerabilities).

How do humanitarian and development WASH communities, programmes and approaches interact currently, and what is the story of their interaction up till now?

- [For humanitarian audience] Besides humanitarian intervention, what are your activities/areas of work that specifically aim at development transition? And are you focusing on those regions that are characterised by high levels of conflict/violence (e.g. do you work in eastern DRC?), or do you tend to operate in more stable regions? What are the specific challenges you are addressing there?
- To what extent are your WASH interventions contributing to institutional strengthening, capacity-building in WASH sector. More generally, what are the specific 'development-oriented/long-term components of your WASH intervention in DRC? (e.g. cash-based approach, combining nutrition + WASH, etc.)
- [For development audience] Besides your activities/areas of work that specifically aim at development what is your approach to emergency preparedness, resilience etc. What is your organisation's traditional approach in 'fragile/conflict states', and how does it differ from the one you take in other, non-conflict contexts?

-
- How do you work with the other 'half'? When, how and why do you work/not work with development/humanitarian focused sector?
 - What is the balance between meeting basic human needs and long-term capacity building?
 - How has capacity in your organisation varied through time? (Presence has augmented/diminished, more funding available, staff turnover, different mechanisms for coordination e.g. clusters being set up etc.)
 - Are relevant DRC government agencies/ministries involved equally in humanitarian and development WASH – if not why not? What are their perceptions about each and why?
 - Is there coordination between water, sanitation and hygiene? How is the WASH sector approaching coordination?
 - To what extent are you negotiating/engaging with MONUSCO and other belligerent parties? And the public sector at different levels (national, provincial)? And the civil society (NGOs, faith-based groups, others?) How do you think this helps you deliver your mission (in general and in terms of WASH service delivery in particular)? Is there a risk that these relations with authorities and/or any of these other actors could affect the humanitarian principles of independence and neutrality? If yes, how?
 - Ask about '*Village and Ecole Assainies*'. Background info; in what regions? What achievements/challenges so far? Have these been scaled up and if not why/what were the major constraints? [Useful to understand especially relationship/engagement with local governments]

Do individuals, teams and organisations undertaking humanitarian and development WASH collaborate effectively? If not, why?

- In your opinion, what constitutes the development and humanitarian WASH sector silos?
- What windows of opportunity exist to ensure a better connection and complementarity between development and humanitarian WASH at all levels, including around the institutional arrangements and operating structures and incentives?
- What would be on your top priorities if you were to stay for another two years?

How are decisions made around programming and policy, within and between humanitarian and development WASH communities, and do decisions lead to effective action on the ground? If not, what are the underlying reasons?

- What scope is there for adaptive decision-making as situations change? (Understand underlying reasons, both at organisational and personal level inhibiting or enabling adaptive approaches).
- Who/at what level do you decide where to intervene, for how long, adopting which approach? (e.g. at HQ, regional, country offices level) Does the specific decision-making process you have in place lead to effective action on the ground?
- How does the crisis affect the capacity of your organisation to work? (e.g. violence can restrict access in certain regions, military groups target INGOs' personnel, etc.)
- What are the main trade-offs you face during your work? Who decides when trade-offs emerge, i.e. who takes operational decisions versus who sets the broader framework within which interventions take place? Do other organisations have similar problems (or are there some organisations that for instance have better access to certain areas, have a better negotiating position with military/state, etc.)?

-
- More generally, what are the main limitations of your current approach (challenges you face)? What are you not doing well enough, and why in your opinion?
 - Who are the interventions for, to whom are you accountable (beneficiaries, donors, national government, etc.)? In your view, how does this impact on your operations?

Provincial field work – Lubumbashi, Katanga

Understanding general context/working modalities:

- How long have you been working in Lubumbashi, focusing on what/with what objectives (to understand whether they perceive themselves as being humanitarian- or development-oriented, and e.g. the extent to which their work is related to health emergencies)?
- At what level are you mostly operating? To what extent is your work community-based, and why? (Humanitarian Response Plan for DRC calls for community-based assessment of vulnerabilities).
- What are the main logistical and other challenges you face in your daily work? Do other organisations have similar problems (or are there some organisations that for instance have better access to certain areas, have a better negotiating position with military/state, etc.)? If so, why might that be the case?
- Who are the predominant actors in the WASH sector? State or non-state providers? How do you engage with them?
- What have been the impacts of the decentralisation reform, if any? What do you think will be the impacts of this reform on the future of your activities? (e.g. more and more powerful local authorities may be easier to work with for delivery of services at local level, or they may constitute an obstacle, making your interventions more difficult).

How do humanitarian and development WASH communities, programmes and approaches interact currently, and what is the story of their interaction up to now?

- To what extent are your WASH interventions contributing to institutional strengthening, capacity-building in WASH sector. More generally, what are the specific 'development-oriented/long-term components of your WASH intervention in DRC? (e.g. cash-based approach, combining nutrition + WASH, etc.)
- And to what extent are your WASH interventions aimed at meeting basic needs in emergency situations?
- What is the balance between meeting basic human needs and long-term capacity building?
- How do you work with the other 'half'? When, how and why do you work/not work with development/humanitarian focused sector?
- How has capacity in your organisation varied through time? (Presence has augmented/diminished, more funding available, staff turnover, different mechanisms for coordination e.g. clusters being set up etc.)
- Are relevant DRC government agencies/ministries involved equally in humanitarian and development WASH – if not why not? What are their perceptions about each and why?
- Is there coordination between water, sanitation and hygiene? How is the WASH sector approaching coordination?
- To what extent are you negotiating/engaging with MONUSCO and other belligerent parties? And the public sector at different levels (national, provincial)? And the civil society (NGOs, faith-based groups, others?) How do you think this helps you deliver your mission (in general and in terms of

WASH service delivery in particular)? Is there a risk that these relations with authorities and/or any of these other actors could affect the humanitarian principles of independence and neutrality? If yes, how?

- Ask about '*Village and Ecole Assainies*': Background info; in what regions? What achievements/challenges so far? Have these been scaled up and if not why/what were the major constraints? [Useful to understand especially relationship/engagement with local governments] Other examples of WASH integration in other sectors?

What windows of opportunity exist to ensure a better connection and complementarity between development and humanitarian WASH at all levels, including around the institutional arrangements and operating structures and incentives?

- In your opinion, what constitutes the development and humanitarian WASH sector silos, with specific reference to your work in Lubumbashi, and experience within your organisation/WASH sector in DRC more generally?
- What windows of opportunity exist to ensure a better connection and complementarity between development and humanitarian WASH at all levels, including around the institutional arrangements and operating structures and incentives?
- What would be on your top priorities if you were to stay for another two years (and why)?



ODI is the UK's leading independent think tank on international development and humanitarian issues.

Our mission is to inspire and inform policy and practice which lead to the reduction of poverty, the alleviation of suffering and the achievement of sustainable livelihoods.

We do this by locking together high-quality applied research, practical policy advice and policy-focused dissemination and debate.

We work with partners in the public and private sectors, in both developing and developed countries.

Readers are encouraged to reproduce material from ODI Reports for their own publications, as long as they are not being sold commercially. As copyright holder, ODI requests due acknowledgement and a copy of the publication. For online use, we ask readers to link to the original resource on the ODI website. The views presented in this paper are those of the author(s) and do not necessarily represent the views of ODI.

© Overseas Development Institute 2016. This work is licensed under a Creative Commons Attribution-NonCommercial Licence (CC BY-NC 3.0).

ISSN: 2052-7209

Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
Tel +44 (0)20 7922 0300
Fax +44 (0)20 7922 0399



ODI is the UK's leading independent think tank on international development and humanitarian issues.

Readers are encouraged to reproduce material from ODI Reports for their own publications, as long as they are not being sold commercially. As copyright holder, ODI requests due acknowledgement and a copy of the publication. For online use, we ask readers to link to the original resource on the ODI website. The views presented in this paper are those of the author(s) and do not necessarily represent the views of ODI.

© Overseas Development Institute 2016. This work is licensed under a Creative Commons Attribution-NonCommercial Licence (CC BY-NC 4.0).

All ODI Reports are available from www.odi.org

Cover photo: A boy drinking water at a water source in the Democratic Republic of Congo (2010) ©UNICEF/UNI11165/Connelly

Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
Tel +44 (0) 20 7922 0300
Fax +44 (0) 20 7922 0399

odi.org

