



# Independent Evaluation of the Accelerating Sanitation and Water for All Programme (ASWA II)

# Independent Evaluation of the Accelerating Sanitation and Water for All Programme (ASWA II) – Final Report

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## Preface

In December 2018, UNICEF and the Dutch Directorate-General for International Cooperation (DGIS) signed an agreement to implement the second phase of the Accelerating Sanitation and Water for All (ASWA) programme, ASWA II. The programme was carried out in eight sub-Saharan African countries: Côte d'Ivoire, Burkina Faso, Mali, Niger and Nigeria in UNICEF's West and Central Africa region (WCAR), as well as Mozambique, Somalia and Tanzania in the Eastern and Southern Africa region (ESAR). The programme was implemented in challenging contexts impacted by security constraints and other threats such as climate change. In addition, the COVID-19 pandemic posed additional challenges for the implementation of this programme.

After initiation, several amendments were made to the programme in response to the COVID-19 pandemic, and the original budget of US\$65,000,000 was increased by US\$8,427,000 to include a range of COVID response measures related to water, sanitation and hygiene (WASH). The programme consisted of a multi-country grant managed by the WASH programme section at UNICEF headquarters, falling under Goal Area 4 of UNICEF's Strategic Plan 2022–2025 (Every child has access to safe and equitable WASH services). The ASWA II programme ended in December 2023 and will be continued in the form of a new programme, ASWA III.

The UNICEF Evaluation Office provides global leadership and oversight of the evaluation function within the organization. In this capacity, it manages independent corporate evaluations and evaluation syntheses, provides technical support and quality assurance for evaluations conducted at the decentralized level (country and regional offices), develops evaluation methodologies and reports to UNICEF's Executive Board. The work of the Evaluation Office is guided by the Plan for Global Evaluations, a document approved by the Executive Board. As part of the 2022–2025 Plan for Global Evaluations, the Evaluation Office was tasked with conducting an independent evaluation of the ASWA II programme. Work on this evaluation started in July 2023 and the synthesis report was finalized in December 2024. The evaluation covers the period from 2018 to 2022.

Following a competitive bidding process, the Evaluation Office recruited the consulting company C4ED, with its consortium partners IZI SpA and IWEL, to conduct the ASWA II evaluation. The evaluation data were collected by a team of consultants consisting of international and national specialists on WASH and on monitoring and evaluation. Natalie Bockel (IZI) was the evaluation team leader from July until early December 2023, when she left the team for personnel reasons. Don Brown (IWEL) was the interim team leader in December 2023, and Annemarieke Mooijman (IZI) took over the team leadership position in January 2024. Additional senior evaluators tasked with collecting and analysing the data and delivering parts of the reporting included Rachel Normal (IWEL) and Camille Eric Kouam (IZI). The evaluation team's data analysts included Thomas Eekhout (C4ED) and Mohammed Seid Hussen (C4ED). The work was coordinated by Marco Palmimi (IZI).

On the UNICEF Evaluation Office side, the ASWA II evaluation was managed by Elke de Buhr and Beth Plowman. Beth Plowman developed the original terms of reference for the evaluation. Elke de Buhr oversaw the recruitment and implementation and provided evaluation oversight and management. She facilitated the data collection and analysis, reviewed all deliverables and provided substantial feedback. She also oversaw the impact analysis, which was conducted internally by an Evaluation Office team consisting of Francesco Iacoella as the impact data analyst and Xiaojing Liu, who provided support. Elke de Buhr, Rai Sengupta, Sydnie Miller and Kristen Congedo edited the documents. Elke de Buhr and Rai Sengupta also revised and re-wrote key sections prepared by the evaluation team to ensure evaluation report quality and completeness.

The ASWA II evaluation was supported by the UNICEF WASH section staff at headquarters, regional office and country office levels with UNICEF WASH team member Niall Boot as the main focal point.



## Acknowledgments

This evaluation was carried out by an external team of consultants managed by the Germany-based consulting company C4ED, which implemented the assignment in consortium with IZI SpA (Italy) and with support from IWEL (United Kingdom). Natalie Bockel (IZI) was the evaluation team leader from July until early December 2023, when she left the team for personnel reasons. Don Brown (IWEL) was the interim team leader in December 2023, and Annemarieke Mooijman (IZI) took over the team leadership position in January 2024. Additional senior evaluators tasked with collecting and analysing the data and delivering parts of the reporting included Rachel Normal (IWEL) and Camille Eric Kouam (IZI). The evaluation team's data analysts included Thomas Eekhout (C4ED) and Mohammed Seid Hussen (C4ED). The work was coordinated by Marco Palmiini (IZI).

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The evaluation was supported by the UNICEF WASH section staff at headquarters, regional office and country office levels with UNICEF WASH team member Niall Boot as the main focal point, and support from Aidan Cronin, Anu Paudyal Gautam as well as other colleagues. In the UNICEF regional offices, Arnold Cole provided support in ESAR and Olivier Floriant Sieyadji in WCAR. At country level, the UNICEF focal points included Issa Kone and Yagouba Diallo in Burkina Faso, Mariana Stirbu and Basile Djedjro in Côte d'Ivoire, Amah Klutse and Kalifa Keita in Mali, Nathalie Hamoudi, Hubert Onibon and Harouna Ibrahim Moussa in Niger, Jonathan Ekhaton and Donatien Tameko in Nigeria, Koenraad Vancraeynest in Mozambique, Elizabeth Bonareri Mose in Somalia, and Francis Odhiambo and Luisa Natali in Tanzania.

The evaluation was further supported by an Evaluation Reference Group consisting of UNICEF headquarters WASH specialists Niall Boot and Anu Paudyal Gautam, senior adviser for statistics and monitoring Tom Slaymaker and evaluation specialist Elke de Buhr. Arnold Cole represented the UNICEF WASH team in the regional office in ESAR and Joachim Peeters in WCAR. The Dutch government (DGIS) was represented by Joke Baak, Kim Anema and Simone van Vugt.

The evaluation also would not have been possible without the active participation of ASWA II implementing partners, including governments, non-governmental organizations and private sector entities, as well as community focal points and programme participants (adults and children) in communities, schools and health care facilities in the programme countries who willingly shared their thoughts and experiences.

The UNICEF Evaluation Office would like to thank and is deeply grateful to all of those who shared their knowledge and expertise and directly or indirectly supported this complex evaluation.

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# Abbreviations

<b>ASWA</b>	Accelerated Sanitation and Water for All	<b>OECD-DAC</b>	Organization for Economic Co-operation and Development's Development Assistance Committee
<b>CLTS</b>	community-led total sanitation	<b>RO</b>	regional office
<b>CO</b>	country office	<b>SDG</b>	Sustainable Development Goals
<b>DGIS</b>	Directorate General for International Cooperation (the Netherlands)	<b>SEQ</b>	sub-evaluation question
<b>DHS</b>	Demographic and Health Surveys	<b>SIWI</b>	Stockholm International Water Institute
<b>EQ</b>	evaluation question	<b>SMART</b>	specific, measurable, achievable, relevant and time-bound
<b>ESAR</b>	Eastern and Southern Africa region	<b>SWSC</b>	sector-wide sustainability check
<b>ESARO</b>	Eastern and Southern Africa Regional Office	<b>SWA</b>	Sanitation and Water for All
<b>FGD</b>	focus group discussion	<b>ToC</b>	theory of change
<b>GDP</b>	gross domestic product	<b>UNICEF</b>	United Nations Children's Fund
<b>HQ</b>	headquarters	<b>USAID</b>	United States Agency for International Development
<b>IDP</b>	internally displaced person	<b>VfM</b>	value for money
<b>JMP</b>	World Health Organization/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	<b>WASH</b>	water, sanitation and hygiene
<b>LGA</b>	local government authority	<b>WASHCOM</b>	WASH committee
<b>M&amp;E</b>	monitoring and evaluation	<b>WASHNORM</b>	WASH National Outcome Routine Mapping
<b>MHM</b>	menstrual hygiene management	<b>WCAR</b>	West and Central Africa region
<b>MICS</b>	Multiple Indicator Cluster Surveys	<b>WCARO</b>	West and Central Africa Regional Office
<b>NGO</b>	non-governmental organisation		
<b>ODF</b>	open defecation free		





## Executive summary

In December 2018, UNICEF and the Netherlands Directorate General for International Cooperation (DGIS) signed an agreement to implement the second phase of the Accelerating Sanitation and Water for All (ASWA) programme, known as ASWA II. The ASWA II programme used an evidence-based approach to target the poorest and most vulnerable families that lack access to water, sanitation and hygiene (WASH) services and have high rates of stunting. It aimed to ensure the sustained use of safe water and sanitation services, and sustained adoption of hygiene practices, with a focus on the most vulnerable, especially women and girls. The ASWA II objectives were firmly rooted in the Global WASH Strategy 2016–2030 and the UNICEF Strategic Plans for 2018–2021 and 2022–2025, falling under UNICEF's Goal Area 4 ("Every child lives in a safe and clean environment") and under Sustainable Development Goal 6 ("Clean water and sanitation for all").

From 2019 to 2023, the ASWA II programme was implemented across eight countries in sub-Saharan Africa: Côte d'Ivoire, Burkina Faso, Mali, Niger and Nigeria in UNICEF's West and Central Africa region (WCAR), and Mozambique, Somalia and Tanzania in the Eastern and Southern Africa region (ESAR). ASWA II formally ended on 31 December 2023. The original budget of the ASWA II programme was US\$65 million. An additional

US\$8.4 million was made available to cover activities related to the global COVID-19 response.

### Purpose and objectives of the evaluation

Covering the period from 2018–2022, the ASWA II evaluation was carried out to serve multiple purposes:

1. Provide evidence on 'what is working' in the ASWA programme, including documenting ASWA II progress towards intended outcomes for affected populations where such data were available and examining the constraints and success factors that contributed to these results.
2. Support programme improvement, learning and decisions about changes and adjustments during the inception phase of the next phase of the programme, ASWA III.
3. Contribute to organizational accountability by assessing the degree to which the ASWA II programme has met its objectives and commitments to its stakeholders, including donors, national governments, partners and affected populations.

4. Generate lessons applicable to other UNICEF WASH programming in similar contexts.

The main objectives of the ASWA II evaluation were to:

1. Assess the relevance, efficiency, effectiveness, coherence, sustainability and impact of the ASWA II programme implemented by UNICEF and its work in ensuring sustainable access to safe water, sanitation and hygiene promotion, and systems strengthening.
2. Examine and draw lessons from specific knowledge gaps or areas of interest (e.g., thematic issues) to inform programme improvement in the next phase.
3. Based on the evidence gathered, produce clear conclusions and recommendations that support and inform policy and programme-related decision-making in a timely manner.

The primary intended audiences for this evaluation are UNICEF WASH programme staff at headquarters (HQ), regional office (RO) and country office (CO) levels with responsibilities for supporting ASWA II implementation, as well as UNICEF WASH programme staff globally and the donor, DGIS. Primary users also include national governments working on WASH, non-governmental organizations (NGOs) and other implementing partners at country level, and the communities served by ASWA II. The secondary intended audiences of the evaluation include UNICEF partner programme units (including health, nutrition and education), the Office of Emergency Programmes, UNICEF's evidence functions and UNICEF senior management.

## Methodology

The ASWA II evaluation used a mixed-methods approach with elements of combined implementation and utilization-focused approaches, and a focus on real-time learning to inform the transition to the next phase of the programme. The evaluation was guided by evaluation questions (EQs) and sub-evaluation questions (SEQs) that were organized around the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria of relevance, efficiency, effectiveness, coherence, sustainability and impact. Both qualitative and quantitative tools were used for data collection. This helped diversify the data sources used for the evaluation and helped enrich and triangulate the evaluation findings.

Qualitative methods included desk studies, semi-structured interviews with key informants, individual interviews with stakeholders and beneficiaries, and focus group discussions, including with children. Structured observations of infrastructure were also conducted. Quantitative methods included the analysis of programme monitoring and evaluation (M&E) data, available Demographic and Health Surveys (DHS) data (if detailed enough for the project areas), World Health Organization/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) data, and other relevant national and global datasets.

The sampling strategy for the field data collection was developed and implemented in consultation with UNICEF focal points at HQ, RO and CO levels. This included consultations with UNICEF CO WASH programme staff and M&E teams. Data were collected in all ASWA II programme countries at the national, regional, district and village levels, with multiple internal and external data sources identified for each level. The fieldwork was conducted by local and international consultants between October 2023 and March 2024. While both a local and an international consultant were assigned to each country, due to access restrictions, the international consultants did not visit Somalia, Niger and Mali but supported these countries remotely. In addition, four thematic case studies were carried out focusing on the themes of 'Sustainability', 'Climate and Conflict', 'Nutrition and Child Well-being' and 'Gender and Inclusion'. These thematic case studies provided the opportunity for additional deep dives into themes identified as especially relevant for the next phase of the ASWA programme. Country notes were prepared for each



ASWA II programme, Mali

of the eight countries, and four thematic case study summaries were also prepared. The qualitative and quantitative data were analysed simultaneously. The data were validated and findings were triangulated to answer the evaluation questions.

## Key findings

### Relevance

The ASWA II programme aligned with country level needs and priorities. Stakeholders at various levels were actively involved in the programme's design and implementation, although not always in the detailed planning. While the ASWA II programme emphasized both service delivery and systems strengthening, the primary emphasis was on service delivery, and the activities targeted at systems strengthening would benefit from further development moving into the next phase of the programme. The programme demonstrated flexibility in response to emerging needs and changing contexts, notably during the COVID-19 pandemic. In response to the pandemic, additional funds were provided by DGIS and used to address COVID-related needs, highlighting the strength of the multi-year funding modality.

#### **EQ 2: To what extent was the ASWA II programme design and purpose relevant for the Dutch development policy?**

The ASWA II programme's relevance to Dutch development policy was very high. The programme aligned well with the Dutch WASH Strategy 2016–2030, emphasizing key priorities of the Dutch government such as sustainability, innovation, climate adaptation and gender. During implementation, communication between UNICEF and the Dutch embassies in the ASWA II programme countries was not always systematic or regular. For ASWA III, the communication could be strengthened to more closely involve Dutch development actors.

## Effectiveness

#### **EQ 3: To what extent has the ASWA programme achieved its intended objectives and what were the main factors that facilitated or constrained the achievement of results?**

By the end of 2022, one year before the end of the programme, the programme had nearly reached its target for improving water access (1.2 million beneficiaries) and exceeded its sanitation and hygiene goals (2.8 million beneficiaries for sanitation and 3.8 million for hygiene, compared to the planned 2.1 million and 1.8 million, respectively). Results in institutions, particularly schools, were on track or exceeded targets in all countries except Mali and Tanzania. However, results in health facilities lagged behind, especially in Côte d'Ivoire and Tanzania, mainly due to COVID-related delays.

Climate resilience initiatives, while not an explicit focus on the ASWA II programme, showed promise and have the potential to be integrated further into programming. Urban WASH services were not a major focus, but some cross-learning occurred in peri-urban areas. There were challenges in mobilizing the private sector despite local successes, such as in Nigeria. The programme's behaviour-change efforts showed promise, aided by community engagement and training programmes. However, some concerns were noted around sustainability.

Enabling factors, such as the active involvement of national authorities, good technical capacities, contexts with pre-existing national WASH standards and simultaneous UNICEF programmes, facilitated these achievements. On the other hand, hindering factors, such as political instability, natural disasters and COVID-19, resulted in complex implementing environments that constrained the achievement of results.



**EQ 4: To what extent are the assumptions that underlie the output-to-outcome pathway upheld and operating in the manner envisioned and what were the main factors that explain those results?**

While the causal assumptions underlying the ASWA II theory of change (ToC) could have been more clearly identified (and made measurable), the ToC overall appeared to be operating in a manner as envisioned. While not all assumptions have held true, in instances where they did not and/or programme circumstances changed unexpectedly, the programme appears to have been able to adapt effectively.

**EQ 5: To what extent did evidence generation (e.g., results monitoring, studies, evaluations) contribute to decision-making and results?**

Data and evidence contributed unevenly to decision-making, with gaps in outcome monitoring and limited real-time monitoring utilization. Despite challenges, Burkina Faso, Côte d'Ivoire, Nigeria and Tanzania successfully implemented real-time monitoring systems, showing potential for more robust programme monitoring systems.

## Efficiency

**EQ 6: To what extent do UNICEF and its implementing partners have the right capacity to promote, implement/successfully achieve ASWA II objectives?**

UNICEF and its partners generally had the necessary capacity, even though there were some challenges. While the ASWA II programme allowed flexibility in fund utilization, capacity constraints hindered implementation at the country level, especially for innovative initiatives like sector-wide sustainability checks (SWSCs). Roles and responsibilities among partners were clear, and technical support from HQ and ROs was available, though not always fully utilized. COVID-19 affected and delayed some training activities.

**EQ 7: To what extent have resources been allocated and utilized in an efficient manner in the delivery of ASWA II objectives?**

By the end of 2022, only 66 per cent of the ASWA II programme budget had been utilized. The programme was able to move decisively to implement sanitation and hygiene activities, possibly aided by the COVID-19 pandemic, which emphasized the importance of hygiene. Water supply activities, however, lagged behind those in sanitation and hygiene. In addition, some monitoring and learning activities, such as sustainability checks and value for money (VfM) assessments, were also behind schedule during the period covered by the evaluation. The programme showed cost efficiency in service delivery, with actual unit costs generally lower than initial estimates. Variations in resource allocation and use, and in cost efficiency, existed across countries due to factors such as the remoteness of some programme areas and the availability of co-funding.

## Coherence

ASWA II showed coherence across UNICEF HQ, regional and country levels, and there was coherence between ASWA II and country WASH programmes, with the ASWA II programme in all eight countries supporting national strategies and standards. Roles and responsibilities were clear and generally well applied.

## Sustainability

**EQ 9: How and to what extent did the programme contribute to improve the capacity of the WASH sector to implement sustainable WASH services?**

UNICEF leads WASH sector coordination at national and sub-national levels. Evidence from the data collected as part of this evaluation suggests positive outcomes and a clear contribution of the ASWA II programme to sustained use of WASH in communities as well as contributions to the development of WASH markets and the capacity of government stakeholders.



**EQ 10: To what extent did the programme contribute to improve the capacity to conduct regular sustainability checks?**

Sustainability checks were conducted in only three countries (Mali, Mozambique and Nigeria), hindering a clear assessment of systems strengthening. The newly developed SWSCs took place in just one country, Nigeria.

**EQ 11: To what extent has ASWA II supported innovative WASH financing approaches? What were the main factors that facilitated or constrained that experience?**

The programme struggled to support innovative financing to allow low-income households to access WASH, with minimal spending on WASH financing models and VfM assessments. Established approaches like revolving funds were used, but lack of staff capacity may have limited the implementation or expansion of innovative financing initiatives.

## Impact

**EQ 12: To what extent have ASWA II interventions generated indirect or secondary effects?**

The available evidence, limited to existing internal and external programme-relevant information and qualitative data collected from stakeholders, provides an incomplete picture regarding indirect or secondary effects generated by ASWA II interventions. The programme integrated WASH and nutrition, particularly in Burkina Faso, Niger, Nigeria and Tanzania, improving children's nutrition in schools and communities. Though no specific data were available on conflict reduction, the programme promoted social cohesion and WASH access in fragile communities, contributing to peacebuilding efforts.

**EQ 13: To what extent have ASWA II interventions contributed to changes in systems, norms or behaviours that affect the health and well-being of children and vulnerable populations, the status of gender equality and/or resilience to conflict and climate disasters?**

The programme directly addressed and likely contributed to the reduction of morbidity and mortality associated with malnutrition and water-related diseases. It also promoted gender equality through inclusive WASH committees and girl-friendly toilets. It strengthened climate resilience, although the available data are limited. Findings on the effects of ASWA II on improved sanitation and water access are the most robust and are identified in several countries, though health outcomes like stunting require further study.

## Conclusions

ASWA II was a successful programme that met the coverage output targets set at the starting phase of the intervention. Substantial progress was made towards improving access to safe water, sanitation and hygiene services in targeted communities and institutions. The available evidence suggests that the programme contributed to sustained water, sanitation and hygiene use, although there are data gaps and indication of some challenges, including maintaining the programme-supported hardware and widely applied climate resilience measures. Capacity building for government monitoring seemed effective, utilizing various means such as data and advisory support. At the same time, the systems strengthening and programme monitoring components of the programme need to be further strengthened, and more needs to be done to ensure accessibility of WASH services for the poorest households and achieve full gender equality.

## Key recommendations

### Emphasis on systems strengthening

- ▶ Emphasize systems strengthening to enhance the ASWA programme's long-term impact and sustainability, and fully integrate critical aspects such as innovation, financial sustainability, gender transformation, social inclusion and climate adaptation.

### Strong partnerships

- ▶ Prioritize global and regional partners, including the private sector, with a strong local presence and enhance their accountability for programme results by using deliverable-based approaches.
- ▶ Where feasible, involve Dutch embassy staff as a strategic partner for relations with governments or links with other DGIS-financed WASH or nutrition activities.

### Improved planning and M&E

- ▶ Redesign planning and monitoring using standardized planning tools and ensuring quality and consistency in indicators and data collection, definitions and reporting across all countries.
- ▶ Use a coordinated approach to evaluation focusing on outcomes/impacts, with baseline data collection, where needed, and rigorous evaluation methodologies.

### Learning and knowledge development

- ▶ Address implementation bottlenecks and challenges through a needs-based learning agenda, and strengthen exchange of experience and knowledge between the eight programme countries, including regular learning events.



## 1

## Introduction: The ASWA II programme

In December 2018, UNICEF and the Netherlands Directorate General for International Cooperation (DGIS) signed an agreement to implement the second phase of the Accelerating Sanitation and Water for All (ASWA) programme, known as ASWA II. The ASWA II programme used an evidence-based approach to target the poorest and most vulnerable families that lack access to water, sanitation and hygiene (WASH) services and have high rates of stunting. It aimed to ensure the sustained use of safe water and sanitation services, and sustained adoption of hygiene practices, with a focus on the most vulnerable, especially women and girls. The ASWA II objectives were firmly rooted in the Global WASH Strategy 2016–2030 and the UNICEF Strategic Plans for 2018–2021 and 2022–2025, falling under UNICEF’s Goal Area 4 (“Every child lives in a safe and clean environment”) and under Sustainable Development Goal (SDG) 6 (“Clean water and sanitation for all”).

From 2019 to 2023, the ASWA II programme was implemented across eight countries in sub-Saharan Africa: Côte d’Ivoire, Burkina Faso, Mali, Niger and Nigeria in UNICEF’s West and Central Africa region (WCAR), and Mozambique, Somalia and Tanzania in the Eastern and Southern Africa region (ESAR). The eight countries include five low-income and three lower-middle-income countries. The population of six of the countries is between 18 and 33 million, while Tanzania and Nigeria have much larger populations (*see Table 1*). Most of the ASWA II programme countries and programming areas are fragile. During ASWA II implementation, several of the programme countries – Burkina Faso (in 2022), Mali (in 2021) and Niger (in 2021) – experienced a change of government due to coups. The countries differ in their WASH status, with access to at least basic water, sanitation and hygiene ranging from 9 per cent (for hygiene in Burkina Faso) to 84 per cent (for water in Mali). The countries’ WASH status does not appear to be strongly linked to the broader level of development (country income status and gross domestic product [GDP] per capita).

**Table 1.** Basic country WASH and demographic data

	<b>WATER,</b> % households with at least basic access, JMP 2022	<b>SANITATION,</b> % households with at least basic access, JMP 2022	<b>HYGIENE,</b> % households with at least basic access, JMP 2022	<b>GDP per capita, US\$ (World Bank data, 2022)</b>	<b>Country income status</b>	<b>Population, millions (United Nations estimates, 1 July 2023)</b>
<b>Burkina Faso</b>	50	25	9	830	Low income	23.2
<b>Côte d'Ivoire</b>	73	37	22	2,486	Lower middle income	28.8
<b>Mali</b>	84	50	17	833	Low income	23.2
<b>Mozambique</b>	63	37	N/A	558	Low income	33.9
<b>Niger</b>	49	16	25	585	Low income	27.2
<b>Nigeria</b>	80	47	31	2,162	Lower middle income	223.8
<b>Somalia</b>	58	41	25	592	Low income	18.1
<b>Tanzania</b>	61	31	29	1,192	Lower middle income	67.4

**Source:** World Health Organization/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP); World Bank; United Nations.

The ASWA II programme was managed by the WASH section at UNICEF headquarters (HQ) in New York and implemented by the WASH teams in the relevant UNICEF country offices (COs), with regional office (RO) support (ESARO and WCARO). Key was the close collaboration with government partners at national and sub-national levels. At the country, regional and global level, a variety of partners were involved in programme implementation. In addition to the donor (DGIS), these included non-governmental organizations (NGOs) such as Akvo, WaterAid, the Stockholm International Water Institute (SIWI), IRC

WASH and FHI 360, academic institutions, private sector organizations and individual entrepreneurs, as well as the community members themselves.

Across the eight programme countries, the ASWA II programme aimed to provide more than 1.2 million people with access to safe water, more than 2 million with access to safe sanitation, and almost 2 million with access to basic hygiene. It also aimed to support more than 400 schools and 250 health care facilities (see Table 2). The programme was implemented alongside and in conjunction with other interventions, which in some cases supplemented the ASWA II activities.



ASWA II programme, Mozambique



**Table 2.** ASWA II targets per country

COUNTRY	WATER SUPPLY target (no. of people)	SANITATION target (no. of people)	HYGIENE target (no. of people)	WASH IN SCHOOLS target (no. of institutions)	WASH IN HEALTH FACILITIES target (no. of institutions)
<b>Burkina Faso</b>	70,000	200,000	200,000	50	40
<b>Côte d'Ivoire</b>	52,300	168,000	168,000	50	40
<b>Mali</b>	55,000	224,000	224,000	125	40
<b>Niger</b>	13,000	180,000	180,000	35	20
<b>Nigeria</b>	750,000	1,000,000	750,000	60	40
<b>Mozambique</b>	15,000	15,000	15,000	20	5
<b>Somalia</b>	76,000	52,000	52,000	41	32
<b>Tanzania</b>	190,388	304,621	266,543	50	40
<b>Total</b>	1,221,688	2,143,621	1,855,543	431	257

Source: UNICEF ASWA II programme inception report, 2019.

## ASWA II theory of change

The ASWA II theory of change (ToC) (see *Figure 1*) established the programme inputs and the expected outputs, outcomes and impacts, as well as the links among them in the form of causal assumptions. The ToC provided a structure for the programme around its outputs, as identified below:

- 1. Safe water supply:** This programme element focused on service delivery through constructing or rehabilitating water points and maintaining functionality, e.g., through safe water communities and water management committees.
- 2. Sanitation:** Programme approaches included expanding open defecation free (ODF) communities through the community-led total sanitation (CLTS) approach and engaging the private sector/sanitation entrepreneurs to provide sanitation products and services.
- 3. Hygiene:** The programme focus, as part of CLTS, was to expand access to handwashing facilities in close proximity to toilets and latrines. Hygiene promotion activities were tailored to settings and included mass awareness campaigns, door-to-door activities, focus group discussions and community-wide awareness sessions.
- 4. WASH in institutions:** The programme supported schools in gaining basic water supply, sanitation and hygiene facilities and in promoting menstrual hygiene management (MHM) through construction/rehabilitation of facilities and capacity development among education staff.

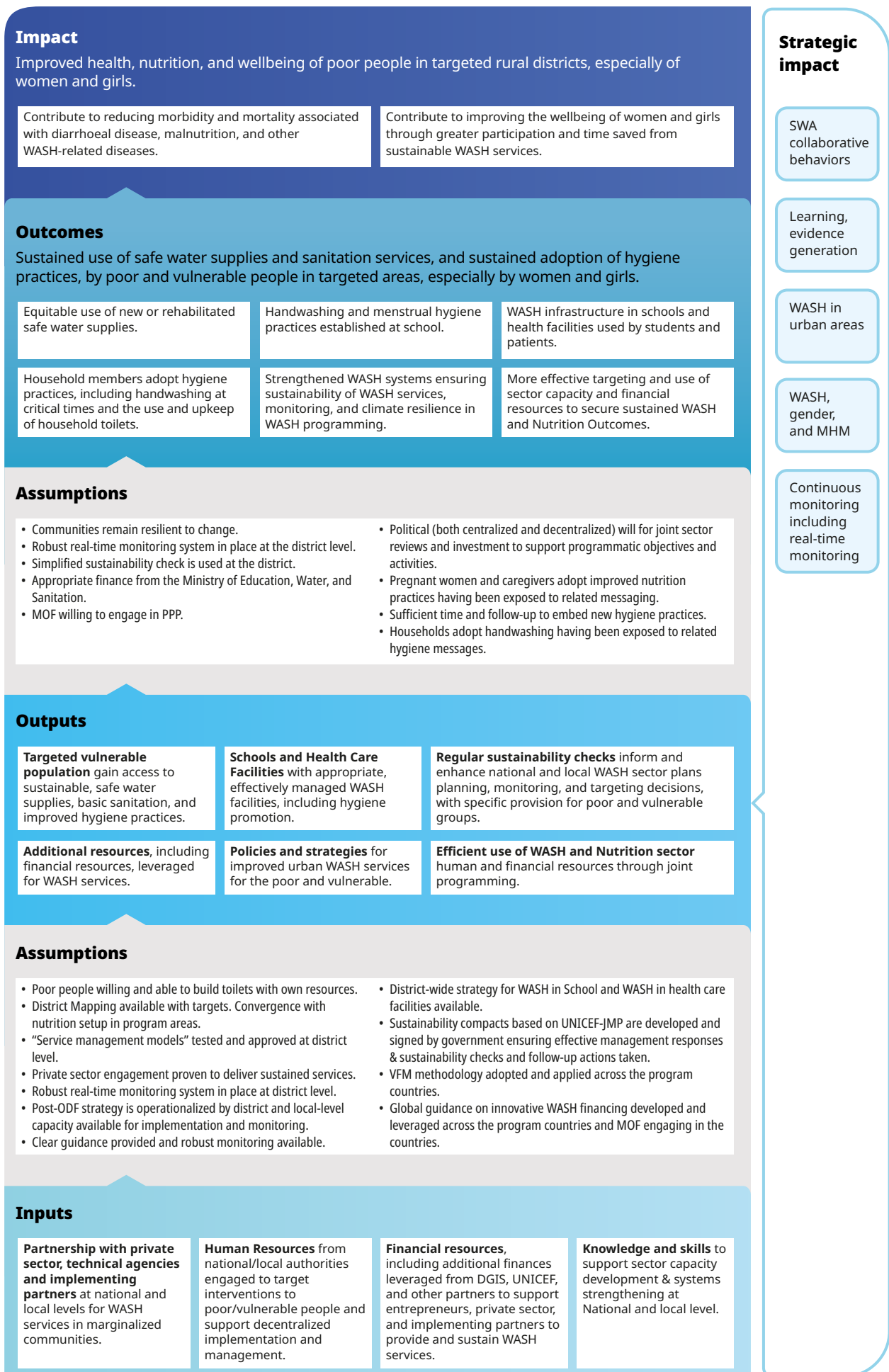
### 5. Sustainability and value for money (VfM):

Activities in this component area included the development and signing of sustainability compacts for WASH-related investments. The programme also initiated and supported the conduct of sector-wide sustainability checks (SWSCs), which provide a holistic assessment of the sustainability of WASH facilities for all WASH services and programmes nationwide. These checks were followed by management response plans to be undertaken by community groups and/or government counterparts. The programme countries further reported on VfM measures.

- 6. Systems strengthening:** These activities were specific to country settings and aimed at strengthening national systems and capacity for WASH in prioritized areas and securing the long-term operation and effectiveness of programme activities. These efforts also included innovative financing and leveraging additional funding from other sources and support for real-time monitoring as part of improved monitoring systems.

Accompanying the ToC was a programme logframe detailing targets, milestones and assumptions around the output indicators as well as for outcomes and impact. In annual reporting, each country provided both narrative assessments of progress and quantitative reporting against indicator targets at output level. Baseline surveys were implemented in most programme countries, and at the time of data collection several countries had conducted and/or were planning mid-line or end-line surveys.

**Figure 1.** ASWA II theory of change



## ASWA II key stakeholders and implementation areas

The ASWA II stakeholders included the donor (DGIS), government partners and institutions that provided technical support to UNICEF HQ, ROs and COs, including IRC WASH, Akvo, SIWI, WaterAid and FHI 360. At

the country level, UNICEF worked with additional local organizations engaged in a range of activities, such as SWSCs and Hand Hygiene for All.

In each of the ASWA II programme countries, UNICEF and its implementing partners worked in defined areas. The implementation areas are listed in the table below (see Table 3).

**Table 3.** ASWA II implementation areas

	Burkina Faso	Côte d'Ivoire	Mali	Mozambique	Niger	Nigeria	Tanzania	Somalia
<b>Regions</b>	Est	Bagoue Poro Tchologo Kabadougo Guémon Tonkpi Bounkani	Sikasso Mopti Koulikoro		Zinder Maradi		Iringa Njombe	Puntland
<b>Provinces</b>	Gourma Tapoa Kompienga			Nampula		(States) Borno Adamawa Yobe		
<b>Sub-prefectures/ districts/ departments</b>		Koumbala Ganaoni Ondéfidouo Sipilou Yorodougou Blapleu Santa	Dioïla Kolokani Bougouni Koutiala Sikasso Bandiagara Bankass Koro		Kantché Mirriah	(LGAs) Biu Magumeri Jada Guyuk Fune Geidam		Galdogob Xarfo
<b>Municipalities</b>				Morrupula (Town)	Kantché Yaouri Kolleram Gafati			

## ASWA II timeline and budget

Upon signing of the agreement, a budget of US\$65 million was allocated for a five-year programme in the eight programme countries. In the individual countries, the total budgets ranged from US\$4.6 million to US\$6.9 million. Further allocations were made for RO and HQ support. The original budget was subsequently increased by US\$8.4 million to cover WASH-related activities related to the global COVID-19 response. Additional details on the ASWA II budget are provided below (see Table 4).

The ASWA II programme started in 2018 and formally ended on 31 December 2023. The evaluation covers the period from 2018 to 2022. Work on this evaluation started in July 2023 and the evaluation report was finalized in December 2024. Data from the final year of programme implementation were not available at the time of data analysis and are not reflected in this report.

**Table 4.** ASWA II overall budget

Programme countries, regions and HQ allocations	Proposal 2018 (US\$)	Budget value in country proposals				Proposal 2018 plus COVID-19 funds (US\$)
		DGIS before COVID-19 (US\$)	UNICEF (US\$)	Other (US\$)	Total (US\$)	
<b>ESARO</b>	2,000,000	1,034,945			1,034,945	
<b>WCARO</b>	2,000,000	2,000,000			2,000,000	
<b>Burkina Faso</b>	6,400,572	6,659,453	700,000		7,359,453	
<b>Côte d'Ivoire</b>	5,950,176	6,190,841	281,500	547,500	7,019,841	
<b>Mali</b>	6,427,148	6,687,104	2,750,000	250,000	9,687,104	
<b>Niger</b>	4,610,074	4,796,536	402,050	220,000	5,418,586	
<b>Nigeria</b>	6,889,223	7,167,869	240,000	1,420,000	8,827,869	
<b>Mozambique</b>	6,905,256	7,184,549	1,470,000		8,654,549	
<b>Somalia</b>	5,695,024	5,925,369	500,000		6,425,369	
<b>Tanzania</b>	6,570,433	6,836,186	2,000,000		8,836,186	
<b>TOTAL</b>	53,447,906	54,482,852	8,343,550	2,437,500	65,263,902	65,263,902
<b>Programme Division</b>	6,737,279	5,702,333			6,737,279	6,737,279
<b>COVID-19 funds</b>						8,427,000
<b>8% cost recovery</b>	4,814,815	4,814,815			4,814,815	4,814,815
<b>TOTAL</b>	65,000,000	65,000,000	8,343,550	2,437,500	75,781,050	85,242,996



ASWA II programme, Burkina Faso



# 2



## Background: The UNICEF WASH programme

UNICEF played a pivotal role in the formulation of the 2030 Agenda for Sustainable Development, which sets ambitious WASH targets. The agenda targets the most vulnerable, with emphasis on equity, sustainability and gender, and takes a progressive realization approach to moving people up the service ladders towards safely managed WASH services.

The ASWA II programme was aligned with the UNICEF Global WASH Strategy 2016–2030 and the UNICEF Strategic Plan for 2018–2021 and fell under Global Goal Area 4 of the UNICEF Strategic Plan 2022–2025 (“Every child has access to safe and equitable WASH services”) as well as SDG 6 (“Clean water and sanitation for all”).

### Water

UNICEF’s water supply programming supports the realization of the SDG 6 water targets, measured and reported using the service ladder for drinking water (SDG 6.1; see Figure 2).

Depending on the country context, programming inputs target the water point level, the water service level and the water sector level; they support access to drinking water, water safety, and the sustainability of services and water sources.<sup>1</sup>

**Figure 2.** SDG 6.1 and 6.2 service ladders

MDG/SDG	Service ladder	Description		
SDG 6.2	Safely managed sanitation	Private improved facility where faecal wastes are safely disposed on-site or transported and treated off-site; plus a handwashing facility with soap and water.	Progressive realization	
	Basic sanitation	Private improved facility which separates excreta from human contact.		
MDG continuity	Shared sanitation	Improved facility shared with other households.		Progressive realization
	Unimproved sanitation	Unimproved facility does not protect against contamination.		
	No service	Open defecation.		
MDG/SDG	Service ladder	Description		
SDG 6.1	Safely managed drinking water	Improved facility located on premises, available when needed, and free from contamination.	Progressive realization	
	Basic water	Improved facility within 30 minutes round trip collection time.		
MDG continuity	Unimproved water	Facility which does not protect against contamination.		Progressive realization
	No service	Surface water.		

Source: JMP, 2015.

## Sanitation

UNICEF's sanitation programming supports the realization of the SDG 6 sanitation targets measured and reported using the service ladder for sanitation (SDG 6.2). Support is based on the specific context of sanitation in communities based on demand, finance, supply and response to specific challenges.<sup>2</sup>

## Hygiene

Included within SDG 6.2, with sanitation, UNICEF is focusing on hygiene behaviour change in four key areas: handwashing with soap, MHM, safe water handling and the safe disposal of excreta.<sup>3</sup>

## WASH in institutions

UNICEF supports improving access to WASH in schools through improvement of WASH conditions as well as hygiene education and support for MHM.<sup>4</sup>

For health care facilities, UNICEF focuses on working with the World Health Organization and ministries of health on viable approaches for ensuring adequate WASH in health care facilities.<sup>5</sup>

## WASH and climate change

UNICEF's response to climate change, based on decades of experience in WASH, is to reduce greenhouse gas emissions by using solar and wind power in both development and emergency contexts. Assessing risks, implementing solutions, engaging youth and influencing policy are approaches to ensuring WASH infrastructure is sustainable, safe and resilient, which in turn contributes to community resilience.<sup>6</sup> In fact, UNICEF's large-scale organization-wide shift towards climate-resilient WASH coincided with the implementation of ASWA II.

## Strengthening WASH systems

UNICEF programmes support government policies, strategies, public financing and coordination with other development partners through data and evidence (i.e., the World Health Organization/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene [JMP]), collaboration in WASH (i.e., Sanitation and Water for All [SWA] and United Nations Water), capacity building and evaluation.<sup>7</sup>

## Other relevant UNICEF strategies, guidelines and resources

Other guidance documents relevant to this evaluation and available at the global and/or country-specific level include (but are not limited to) UNICEF documentation on the Core Commitments for Children in Humanitarian Action, accountability in WASH and sustainability, menstrual health and hygiene, climate-resilient WASH programming and the UNICEF Leaving No One Behind approach, as well as the more recent discussion paper 'Strategic Directions for WASH Systems Strengthening in the UNICEF Strategic Plan 2022-2025', the Global WASH Knowledge Management Strategy 2022-2025 and the Gender Action Plan 2022-2025 operationalizing the Gender Policy 2021-2030 (see Annex 3).

Also relevant to this evaluation are the UNICEF strategic plans for 2018-2021 and 2022-2025. The Strategic Plan 2018-2021 highlights new challenges such as humanitarian emergencies, countries affected by fragility and conflict, climate change and environmental degradation, and introduces humanitarian action as a cross-cutting priority. In the most recent Strategic Plan 2022-2025, climate action, resilience and peacebuilding, biodiversity and ecosystems are considered cross-cutting issues. In addition to the organization-wide materials, UNICEF's regional and country offices have developed strategies and guidelines with a focus on specific countries and regions.



ASWA II programme, Niger



# 3



## Evaluation purpose, objectives and scope

### Evaluation purpose

The evaluation of the ASWA II programme was carried out to serve multiple purposes:

1. Provide evidence on 'what is working' in the ASWA programme, including documenting ASWA II progress towards intended outcomes for affected populations where such data were available and examining the constraints and success factors that contributed to these results.
2. Support programme improvement, learning and decisions about changes and adjustments during the inception phase of the next phase of the programme, ASWA III.
3. Contribute to organizational accountability by assessing the degree to which the ASWA II programme has met its objectives and commitments to its stakeholders, including donors, national governments, partners and affected populations.
4. Generate lessons applicable to other UNICEF WASH programming in similar contexts.

The primary intended audiences for this evaluation are UNICEF WASH programme staff at HQ, RO and CO levels with responsibilities for supporting ASWA II implementation, as well as UNICEF WASH programme staff globally and the ASWA II programme's donor, DGIS. Primary users also include national governments working on WASH, NGOs and other implementing partners at country level, and the communities served by ASWA II. The secondary intended audiences of the evaluation include UNICEF partner programme units (including health, nutrition and education), the Office of Emergency Programmes, UNICEF's evidence functions and UNICEF senior management.

**Table 5.** Summary of users and uses of the evaluation

<b>USERS OF THE EVALUATION</b> (primary [Pr]; secondary [Sec])	<b>USES OF THE EVALUATION</b> (How findings and recommendations will be used)
<b>UNICEF WASH staff and management at HQ (Pr)</b>	▶ Learning from the past and use for the next phase of ASWA
<b>UNICEF ROs with responsibilities for supporting ASWA II implementation (Pr)</b>	▶ Learning from the past and use for the next phase of ASWA
<b>UNICEF COs (Pr)</b>	▶ Learning from the past and use for the next phase of ASWA ▶ Data source for other programme activities and evaluations
<b>UNICEF WASH globally, all levels (Pr)</b>	▶ Confirm strategy or identify possible adjustments ▶ Draw lessons more broadly applicable to WASH programming in similar contexts
<b>DGIS (Pr)</b>	▶ Check progress against expectations (accountability) ▶ Confirm policy or identify possible adjustments
<b>National government (Pr)</b>	▶ Identify progress and areas to strengthen/adjust activities
<b>NGOs/community-based organizations at country level (Sec)</b>	▶ Identify progress and areas to strengthen/adjust activities

The intended users and uses of the evaluation, as set out in the terms of reference (*see Annex 1*), were finalized following a stakeholder analysis and initial review of available documents (*see Annex 3*), coupled with the insights gained from preliminary scoping interviews with UNICEF WASH staff, including in the programme countries (*see Table 5*).

## Evaluation objectives

Based on the overall evaluation purpose(s), the main objectives were to:

1. Assess the relevance, efficiency, effectiveness, coherence, sustainability and impact of the DGIS-ASWA programme implemented by UNICEF and its work in ensuring sustainable access to safe water, sanitation and hygiene promotion and systems strengthening.
2. Examine and draw lessons from specific knowledge gaps or areas of interest (e.g., thematic issues) to inform programme improvement in the next phase.
3. Based on the evidence gathered, produce clear conclusions and recommendations that support and inform policy and programme-related decision-making in a timely manner.

The evaluation covered the following outputs as specified in the ASWA II ToC (*see Figure 1*):

1. Targeted vulnerable populations gain access to sustainable, safe water supplies, basic sanitation and improved hygiene practices.
2. Schools and health care facilities have appropriate, effectively managed WASH facilities, including hygiene promotion.
3. Regular sustainability checks inform and enhance national and local WASH sector plans, monitoring and targeting decisions, with specific provision for poor and vulnerable groups.
4. Additional resources, including financial ones, are leveraged for WASH services.
5. Policies and strategies are in place for improved urban WASH services for the poor and vulnerable.
6. WASH and nutrition sector human and financial resources are used efficiently.



## Geographic and chronological scope

The ASWA II programme was implemented by UNICEF headquarters, two ROs – ESARO and WCARO – and eight COs – Burkina Faso CO, Côte d’Ivoire CO, Mali CO, Mozambique CO, Niger CO, Nigeria CO, Somalia CO and Tanzania CO. The evaluation covered all country programmes as well as the regional and global work. Primary data collection included visits to COs as well as programme sites.

In terms of chronological scope, the evaluation covered the ASWA II programming and implementation period from contract signature in December 2018 through December 2022. Financial and results data were available up to the end of 2022. The evaluation did not cover the final year of the ASWA II programme implementation. The data collection period was timed to ensure that findings, conclusions and recommendations were available and could inform the next phase of the programme.

# 4

## Evaluation design and methodology

### Approach

In line with the purpose of the evaluation, a theory-based approach was adopted, combining insights from qualitative and quantitative primary data and key programme documents, including policy, design and implementation reports. The evaluation team used the ToC to assess the extent to which ASWA II contributed to its observed results. This approach was grounded in the analytical framework of contribution analysis, which involved consolidating evidence around the programme's expected outputs, outcomes and impacts and the extent of the programme's contribution towards achieving those results. Further, the evaluation utilized evidence from an impact analysis in four ASWA II countries that analysed the causal relationships (assumptions) between the inputs, outputs, outcomes and impacts to establish the extent to which the programme had (or had not) contributed to the outputs, outcomes and impacts identified. Through this, the evaluation attempted to better understand if and how programme's activities acted as drivers of change and contributed to concrete improvements to the sustained use of safe water and sanitation as well as

the sustained adoption of hygiene practices by poor and vulnerable people in targeted areas, especially women and girls.

The evaluation also adopted a participatory and consultative approach, wherein stakeholders at multiple times were consulted to obtain a wide range of perspectives, validate and triangulate findings, and yield insights into the dynamics of the ASWA II programme. In addition, a utilization-focused stance was adopted: the evaluation was planned in a manner that would enhance the utilization of the findings and focus on real-time learning. Effort was placed on ensuring that the evaluation products would be usable, relevant, credible and delivered in a timely manner such that the lessons learned from the evaluation could improve the programme's transition to the next phase. Finally, a mixed-methods approach was followed, wherein both qualitative and quantitative methods of data collection and analysis were utilized to synthesize primary and secondary evidence and produce the evaluation findings and recommendations. Such an approach was intended to minimize the limitations of any one evidence type while achieving synergies with other forms of evidence and providing unbiased results.



## Methodology

### Evaluation framework

The evaluation addressed a number of evaluation questions (EQs) and sub-evaluation questions (SEQs), organized around the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria of relevance, efficiency, effectiveness, coherence,

sustainability and impact (see *Table 6*). An initial list of EQs and SEQs was proposed in the terms of references (see *Annex 1*). The initial list was refined and finalized during the inception phase of the evaluation following stakeholder consultation.

The evaluation matrix (see *Annex 2*) presents EQs and SEQs organized by the OECD-DAC criteria and provides the associated data and information sources and the methods of analysis and synthesis.

**Table 6.** Evaluation criteria and questions

CRITERIA	EVALUATION QUESTIONS
<b>Relevance</b>	<p><b>EQ 1:</b> How have the design and purpose of the ASWA II programme aligned with needs and priorities at the country level?</p> <p><b>SEQ 1.1:</b> To what extent have country-level policies and strategies been integrated into ASWA II design and programming?</p> <p><b>SEQ 1.2:</b> To what extent have relevant national, regional and local-level stakeholders been actively involved in the design and programming of the ASWA II programme?</p> <p><b>SEQ 1.3:</b> To what extent and in what manner did ASWA II prioritize equity and the needs of the most vulnerable groups?</p> <p><b>SEQ 1.4:</b> How/to what extent has the ASWA II programme developed over time in response to emerging needs and changing contexts, including those related to COVID-19?</p> <hr/> <p><b>EQ 2:</b> To what extent was the programme design and purpose relevant for the Dutch development policy?</p>
<b>Effectiveness</b>	<p><b>EQ 3:</b> To what extent has the ASWA programme achieved its intended objectives and what were the main factors that facilitated or constrained the achievement of results?</p> <p><b>SEQ 3.1:</b> To what extent did the programme contribute to increase in access to safe water supplies, basic sanitation and to improve hygiene practices in targeted communities and to its use by poor and vulnerable people (old, women heads of household, persons with disabilities, very poor)? What were the main factors that facilitated or constrained the achievement of these results?</p> <p><b>SEQ 3.2:</b> How and to what extent did the programme contribute to increase the access to appropriate WASH services in institutions that are used by students and patients, especially women and girls and vulnerable people (with disabilities)? What were the main factors that facilitated or constrained the achievement of those results?</p> <p><b>SEQ 3.3:</b> To what extent did the programme contribute to strengthening WASH systems, ensuring monitoring and climate resilience in WASH programming? What were the main factors that facilitated or constrained the achievement of those results?</p> <p><b>SEQ 3.4:</b> To what extent did the programme contribute to the development of policies and strategies for improved urban WASH services for the poor and vulnerable? What were the main factors that facilitated or constrained the achievement of those results?</p> <p><b>SEQ 3.5:</b> How and to what extent did the programme contribute to the integration of WASH and nutrition and what were the main factors that facilitated or constrained the achievement of this result?</p>

CRITERIA	EVALUATION QUESTIONS
	<p><b>EQ 4:</b> To what extent are the assumptions that underlie the output-to-outcome pathway upheld and operating in the manner envisioned and what were the main factors that explain those results?</p> <p><b>SEQ 4.1:</b> To what extent have partnerships with the private sector at national and local levels been mobilized as intended for WASH services in marginalized communities and able to deliver the expected quality of services? Which factors facilitated or constrained this mobilization?</p> <p><b>SEQ 4.2:</b> To what extent have the programme approaches induced behaviour change among targeted communities? Which factors facilitated or constrained this achievement?</p> <hr/> <p><b>EQ 5:</b> To what extent did evidence generation contribute to decision-making and results?</p> <p><b>SEQ 5.1:</b> To what extent did outcome monitoring including Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) take place and how did this contribute to decision-making and results?</p> <p><b>SEQ 5.2:</b> To what extent were baseline surveys, monitoring, studies and evaluation conducted and how did they contribute to decision-making and results?</p> <p><b>SEQ 5.3:</b> To what extent has real-time monitoring been utilized to support programme objectives?</p>
<b>Efficiency</b>	<p><b>EQ 6:</b> To what extent do UNICEF and its implementing partners have the right capacity to promote, implement/successfully achieve ASWA II objectives?</p> <p><b>SEQ 6.1:</b> To what extent do UNICEF and its partners have adequate human resources?</p> <p><b>SEQ 6.2:</b> To what extent are roles and responsibilities with partners, including national and sub-national government partners, clear and coherent?</p> <p><b>SEQ 6.3:</b> To what extent were quality assurance processes promoted by the programme?</p> <p><b>SEQ 6.4:</b> To what extent did the CO receive adequate technical support from HQ and RO?</p> <hr/> <p><b>EQ 7:</b> To what extent have resources been allocated and utilized in an efficient manner in the delivery of ASWA II objectives?</p> <p><b>SEQ 7.1:</b> Were ASWA II programmes delivered in line with their approved budgets?</p> <p><b>SEQ 7.2:</b> To what extent did COs adopt strategies aiming to achieve VfM?</p>
<b>Coherence</b>	<p><b>EQ 8:</b> To what extent is ASWA II coherent with UNICEF WASH country programme and country strategies and initiatives?</p> <p><b>SEQ 8.1:</b> To what extent is the ASWA II programming coherent with country strategies or initiatives related to water and sanitation (water resources management; water supply service sustainability, etc.)?</p> <p><b>SEQ 8.2:</b> To what extent is ASWA II coherent/supporting COs' WASH programming?</p> <p><b>SEQ 8.3:</b> How clear are roles and responsibilities between HQ and RO support functions?</p>



CRITERIA	EVALUATION QUESTIONS
<b>Sustainability</b>	<p><b>EQ 9:</b> How and to what extent did the programme contribute to improve the capacity of the WASH sector to implement sustainable WASH services?</p> <p><b>SEQ 9.1:</b> To what extent did the programme contribute to sustained use of safe water, sanitation and adoption of hygiene practices?</p> <p><b>SEQ 9.2:</b> To what extent did the programme contribute to the development of a WASH market (market access, private sector development)?</p> <p><b>SEQ 9.3:</b> To what extent did the programme contribute to improve the capacity and clarification of district and local levels' responsibilities for planning, implementation, monitoring and maintenance?</p>
	<p><b>EQ 10:</b> To what extent did the programme contribute to improve the capacity to conduct regular sustainability checks?</p>
	<p><b>EQ 11:</b> To what extent has ASWA II supported innovative WASH financing approaches? What were the main factors that facilitated or constrained that experience?</p>
<b>Impact</b>	<p><b>EQ 12:</b> To what extent have ASWA II interventions generated indirect or secondary effects?</p> <p><b>SEQ 12.1:</b> How and to what extent did ASWA II integration of nutrition benefit children in communities and schools?</p> <p><b>SEQ 12.2:</b> How and to what extent did ASWA II reduce conflict in fragile communities and contribute to peace and human development?</p>
	<p><b>EQ 13:</b> To what extent have ASWA II interventions contributed to changes in systems, norms or behaviours that affect the health and well-being of children and vulnerable populations, the status of gender equality and/or resilience to conflict and climate disasters?</p> <p><b>SEQ 13.1:</b> To what extent did ASWA II contribute to the reduction of morbidity and mortality associated with malnutrition and water-related diseases?</p> <p><b>SEQ 13.2:</b> How and to what extent did ASWA II contribute to improve gender equality?</p> <p><b>SEQ 13.3:</b> How and to what extent are ASWA II communities and WASH systems resilient, in light of conflict and frequent disasters?</p>

## Data collection methods and tools

The evaluation used both qualitative and quantitative methods and tools for data collection. This helped diversify the data sources used for the evaluation and helped enrich and triangulate the evaluation findings.

Qualitative data were collected to provide contextual information, gather deeper insights into programme design and implementation, and capture factors that are not easily quantifiable. The qualitative data collection methods used were as follows:

1. A **desk study** was conducted during the inception phase of the evaluation to help build an understanding of the ASWA II programme, identify available data sources and finalize the methodology. This involved exploring both external data sources and internal programme documents and data to

understand the WASH context in the programme countries and various programmatic aspects such as the goals of the ASWA II programme, outcomes, outputs, timeline, coverage, beneficiaries and the roles of key stakeholders.

2. **Semi-structured key informant interviews** were conducted during the inception and data collection phases of the evaluation to clarify evaluation expectations, understand programme implementation, gather evidence on interventions, obtain results, identify interacting factors and understand challenges. This method also provided data on gender and equity aspects. These interviews were conducted with UNICEF staff at all levels as well as other stakeholders including the donor (DGIS), embassy staff, implementing partners and beneficiaries.

3. **Focus group discussions** were conducted with adult direct beneficiaries (users of basic social services, maintenance committees and households) during the data collection phase to gather evidence related to the accessibility and sustainability of WASH services in an efficient and interactive manner. This method also facilitated discussions on gender and equity aspects.
4. **'Evaluation H'**, a participatory method, was used with groups of six to eight children of a similar age to collect their viewpoints regarding school WASH improvements. A specific guide was developed based on the methodology described in Save the Children Norway's toolkit for monitoring and evaluating child participation.<sup>8</sup>
5. **Structured observations** of infrastructure were conducted to gather evidence related to sustainability, inclusion and resilience.

During the inception phase, data collection tools were developed for the various stakeholders to be interviewed and adapted to the specific country settings. The qualitative data collection in country was primarily carried out by a local member of the evaluation team. Most of the countries were also visited by one of the international evaluation team members, with the exception of Somalia, Niger and Mali, which were supported remotely due to access restrictions and security-related concerns. The qualitative fieldwork was supported by the UNICEF COs and the UNICEF evaluation manager, who joined the data collection in Nigeria, Tanzania and Côte d'Ivoire. Country notes were prepared for each of the eight countries that summarize key findings and conclusion.

Quantitative data were collected to analyse programme performance against goals and targets, assess trends over time, and compare programme results across settings. For this evaluation, no quantitative data were collected by the evaluation team. Instead, the evaluation team relied on available secondary data sources and monitoring data collected by the programme. This approach aligns with the principles of policy-oriented and applied research, emphasizing the importance of identifying, reviewing and utilizing all available data and information before attempting to collect primary data.

The quantitative data utilized by the evaluation team included:

1. **Monitoring and evaluation (M&E) data** from the ASWA II programme at country, regional and global levels, which provided information on outputs and outcomes and included analyses conducted by the WASH team (e.g., results comparisons and VfM analyses).
2. **JMP data** from UNICEF and WHO, which provided information on the global and national progress and trends in WASH coverage and service levels at the national and sub-national levels. The WHO/UNICEF JMP is the custodian of global WASH data, which are updated on a regular basis.
3. **Demographic and Health Surveys (DHS) data**, collected in 90 countries globally with United States Agency for International Development (USAID) support, which provided information on the demographic and health characteristics of the populations as well as on access to and use of WASH services at the household level, including indicators on hygiene practices, water quality and sanitation facilities.
4. **Other national and global datasets**, such as national surveys, sector reports and studies (see *Annex 3 for further details*).

In addition, the UNICEF Evaluation Office shared results from an impact analysis targeted at examining the impact of the ASWA II programme in several countries, including Nigeria, Tanzania, Burkina Faso, and Mali. This exploratory analysis used available secondary data, including recent DHS data, to examine programme outcomes and impact focusing on access to basic sanitation and water. To compare households in ASWA II programme supported areas with those in non-supported areas, a difference-in-difference analysis with matching was carried out. The analysis utilized two distinct matching methods: Kernel matching, which was the preferred method, and nearest-neighbour matching. Results from this analysis informed the "Impact" section of this report (SEQ 13.1).

- ▶ In addition, four **thematic case studies** were implemented as part of this evaluation on the themes of 'Sustainability', 'Climate and Conflict', 'Nutrition and Child Well-being' and 'Gender and Inclusion'. They were included to explore emerging programmatic issues or themes. Using both qualitative and quantitative methods to provide a granular examination of context, actors, actions

and outcomes, these case studies provided the opportunity for additional deep dives into themes identified as most relevant for the next phase of the ASWA programme. The thematic case study topics were proposed by UNICEF based on discussions with internal and external stakeholders including DGIS. The deep dives were implemented as part of the country-level field work, and case study summaries were prepared.

## Overall sampling strategy

The sampling strategy for the field data collection was developed based on the ASWA II implementation areas and in consultation with UNICEF staff at HQ, RO and CO levels. This included UNICEF CO ASWA II focal points, other CO WASH staff as well as those working on M&E. Depending on administrative structures, the data in each country were collected at (a) national level; (b) regional or provincial level (one region or province per country); (c) district, municipality or circle level (one or two districts, municipalities or circles); and (d) village level (four villages).

The criteria for the selection of sites to be visited by the evaluation team were:

- ▶ Concentration of key programme components (water supply; CLTS; WASH in institutions);
- ▶ Implementation of thematic interventions corresponding to the thematic case study deep dives to be conducted in each country; and
- ▶ Access and security considerations.

The types of interviews and focus group discussions conducted in each country differed depending on programme characteristics and the thematic case study deep dives conducted in each country. Table 7 provides the details of the stakeholders who participated in data collection across all eight countries. Data on the same topic were collected from multiple sources and by different methods to cross-validate the information and capture different dimensions of the same process to reduce respondent bias. In consulting a diverse range of stakeholders using targeted data collection methods/tools, various perspectives on ASWA II's design and implementation were gathered, analysed and triangulated to develop robust findings and conclusions.

**Table 7.** Country-level data collection by group of respondents

NATIONAL LEVEL	ONE REGION/PROVINCE	ONE OR TWO DISTRICTS/ MUNICIPALITIES/CIRCLES	VILLAGES
UNICEF CO head of section ▶ WASH ▶ Education ▶ Health ▶ M&E ▶ Procurement	UNICEF field office ▶ WASH ▶ Education ▶ Health ▶ CLTS ▶ M&E		
UNICEF CO officers ▶ CLTS ▶ Sanitation ▶ Social and Behaviour Change ▶ Water Supply			
NGOs	NGOs		
Ministry in charge of ▶ WASH ▶ Education ▶ Health	Regional/provincial administrations ▶ WASH ▶ Education ▶ Health	District/municipality/ circle administrations ▶ WASH ▶ Education ▶ Health	▶ School director ▶ Children ▶ Head of health centre

NATIONAL LEVEL	ONE REGION/PROVINCE	ONE OR TWO DISTRICTS/ MUNICIPALITIES/CIRCLES	VILLAGES
Directions of ministry in charge of WASH <ul style="list-style-type: none"> <li>▶ Sanitation</li> <li>▶ Water Supply</li> </ul>			
Directions of ministry in charge of education <ul style="list-style-type: none"> <li>▶ Infrastructure</li> </ul>			
Directions of ministry in charge of health <ul style="list-style-type: none"> <li>▶ Infrastructure</li> </ul>			

Table 8 presents the sampling strategy applied to gather data using various data collection tools from different stakeholder types. While collecting the data, the evaluation team sought to ensure equal gender representation at all levels by maintaining a gender

balance in the number of interview and focus group participants. The number of interviews conducted at HQ, regional and country level, as well as the interviews conducted with partners, are summarized in Tables 9 and 10, respectively.

**Table 8.** Sampling methods for various data collection tools and stakeholder types

Data collection tools and stakeholder types	Sampling method
Semi-structured interviews (UNICEF HQ, RO, head of section)	Non-probabilistic/by reasoned choice
Individual interviews with UNICEF (CO specialists and officers at central level and field office)	
Individual interviews with stakeholders (ministry, regional, district administrations, technical services)	
Individual interviews with partners (NGOs)	
Individual interviews with head of school, health facilities, nutrition unit	Villages selected randomly in reasoned choice of district
Individual interviews with water supply operator/ WASH entrepreneur	
Individual interviews with community leaders	
Focus group discussions with water users' association	
Focus group discussions with water committee members	
Focus group discussions with households	Villages selected randomly in reasoned choice of district; household selected by community leader
Focus group discussions with vulnerable households	Villages selected randomly in reasoned choice of district; household selected by community leader based on specific vulnerability criteria
Evaluation H with children	Schools in villages selected randomly in reasoned choice of district; children selected by school director



**Table 9.** Number of interviews at HQ and ROs, and with ASWA II partners

Type of interview	Number of interviews
UNICEF staff at HQ	9
UNICEF staff at ROs	4
Donor interviews (DGIS)	5
Partner interviews (Akvo, FHI 360, IRC WASH, SIWI, WaterAid)	9

**Table 10.** Number of individuals interviewed in the ASWA II countries

Data collection tools	Burkina Faso	Côte d'Ivoire	Mali	Mozam-bique	Niger	Nigeria	Somalia	Tanzania
Individual interviews with UNICEF staff	6	3	4	9	7	9	5	7
Individual interviews with local authorities, partners and heads of units	23	23	30	27	23	15	8	11
Individual interviews with community leaders and water supply operators/WASH entrepreneurs	7	8	9	10	6	7	11	16
Focus groups with water users' association and/or water committee members	54	17	40	N/A	17	42	55	14
Focus groups with households	29	44	40	49	36	N/A	29	12
Focus groups with children in schools	N/A	N/A	60	41	32	39	42	24

Annex 4 provides further details on the interviews and focus group discussions undertaken in each country, including information around the gender profile of the respondents, which are reflective of the team's efforts to arrive at a balanced gender representation. Annex 5 lists the stakeholders interviewed in each country as well as at regional and global levels, and Annex 6 provides a list of places visited during data collection. The data collection instruments are detailed in Annex 7.

## Data analysis and synthesis

In line with the mixed-methods approach, both qualitative and quantitative data, including the desk study, quantitative analysis, key informant interviews, focus group discussions, and findings and conclusions from the country data collection and thematic case study deep dives, were analysed and triangulated to address the evaluation questions.

Qualitative data were collated and triangulated to develop findings in a table of evidence, which was developed based on the indicators in the evaluation matrix. This table was used to assess the strength of the findings developed by assessing the consistency of data collected from different sources and using different methods. If there were discrepancies in the responses, greater credibility was given to the people directly involved and to first-hand accounts rather than to reported accounts. Data that could not be consolidated and the existence of discrepancies were systematically reported.

The quantitative data analysis complemented the qualitative findings to answer evaluation questions related to effectiveness, efficiency and impact. To assess effectiveness, the data from the available ASWA II national M&E reports and the annual progress reports were combined into one dataset and used to observe results against targets for several key performance indicators. The quantitative data analysis also involved assessing the efficiency and VfM of the programme by

comparing the estimated unit costs of the programme during the inception phase with the updated unit costs in 2022. The impact analysis carried out by the UNICEF Evaluation Office for Nigeria, Tanzania, Burkina Faso and Mali helped address evaluation questions related to impact.

In line with the evaluation's focus on contribution analysis, both qualitative and quantitative evidence were consolidated around the ASWA II programme's expected outputs, outcomes and impacts to assess the extent of the programme's contribution to these results overall and across the eight sampled countries. This involved assessing the strength of evidence underpinning the various pathways linking outputs to outcomes and impacts, as well as establishing the programme's contribution within a larger landscape of WASH programming and stakeholders across the sampled countries.

To increase the reliability and validity of data analysis, various methods were used, including validating findings from multiple stakeholders, triangulating data through cross-verification and maintaining a well-documented audit trail of materials and processes.

## Risks, limitations and mitigation measures

The evaluation team identified key evaluation risks and limitations during the inception phase. These are provided in Table 11 below, along with the mitigation measures undertaken.

**Table 11.** Risks, limitations and mitigation measures

Evaluation risks and limitations	Mitigation measures
Limited secondary data on ASWA II	The evaluation team gathered additional secondary data at the country level. Gaps in secondary data were addressed by collecting primary data from a range of stakeholder types at multiple levels.
Lack of information on target villages or services supported by ASWA II	Information on target villages and services supported by ASWA II was obtained from partners at the regional and district level.
Turnover of WASH sector staff in the government leading to loss of institutional memory	The evaluation team conducted detailed stakeholder mapping and identified members of technical staff who had been in their positions over a longer period. Former staff members were also consulted for interviews. These measures helped gather evidence and harness institutional memory.
Restricted access in some areas for security reasons	The evaluation team ensured that the areas selected were accessible and field missions were organized for key evaluation team members to conduct data collection in the relevant regions/provinces. In cases where in-person data collection was not possible, interviews were conducted over the phone.
Challenges in conducting in-country visits for international consultants in some countries (Somalia, Mali) due to security and access issues.	The international consultants liaised with the local consultant and conducted remote interviews where possible.

## Ethical considerations

Consistent with the United Nations Evaluation Group's norms and standards, Ethical Guidelines and Code of Conduct, the UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis, and the UNICEF Procedures for Ethical Research Involving Children, the evaluation team ensured:

- ▶ **Independence:** All members of the evaluation team were independent and had not participated in project activities in the countries concerned.<sup>9</sup> The team ensured independence throughout all phases of the evaluation. The members of the evaluation team had no conflicts of interest.



ASWA II programme, Niger

- ▶ **Impartiality:** The evaluation team focused on providing a comprehensive and balanced presentation of the strengths and weaknesses of the project. The evaluation process was impartial at all stages, taking into account all views received from stakeholders.
- ▶ **Transparency:** The evaluation team communicated as openly as possible, aiming to provide transparent information on its sources, methods and approaches. This included clearly stating the purpose of the evaluation, the criteria applied and the expected use of the results to relevant stakeholders at various stages of the evaluation.
- ▶ **Disclosure:** The evaluation led to a final report that served as a mechanism through which the results and lessons identified in the evaluation were disseminated to policymakers, operational staff, beneficiaries, the public and other stakeholders.
- ▶ **Confidentiality:** The evaluation team respected the right of institutions and individuals to provide information in confidence and ensured that the sources of specific information and opinions contained in the evaluation reports were not disclosed, except where necessary and only after confirmation by the person consulted.
- ▶ **Credibility:** The evaluation was based on data and observations considered reliable and trustworthy with respect to the quality of the instruments, procedures and analyses used to collect and interpret the information.
- ▶ **Usefulness:** The evaluation team aimed to ensure that the reports were relevant, timely and as concise as possible, striving to be as beneficial as possible to stakeholders. The report presented in a comprehensive and balanced manner the facts, results, problems, conclusions and recommendations.
- ▶ **Informed consent:** Informed consent was obtained from all evaluation respondents. The informed consent form clearly stated the purpose of the evaluation and ensured that participants understood their right to withdraw from the evaluation at any time. Participants were told that their participation was on a voluntary basis and that they could terminate the interview at any time without any repercussions. Participants were also given the opportunity to ask any questions they had, and it was emphasized that their information would be kept confidential. Parental consent was

required, and an informed assent procedure was followed for research involving children (school-based focus group discussions).

- ▶ **Do no harm:** The evaluation team was committed to the principle of 'do no harm' throughout the evaluation. In line with international ethics standards, the evaluation team members conducted themselves professionally and ethically to ensure that there were no unintended consequences or harms imposed by their actions on other stakeholders and beneficiaries involved in the evaluation process.
- ▶ **Compliance with local and national laws:** The evaluation team members acted in conformity with national laws and local legislation. They respected local socio-cultural norms, traditions and practices in the conduct of research. Complete neutrality, impartiality and independence in terms of interests, ideologies, relationships and beliefs were ensured at all stages of the data collection.

As per Evaluation Office standard procedure, the evaluation design underwent ethical review and clearance during the inception phase of the evaluation. The designated UNICEF subsidiary HML IRB provided the project ethical approval prior to implementation (see Annex 8).



# 5

## Evaluation findings



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This chapter addresses the evaluation questions and sub-questions. They are organized by evaluation criteria covering relevance, effectiveness, efficiency, coherence, sustainability and impact. The analysis highlights key findings, which informed the evaluations conclusions, lessons and recommendations.

### Relevance

#### **EQ 1: HOW HAS THE DESIGN AND PURPOSE OF THE ASWA II PROGRAMME ALIGNED WITH NEEDS AND PRIORITIES AT THE COUNTRY LEVEL?**

The ASWA II programme aligned with country level needs and priorities. Stakeholders at various levels were actively involved in the programme’s design and implementation, although not always in the detailed planning. While the ASWA II programme emphasized both service delivery and systems strengthening, the primary emphasis was on service delivery, and the activities targeted at systems strengthening would benefit from further development moving into the next phase of the programme. The programme

demonstrated flexibility in response to emerging needs and changing contexts, notably during the COVID-19 pandemic. In response to the pandemic, additional funds were provided by DGIS and used to address COVID-related needs, highlighting the strength of the multi-year funding modality.

#### **INTEGRATION OF COUNTRY-LEVEL POLICIES AND STRATEGIES**

**SEQ 1.1: To what extent have country-level policies and strategies been integrated into ASWA II design and programming?**

Substantial effort has been made to align the ASWA II programme and its intervention components with country-level policies and strategies. This includes the focus of the ASWA II programme on access to WASH services, reduction/ending of open defecation, systems strengthening, and the ASWA II programme’s particular emphasis on supporting women, girls and vulnerable groups, which are government priorities in many ASWA II countries. Government partners at various levels (national, regional and provincial) confirmed the ASWA II programme’s alignment with country-level policies and strategies across all countries. Various stakeholder groups (UNICEF,

government, NGOs, target populations) confirmed that the ASWA II programme was government led across all levels, thereby ensuring alignment and integration with country priorities. Where applicable, the ASWA II programme aligned with existing country-level initiatives, such as the WASH and Nutrition Initiative in Burkina Faso and the national WASH strategy in Tanzania.

### INVOLVEMENT OF STAKEHOLDERS IN DESIGN AND PROGRAMMING

**SEQ 1.2: To what extent have relevant national, regional and local-level stakeholders been actively involved in the design and programming of the ASWA II programme?**

Stakeholders at all levels were consulted at the initial planning and implementation stages of ASWA II through meetings, workshops, trainings, country visits, etc. A participatory approach was used throughout, including with regard to the selection of locations. However, in subsequent stages involving detailed design and planning, the participation of stakeholders varied across countries. While key stakeholders in Burkina Faso, Côte d'Ivoire and Nigeria indicated that they were not involved in the detailed design and planning, stakeholders in other countries, including Mali, Niger and Tanzania, describe close collaboration.

The evaluation team also noted that many of the UNICEF respondents were not directly involved in the planning and design, so some information may have been lost. This is not unexpected due to UNICEF's rotation system, which results in the replacement of international staff every two to five years. Given that ASWA II was a five-year programme, this meant that many of the current UNICEF WASH team personnel were not in post at the start of ASWA II implementation.

### EQUITY AND THE NEEDS OF THE MOST

#### VULNERABLE

**SEQ 1.3: To what extent and in what manner did ASWA II prioritize equity and the needs of the most vulnerable groups?**

Ensuring equity and addressing the needs of vulnerable groups has been at the heart of ASWA II and UNICEF's overall approach. This is evident through a range of approaches and activities adopted, including the selection of communities or groups most in need, the selection of priority areas in the overall UNICEF country programme, and the adaptation of activities to ensure the inclusion and participation of marginalized communities. Examples of ASWA II prioritizing equity and inclusion are available across the ASWA II countries.

For example, in Burkina Faso, women, girls and vulnerable groups living in vulnerable locations of the Est region of the country were targeted. Efforts were made to ensure free access to water for the most vulnerable or poorest in the villages, as identified by their own communities. All schools had at least one student's toilet with a ramp, and 75 per cent had at least one with grab bars inside.

Similarly, in Mali, the municipalities selected were among the most vulnerable of the country. The implementation strategy included interventions that responded to the specific needs of poor, including people with limited mobility, girls and women. For example, an MHM programme was implemented in schools and at the community level. Each toilet building had at least one access ramp and a toilet adapted for people with disabilities. At water points, the price of water was assessed and fixed in a manner such that it was accessible to everyone in the villages.

In Nigeria, the municipalities selected for ASWA II were among those most affected by seasonal migration, where the seasonal absence of men results in a lack of available labour for constructing water points and household latrines. Women, girls and vulnerable groups living in these municipalities were targeted. The ASWA II programme was implemented in the north-eastern part of the country, which was facing acute WASH needs due to rising insurgency and destruction of WASH services. Amid insurgency and insecurity, the needs of the internally displaced population and returnees were considered in detail. Efforts were made to ensure access to water at low costs, taking into account vulnerable people such as low-income households, households headed by widows, seniors and people living with disabilities.



ASWA II programme, Mali

The majority of toilets built in the schools and health centres had a ramp, and about half of them had grab bars inside to ease access and use for people with limited mobility.

The evaluation team also noted that the ASWA II monitoring data were not disaggregated by vulnerability, although this was the focus of the programme, and it could be assumed that it was a main selection criterion for beneficiaries. While in the design of facilities, access to people with disabilities was considered, it is less clear how many people in need of these modifications were being reached.

### ADAPTATION TO CHANGES

**SEQ 1.4: How/to what extent has the ASWA II programme developed over time in response to emerging needs and changing contexts, including those related to COVID-19?**

There is ample evidence of the ASWA II programme adapting and responding to changing contexts and needs over time. According to UNICEF staff interviewed at HQ and in the ROs and COs, flexibility in use of funds was a key strength of ASWA II that made such adaptations possible. The donor, DGIS, views the flexible funding mechanism as an essential tool for adapting the programme to evolving conditions and emerging needs. Special demands during the COVID-19 crisis were addressed by the ASWA II programme, resulting in modifications such as intensive mobilization, sensitization activities and the prioritization of sufficient handwashing facilities. An additional budget of US\$8.4 million was made available by DGIS to support interventions in emergency WASH services for infection prevention and control in at-risk health care facilities, schools and communities, and for supporting effective coordination of WASH interventions at national and sub-national levels. This fund was utilized to purchase hygiene items, conduct awareness-raising sessions on COVID-19, and connect health care facilities to the drinking water network while also equipping them with handwashing stations.

In addition to the challenges posed by COVID-19, many ASWA II countries have been dealing with emergency situations caused by natural disasters and the influx of refugees and internally displaced persons due to unstable political and social conditions. Stakeholders provide many examples of how the ASWA II programme developed over time in response to these emergencies. In Côte d'Ivoire, for example, the arrival of refugees from other countries and the resulting pressure on resources, especially water, was identified as the main risk. In 2022 refugees from Burkina Faso arrived in two of the seven ASWA II regions covered in Côte d'Ivoire, creating high pressure on existing water points and increasing the number of households in localities where CLTS has been triggered, compromising ODF status achievement. In those villages, UNICEF made exceptions in its approach to condition water supply improvement to ODF status. Instead, communities hosting displaced populations benefited from solar-powered water systems regardless of their ODF status.

ASWA II's responsiveness to addressing climate change-related challenges was mentioned by several stakeholders. For example, in Mali, climate change risks were mitigated through the construction of deep boreholes and the installation of solar-powered pumping systems, aimed at enhancing resilience. The ultimate goal was to reduce both operation and maintenance costs, as well as waiting times at water points. In Niger, drinking water systems were designed to be resilient to heavy rainfall and flooding, and multi-village drinking water systems were powered by solar energy pumps, as a contribution to climate change mitigation. In addition, the sanitation marketing strategy and its operationalization plan, although still under development at the time of evaluation data collection, were designed to address vulnerabilities to intense rainfall events by improving the robustness of latrines and drinking water systems.

## EQ 2: TO WHAT EXTENT WAS THE PROGRAMME DESIGN AND PURPOSE RELEVANT FOR THE DUTCH DEVELOPMENT POLICY?

ASWA II was well aligned with the Dutch 2016–2030 WASH strategy, which primarily focuses on improving water supply and sanitation coverage in alignment with SDG 6. Additionally, it emphasizes innovation, sustainability for at least 10–15 years, systems strengthening, climate adaptation, leverage/partnerships and gender, all of which were incorporated in ASWA II and its approach.

At the global level, communication channels between DGIS and UNICEF are well established. Despite this, communication between UNICEF and WASH staff at Dutch embassies in the ASWA II countries has been limited and initiated by the embassy. However, in those ASWA II countries that have an embassy with technical staff, Dutch embassies were observed to play a crucial role in linking ASWA II with other DGIS-funded WASH or nutrition initiatives in the country,

as exemplified in Mozambique, where embassy staff actively engaged and connections were made between the programmes.

## Effectiveness

### EQ 3: TO WHAT EXTENT HAS THE ASWA PROGRAMME ACHIEVED ITS INTENDED OBJECTIVES AND WHAT WERE THE MAIN FACTORS THAT FACILITATED OR CONSTRAINED THE ACHIEVEMENT OF RESULTS?

By the end of 2022, one year before the end of the programme, the programme had nearly reached its target for improving water access (1.2 million beneficiaries) and exceeded its sanitation and hygiene goals (2.8 million beneficiaries for sanitation and 3.8 million for hygiene, compared to the planned 2.1 million and 1.8 million, respectively) (see Table 12).

**Table 12.** ASWA II objectives, targets and achievements

OBJECTIVES	TARGET	PROGRESS (2022)
Number of people with access to safe water supply services	1.2 million	1,216,028
Number of people with access to basic sanitation	2.1 million	2,817,855
Number of people reached with hygiene promotion messages	1.8 million	3,755,171
Number of schools and health care facilities with appropriate, effective WASH facilities with hygiene promoted and menstrual health and hygiene facilities	431 schools 257 health care facilities	381 schools 185 health care facilities
Innovative WASH financing modalities explored, developed and implemented		To be confirmed
Sustainability checks regularly conducted in all countries		6 compacts signed and 3 checks completed
VfM assessed annually in all countries		8 assessments completed
Research and learning conducted for improved programming quality through learning exchanges and research within programme countries as well as between other countries		21



Additionally, targets for access to WASH services in institutions were expected to be met by the end of the programme period (end of 2023), and sustainability compacts (agreements between the government and sector stakeholders that define the roles and responsibilities of each of the parties with activities to ensure that services provided remain functional and behaviour changes remain sustained for a set period<sup>10</sup>) were signed in six of the eight countries. At the same time, monitoring efforts were lagging, and challenges persisted in some areas, including innovative financing and leverage.

Based on the interviews conducted with key informants, contributing factors to the achievements of the ASWA II programme included contexts with pre-existing national WASH standards and simultaneous UNICEF programmes, which facilitated good planning and implementation, as was the case in Nigeria and Burkina Faso. Active involvement of national authorities at different levels and community mobilization efforts also contributed significantly in all ASWA II countries. Moreover, good technical capacities for implementation and follow-up, both governmental and non-governmental, played a crucial role. Capacity building initiatives for various stakeholders, such as toilet builders, teachers, students, parent-teacher associations and community WASH committees, further enhanced the ASWA II programme's success and were used in all of the countries. Additionally, the utilization of government-promoted nationally used tools for follow-up and quality assessment proved beneficial.

On the other hand, several factors negatively affected the achievements of the ASWA II programme. Instability, whether political or security related, led to changes in the implementation areas and affected follow-up activities. The same was true for natural disasters and environmental degradation. Furthermore, a limited focus on country-to-country learning, due to COVID-19-related travel restrictions, posed challenges in sharing experiences and lessons between the ASWA II countries.

## WASH IN COMMUNITIES

**SEQ 3.1: To what extent did the programme contribute to increase in access to safe water supplies, basic sanitation and to improve hygiene practices in targeted communities and to its use by poor and vulnerable people (old, women heads of household, persons with disabilities, very poor)? What were the main factors that facilitated or constrained the achievement of these results?**

The extent to which the ASWA II programme achieved its intended objectives is difficult to assess due to limitations associated with the available data. Notably, the ASWA II ToC results framework is not fully covered with the available data, and baseline values for key outcome indicators were never formulated. Even though baseline data collection and analysis took place in several countries, only outputs but no outcome targets were set. As a result, the programme did not monitor outcomes, making the programme's achievement of its intended objectives challenging to assess.

Furthermore, based on the interviews conducted with key informants and the review of the available output monitoring, while the ASWA II programme focused on poor and vulnerable regions within the programme countries and addressing the needs of the most vulnerable populations has been at the heart of ASWA II, monitoring data disaggregated by poverty level and/or vulnerability (in line with country-level socio-economic indicators) were not systematically collected.

In terms of outputs achieved by 2022, the programme reached more beneficiaries with sanitation and hand-washing than with water supply (see *Table 13*). The indicators, however, were not well defined and lacked detailed definitions or linkages to the available JMP definitions, especially for service levels above basic. Furthermore, there was a lack of clarity as to how sustained access was measured, what the area of intervention was in some cases, and whether estimates or actuals were reported.

**Table 13.** ASWA II community targets versus results (number of people reached)

COUNTRY	Sanitation target	Sanitation result (2022)	Water supply target	Water supply result (2022)	Hygiene target	Hygiene result (2022)
<b>Burkina Faso</b>	200,000	471,200	70,000	60,500	200,000	673,820
<b>Côte d'Ivoire</b>	168,000	125,671	52,300	26,365	168,000	644,200
<b>Mali</b>	224,000	435,146	55,000	65,300	224,000	456,784
<b>Niger</b>	180,000	149,921	13,000	11,800	180,000	212,441
<b>Nigeria</b>	1,000,000	679,737	750,000 <sup>11</sup>	912,700	750,000	415,446
<b>Mozambique</b>	15,000	13,501	15,000	6,809	15,000	10,000
<b>Somalia</b>	52,000	46,250	76,000	98,840	52,000	61,625
<b>Tanzania</b>	304,621	896,429	190,388	33,714	266,543	1,280,855
<b>TOTAL</b>	2,143,621	2,817,855	1,221,688	1,216,028	1,855,543	3,755,171

**Source:** UNICEF DGIS ASWA II annual report, 2022; UNICEF ASWA II programme inception report, 2019.

In the ASWA II countries, there were discrepancies by 2022, with some countries overachieving on their targets and others falling short. In several cases, national strategies and policies helped to prioritize activities, but they also shaped approaches and technologies, which had an impact on what the countries were able to achieve. For example:

- ▶ In Mozambique, government policy determined that water supply should be provided through a small water scheme. This required complicated procedures to be followed and led to a delay due to electricity constraints.
- ▶ Nigeria exceeded water supply targets, facilitated by a focus on facility repairs rather than new constructions, reflecting government priorities and executable at lower costs than new construction.
- ▶ In contrast, Tanzania excelled in hygiene, constrained by the choice to prioritize sanitation and handwashing facilities, while safe water access was addressed by complementary initiatives.

The programme faced interconnected challenges that in some cases constrained the full achievement of its results, as per the table above. These included factors internal and external to the programme implementation. Among internal factors, the following were noted: gaps in outcome monitoring, limited systems strengthening (particularly around sector financing and capacity building), and difficulties in mobilizing the private sector. More critical external factors included capacity constraints at the country level, political instability, natural disasters and the effects of COVID-19. These were particularly evident in Côte d'Ivoire, where climate change affecting northern regions caused population movements and reduced water resource availability, and the arrival of refugees from Burkina Faso in two regions created high pressure on existing water points. Issues with insecurity were recorded mainly in Somalia, with conflicts impacting on programme implementation, and in Nigeria, particularly in the northeast region, where insurgencies had resulted in the destruction of WASH facilities in some communities.

**WASH IN INSTITUTIONS**

SEQ 3.2: How and to what extent did the programme contribute to increase the access to appropriate WASH services in institutions that are used by students and patients, especially women and girls and vulnerable people (with disabilities)? What were the main factors that facilitated or constrained the achievement of those results?

Based on the results presented in the 2022 annual report (see Table 14), the overall programme outputs in schools were on track to be achieved, with some variations between the countries. In health facilities, the programme outputs lagged in two of the eight countries (Côte d'Ivoire and Tanzania). Gaps between the original targets and the actual achievements by 2022 point to planning issues and implementation delays. Factors that affected ASWA II's ability to fully achieve intended results included conflict/insecurity (Nigeria, Somalia), climate impacts (mainly Côte d'Ivoire), refugee/IDP pressures (Côte d'Ivoire) and external shocks like COVID-19 (Tanzania).

**Table 14.** ASWA II institution targets versus results (number of institutions reached)

COUNTRY	WASH in schools – target	WASH in schools – achievement (2022)	WASH in health facilities – target	WASH in health facilities – achievement (2022)
<b>Burkina Faso</b>	50	90	40	50
<b>Côte d'Ivoire</b>	50	58	40	9
<b>Mali</b>	125	50	40	33
<b>Niger</b>	35	42	20	21
<b>Nigeria</b>	60	47	40	32
<b>Mozambique</b>	20	18	5	4
<b>Somalia</b>	41	57	32	20
<b>Tanzania</b>	50	19	40	16
<b>TOTAL</b>	431	381	257	185

**Source:** UNICEF DGIS ASWA II annual report, 2022; UNICEF ASWA II programme inception report, 2019.



ASWA II programme, Mozambique

**WASH SECTOR STRENGTHENING**

**SEQ 3.3: To what extent did the programme contribute to strengthening WASH systems, ensuring monitoring and climate resilience in WASH programming? What were the main factors that facilitated or constrained achievement of those results?**

The ASWA II programme's WASH sector strengthening efforts experienced some challenges, including around financing and data availability. There was limited spending in critical areas such as financing models. Output indicators were poorly defined, with limited data collected, preventing clear conclusions of what was achieved and to what extent ASWA II contributed to strengthening WASH systems. Climate resilience initiatives showed promise but need further integration into programming. Monitoring systems, especially government-coordinated systems, were not always fully functional, and there is a need for improved information systems management at district, regional and national levels.

The available findings on WASH systems strengthening, monitoring and reporting are limited by the way the indicators were defined (see *Tables 15 and 16*). They were often not defined as indicators that are specific, measurable, achievable, relevant and time-bound ('SMART'):

- ▶ Some of the indicators measured multiple concepts within the same indicator, resulting in a lack of clarity as to what had actually been achieved (e.g., indicator 5.2: "completing annual or two-yearly third-party sustainability checks ... with appropriate management response plan to be undertaken by community groups and/or government counterparts"; indicator 6.4: "training of youth entrepreneurs and support to enterprises in WASH").
- ▶ Some indicators were also not specific enough and as such prevented consistent measurement across time and place (e.g., indicator 6.1: "country specific ... areas of the SWA [Sanitation and Water for All framework]"; indicator 6.2: "number of times DGIS funds contribute to leveraging other resources"; indicator 6.3: "improved monitoring system"; indicator 6.7: "number of studies ... that contribute to key decisions or discussions").
- ▶ Focusing on outputs, some of the indicators were not meaningfully connected to the longer-term outcomes that the ASWA II programme intended to achieve (e.g., indicator 5.1 on the signing of sustainability compacts).
- ▶ In addition, some indicators applied to only a small subset of countries (indicators 6.5 and 6.6).

**Table 15.** Achievement of WASH indicators 5.1–5.3

COUNTRY	5.1 Countries that developed/renewed/reviewed and signed sustainability compacts	5.2 Countries completing annual or two-yearly third-party sustainability checks over the course of the project, with appropriate management response plan to be undertaken by community groups and/or government counterparts	5.3 Country programmes reporting on VfM indicators, in line with VfM reporting schedule and associated guidance provided by UNICEF HQ
<b>Burkina Faso</b>	X	-	X
<b>Côte d'Ivoire</b>	X	-	X
<b>Mali</b>	-	X	X
<b>Niger</b>	X	-	X
<b>Nigeria</b>	X	X	X
<b>Mozambique</b>	X	X	X
<b>Somalia</b>	-	-	X
<b>Tanzania</b>	X	-	X
<b>TOTAL</b>	6	3	8



The ASWA II programme underspent in some of the areas related to systems strengthening. For example, by the end of 2022, the programme had spent less than 3 per cent of the available budget for VfM assessments, even though all eight countries reported on VfM indicators, in line with the VfM reporting schedule and associated guidance provided by UNICEF (indicator 5.3). The programme also aimed to develop WASH financing models, which were intended to create an enabling environment for WASH in the eight countries. However, there was very limited spending on this component. By the end of 2022, less than 10 per cent of the available budget was spent. The vast majority of this funding was spent in Mozambique,

while many of the other countries had not started work on this activity.

Because of limited spending, a lack of available data (including from interviews), instable political situations (in four of the eight countries), and natural disasters, no definite conclusion can be reached regarding the extent to which the ASWA II programme contributed to strengthened WASH systems in the eight countries. However, the wealth of qualitative information collected as part of this evaluation points to many examples of strengthened WASH systems across the eight countries.

**Table 16.** Achievement of WASH indicators 6.1–6.7

COUNTRY	6.1 Countries implementing the country-specific prioritized areas of the SWA framework and mutual accountability mechanism	6.2 DGIS funds contribute to leveraging other resources for WASH (total amounts in US\$)	6.3 Countries with improved monitoring system using real-time monitoring	6.4 Number of youth entrepreneurs trained, and enterprises supported in WASH	6.5 Support provided to government in integrated water resources management	6.6 Countries with pro-poor urban WASH strategies targeting the marginalized urban poor population	6.7 Number of studies, evaluations, reviews undertaken that contribute to key decisions or discussions in the national WASH sector
<b>Burkina Faso</b>	X	11,000,000	X	N/A	N/A	X	3
<b>Côte d'Ivoire</b>	X	125,000,000	X	587	Yes	-	1
<b>Mali</b>	X	-	-	-	No	N/A	8
<b>Niger</b>	X	5,100,000	-	1	Yes	N/A	4
<b>Nigeria</b>	X	455,331	X	21	N/A	N/A	5
<b>Mozambique</b>	-	-	-	-	N/A	-	-
<b>Somalia</b>	-	92,000	-	-	N/A	N/A	-
<b>Tanzania</b>	X	923,000	X	36	N/A	N/A	-
<b>TOTAL</b>	6	142,570,331	4	645	2	1	21

With regard to climate resilience programming, all ASWA II countries engaged in activities, including the shift from diesel to solar-powered water pumps. In two countries, Mozambique and Somalia, climate resilience was at the forefront during the design of water supply systems, which included borehole drilling to greater depths to ensure water availability during periods of low water tables. Other countries,

including Niger, increased the robustness of latrines and drinking water systems. In 2021, the ASWA II programme in Burkina Faso supported a study on the impact of climate change on sanitation, which resulted in the integration of a climate change component into government policies, the development of a nexus-sensitive WASH and climate change strategy in 2022, the development of ODF guidance

that encourages the construction of sustainable and flood-resistant toilets, groundwater-based drilling adaptation, solar or mixed pumping and drilling, and stronger water towers to withstand strong winds, as well as metal water towers.

Factors that constrained the achievement of programme results related to systems strengthening and climate resilience included a lack of relevant regulations and enforcement, limited sector knowledge regarding climate issues beyond technological solutions, insufficient financial resources coupled with rising infrastructure investment costs, and inadequate data availability, coordination and cross-sectoral information sharing. In addition, even though there were a number of climate resilience initiatives included in ASWA II programming, UNICEF staff acknowledged that longer-term results were difficult to observe and directly attribute to the programme because impacts will become evident only over time.

### URBAN WASH SERVICES FOR THE POOR AND VULNERABLE

**SEQ 3.4: To what extent did the programme contribute to the development of policies and strategies for improved urban WASH services for the poor and vulnerable? What were the main factors that facilitated or constrained achievement of those results?**

The ASWA II programme countries primarily focused on rural areas rather than urban settings. In Burkina Faso, Côte d'Ivoire, Mali, Niger and Tanzania, no urban areas were covered. However, in Nigeria, Mozambique, and Somalia, there is evidence of ASWA II contributing to improved urban WASH services. In Nigeria, respondents indicated that some cross learning with regard to sanitation blocks was happening in peri-urban areas with the USAID-funded Integrating WASH Services, or I-WASH, programme, which commenced operations in 2021, in the North West. I-WASH is an initiative aimed at improving access to clean WASH facilities. The programme is typically implemented through collaborative efforts involving government agencies, international development partners and NGOs. In this context, shared methodologies and technologies were applied. In addition, activities as part of regional and HQ-level partnerships contributed to engaging in dialogue with urban WASH service partners at country level (such as WaterAid). For example, the WaterAid UK Global Team and UNICEF HQ have been contextualizing what safely managed sanitation looks like in certain target countries and have a more general partnership as part of the UNICEF Game Plan to Reach Safely Managed Sanitation. In Mozambique, which implements a small-town water supply system, the National Program for Rural Water and Sanitation, PRONASAR, improves WASH services for the poor and vulnerable. Originally designed for rural areas, this programme now also applies to small towns. PRONASAR has been learning approaches from the ASWA II programme and incorporating them. In Somalia, a significant ASWA II programme component targeted the strengthening of institutional capacity and planning, which was implemented at the local level with district WASH implementation plans and collaboration with local NGOs. Although primarily aimed at rural WASH, it also included local urban institutions in the same implementing areas.



ASWA II programme, Burkina Faso

## WASH AND NUTRITION INTEGRATION

### SEQ 3.5: How and to what extent did the programme contribute to the integration of WASH and nutrition and what were the main factors that facilitated or constrained the achievement of this result?

Based on the ASWA II annual reports for 2021 and 2022, UNICEF and DGIS agreed that special attention should be given to the integration of WASH and nutrition in Burkina Faso, Niger, Nigeria and Tanzania. DGIS also funded a nutrition programme in those countries. In addition to these countries, Côte d'Ivoire and Mali also reported some activities on WASH and nutrition.

In Burkina Faso, for example, the ASWA II programme conducted joint awareness activities with nutrition partners, focusing on promoting hygiene and sanitation practices among mothers and pregnant women. In Nigeria there was an intentional approach at state level to target primary health care facilities with centres for community management of acute malnutrition. In the case of Mozambique, a public education campaign implemented as part of the ASWA II programme included some WASH–nutrition integration within its messaging to communities.

In Tanzania, nutrition (including the observation of high levels of stunting) was initially the rationale for selecting the programme locations, and in the first two years this nutrition aspect was implemented through the BabyWASH initiative. However, essential elements were already included in the WASH initiatives implemented by the national government, and after working with the nutrition teams in the Ministry of Health and developing communication methods (e.g., flip charts on processes), this aspect was largely left to the community health workers, while the ASWA II team focused primarily on access to improved sanitation and hygiene. However, key informant interviews with stakeholders at the village and regional levels confirmed that more needs to be done to restart the process and measure the nutritional value of sustainable WASH.

One factor considered to have constrained the integration of WASH and nutrition, and nutrition-related results, is the lack of a specific budgeted programme component under ASWA II, as emphasis was placed on budgeted components in terms of prioritizing and reporting accountability.

Some respondents also suggested approaches that could further facilitate integration of WASH and nutrition, such as enhancing the nutrition-related capacities of WASH committees (WASHCOMs), which are community-based associations that consist of volunteers who oversee WASH services delivery, promote positive behaviour change and ensure the sustainability of WASH interventions in their communities. Another suggestion is to have WASH desk officers sitting in ministries responsible for nutrition-related initiatives, to provide a WASH lens when planning is carried out, an idea taken from Nigeria, where nutrition desk officers sit within various ministries and have contributed to the ministries' planning through a nutrition lens.

#### EQ 4: TO WHAT EXTENT ARE THE ASSUMPTIONS THAT UNDERLIE THE OUTPUT-TO-OUTCOME PATHWAY UPHELD AND OPERATING IN THE MANNER ENVISIONED AND WHAT WERE THE MAIN FACTORS THAT EXPLAIN THOSE RESULTS?

The ASWA II ToC links the programme inputs with the expected outputs, outcomes and impacts. While this evaluation was not designed to establish causality, and availability of data around outcomes and impacts is limited as previously described, the outcome pathways underlying UNICEF WASH programming and approaches are well established in the academic literature. While the causal assumptions underlying the ASWA II ToC could have been more clearly identified (and made measurable), the ToC overall appeared to be operating in a manner as envisioned. While not all assumptions have held true, in instances where they did not and/or programme circumstances changed unexpectedly, the programme appears to have been able to adapt effectively. Some key assumptions, such as the ability of the private sector to deliver expected quality of services, have partially held up. Others, such as the effectiveness of behaviour changes, showed promising results.

## PRIVATE SECTOR PARTNERSHIPS

**SEQ 4.1: To what extent have partnerships with the private sector at national and local levels been mobilized as intended for WASH services in marginalized communities and able to deliver the expected quality of services? Which factors facilitated or constrained this mobilization?**

Partnerships with the private sector differed between the ASWA II countries. No private sector involvement was reported for Côte d'Ivoire and Niger. In the other countries, private sector engagement ranged from being a small part of the programme to being a substantial programme component.

In Nigeria, the local-level private sector has been actively mobilized, delivering the expected quality of services. However, there was an apparent gap in the capacity for managing and maintaining repairs of the electrical components of solar power. In addition, due to many utilities (urban water) not functioning across the states, private providers (water tankers) were also operating. Both government stakeholders and UNICEF staff confirmed that there was space for the private sector to operate. However, the government needs to ensure that the business environment is appropriate and functioning to protect not only the private sector but also the consumer/end user/customer.

In Tanzania, engagement with the private sector in the sanitation market has also been significant, initially involving NGO stakeholders, followed by local suppliers and service providers. Generally, the view of the government is that the private sector has an important contribution to make and has the capacity and willingness to collaborate. Other stakeholder groups, however, acknowledge that there are some constraints, and the private sector lacks some of the key aspects required to reach marginalized communities and deliver the expected quality of services.

Mozambique shows a similarly mixed private sector landscape. A noteworthy point is that procurement processes are conducted through the official government tendering processes, which are considered robust and complete. In addition, UNICEF conducts market assessments to provide comparisons in terms of costs. Together these efforts ensure that the potential for quality and competitiveness is maximized.

The main factors that facilitated the mobilization of the private sector relate to the very fact that the private sector representatives are local and are often known among the communities, thus providing a personal touch. The training provided by the programme as well as strong cooperation from traditional rulers and institutions were also reported to have facilitated mobilization of the private sector.

The main factors reported to constrain the mobilization of the private sector were local market and financial/administrative constraints, limited human resource capacity, availability of materials across the supply chain and instability of prices.

## BEHAVIOUR CHANGE

**SEQ 4.2: To what extent have the programme approaches induced behaviour change among targeted communities? Which factors facilitated or constrained this achievement?**

Behaviour change was reported by a wide variety of stakeholders, including those working with schools, health care facilities and communities, and with government and non-governmental partners. This included the successful implementation of the CLTS approach in most of the ASWA II countries.

Notably, in Somalia and Tanzania, feedback from the in-school interviews (Evaluation H) indicated significant behaviour change results including on handwashing and MHM. In Niger, all ASWA II municipalities (395 villages) reached ODF status within a 12-month period and maintained it. The approach to obtain ODF status in the communities and the '3 stars' approach used in the schools had also been implemented to promote behaviour change. Active sensitization on the benefits of using toilets and applying good hygiene practices had been conducted in the schools and communities. The animators, in collaboration with teachers, students' hygiene clubs, girl peer educators, community leaders and village management committees, closely monitored the adoption of good hygiene practices in the schools and through home visits and community gatherings.

Factors considered to promote behaviour change include the knowledge of the team and its access to communities and households, and radio campaigns. The COVID-19 pandemic was also considered a factor that promoted WASH-related behaviour change, and in particular handwashing, especially in schools and health facilities.



The interviewed stakeholders confirmed that a key factor constraining behaviour change was the perception of sanitation being a private and therefore non-public business, and of water being seen as a public good. As a result, sanitation is not seen as something that gains the attention of or is driven by strong institutional structures/political interest. Given the limited institutional interest, stakeholders voiced a concern about an over-reliance on government village health promoters to continue facilitating the behaviour change, particularly in terms of the absence of strong institutional structures to take the lead in associated sustainable monitoring.

### EQ 5: TO WHAT EXTENT DID EVIDENCE GENERATION CONTRIBUTE TO DECISION-MAKING AND RESULTS?

Data and evidence contributed unevenly to decision-making, with gaps in outcome monitoring and limited real-time monitoring utilization. Despite challenges, Burkina Faso, Côte d'Ivoire, Nigeria and Tanzania successfully implemented real-time monitoring systems, showing potential for more robust programme monitoring systems.

#### OUTCOME MONITORING

##### SEQ 5.1: To what extent did outcome monitoring including MICS and DHS take place and how did this contribute to decision-making and results?

As reported under SEQ 3.1, the extent to which the ASWA II programme achieved its intended objectives, including intended outcomes and impact, could not be assessed conclusively due to multiple factors, including, most importantly, that the programme did not systematically monitor its outcomes. While outcome indicators were identified, they lacked established baselines or targets.

Although data from secondary sources like DHS were available for some ASWA II countries, their contribution to decision-making and programme evaluation was limited, due to a lack of alignment of these surveys with the predefined outcomes, among other reasons. One example of this is the ASWA II programme's impact indicator "Reduction in prevalence of stunting in children under 2, in rural areas, disaggregated by wealth quintile and sex". This indicator differs from the DHS, which measures stunting prevalence in children under 5.

#### BASELINE SURVEYS, MONITORING AND EVALUATION

##### SEQ 5.2: To what extent were baseline surveys, monitoring, studies and evaluation conducted and how did they contribute to decision-making and results?

The number of relevant studies (including baseline surveys, monitoring exercises, evaluations and other research) conducted varied across the eight countries, as did the extent to which they contributed to decision-making and results. Baseline data collection was carried out in five ASWA II countries before programme commencement (Mozambique, Somalia and Tanzania did not have programme baselines). These baselines, however, were not designed in a manner conducive to subsequent impact assessment. Further, although baseline survey guidelines were shared in advance, a consistent approach to data collection and tools/methods was not followed across the countries, resulting in a range of methods being used and in data being collected that were difficult to compare and use as part of subsequent analysis.

Based on internal programme monitoring data, 21 studies were undertaken that contributed to key decisions or discussions in the national WASH sector.

Plans for ASWA II evaluation differed between countries. An evaluation was conducted at the end of the ASWA I phase of the programme. A mid-term evaluation was conducted in Tanzania (completed in 2023). Several ASWA II countries also conducted country-level final evaluations and/or outcome surveys at the end of the programme. (These activities were in addition to the end-line evaluation covering all eight ASWA II countries summarized in this report, and most had not started at the time this evaluation was conducted; however, the evaluation team reviewed the findings coming out of the Tanzanian ASWA II mid-term evaluation.)

An example of monitoring, evaluation and baseline surveys contributing to decision-making comes from Nigeria. Here, the baselines were reported to have contributed to the programme's site selection, and the monitoring data were included in the community data sheets and used to track progress.

There were limits, however, to the extent to which the available ASWA II data were being used. The baselines were not being used to systematically track progress. The opportunity to collect data allowing for cross-country comparison, and for measuring

outcomes and impact, was largely missed. There is limited evidence of recommendations from past evaluations being implemented and informing decision-making in the second phase of the ASWA programme. This resulted in some weaknesses, including previously noted gaps around indicators and monitoring, in programme design and delivery.

### REAL-TIME MONITORING

#### SEQ 5.3: To what extent has real-time monitoring been utilized to support programme objectives?

Several countries – including Burkina Faso, Nigeria and Tanzania – have implemented real-time monitoring systems to improve their WASH programmes. For instance, in 2021, Burkina Faso's Ministry of Education, with support from UNICEF, conducted a comprehensive nationwide inventory of WASH in schools. Similarly, in Nigeria, the government has institutionalized the WASH National Outcome Routine Mapping (WASHNORM) with the support of UNICEF and the DGIS grant, and it successfully conducted the third round of the survey in 2021. In Tanzania, UNICEF is supporting the Ministry of Health on WASH information management to help the target local government authorities (LGAs) adopt credible and effective WASH information management.

## Efficiency

### EQ 6: TO WHAT EXTENT DO UNICEF AND ITS IMPLEMENTING PARTNERS HAVE THE RIGHT CAPACITY TO PROMOTE, IMPLEMENT/SUCCESSFULLY ACHIEVE ASWA II OBJECTIVES?

UNICEF and its partners generally had the necessary capacity to implement ASWA II objectives, even though there were some challenges. While the ASWA II programme allowed flexibility in fund utilization, capacity constraints hindered implementation at the country level, especially for innovative initiatives like sector-wide sustainability checks (SWSCs). Roles and responsibilities among partners were clear, and technical support from HQ and ROs was available, though not always fully utilized. COVID-19 affected and delayed some training activities.

### HUMAN RESOURCES

#### SEQ 6.1: To what extent do UNICEF and its partners have adequate human resources?

Based on interviews in the different countries, UNICEF and its implementing partners (both governmental and NGOs) demonstrated appropriate capacity to work on improving access to WASH in both communities and institutions. At the same time, the interviews indicate that the UNICEF COs lacked sufficient implementation capacity for labour-intensive innovation and systems strengthening tasks, such as the SWSC initiative and Hand Hygiene for All. Global and regional support to COs was demand-based, and staff were often based in locations remote from the countries and COs and, as a result of insufficient implementation capacity, were under-utilized. Other areas identified in need of strengthening were the climate adaptation agenda and results monitoring. The need for more M&E capacity was especially evident in the context of shortcomings during the previous programme phases.

### ROLES AND RESPONSIBILITIES

#### SEQ 6.2: To what extent are roles and responsibilities with partners, including national and sub-national government partners, clear and coherent?

Based on the stakeholder interviews and review of secondary data, no major problems were detected in relation to the division of roles and responsibilities. Generally, the roles and responsibilities were stated in partnership agreements between UNICEF, governments and implementing partners. These partnership agreements outlined where and how UNICEF was contributing and where and how the government was contributing. Stakeholders at various levels concurred that this division of roles was well understood and maintained at national, state and LGA level as well as at the community level across technical implementation, monitoring and reporting requirements.

## QUALITY ASSURANCE

### SEQ 6.3: To what extent were quality assurance processes promoted by the programme?

In addition to quality assurance processes for specific outputs such as construction, UNICEF quality assurance includes programme monitoring visits, where partners who implement UNICEF programmes are visited on a periodic basis, with the number of annual visits based on the amount of spending by a partner and their associated risk rating. For example, in Burkina Faso and Niger, frequent household visits inspecting water points, toilets and hygiene practices were conducted by the municipal or regional WASH agents. Further, every six months, the quality and functioning of water points and toilets built in the schools and health centres were assessed at national or decentralised level.

At the global level, there was an intensive process of reviewing ASWA II country annual reports in preparation of each annual report to assure quality. On aspects such as SWSCs, the involvement of the UNICEF WASH section in reviewing reports also provided a form of quality assurance. Still, one respondent suggested that quality assurance could be better integrated into programming and that expectations of all offices could be better articulated.

## TECHNICAL SUPPORT

### SEQ 6.4: To what extent did the CO receive adequate technical support from HQ and RO?

UNICEF COs receive regular support from the ROs and HQ, which is often provided through technical missions, webinars and trainings, and remote assistance. These activities may also involve other partners, such as IRC and SIWI.

Specific trainings mentioned by respondents included VfM tool/analysis, specific WASH support on the climate agenda, and support on gender equality, disability and social inclusion (especially gender). Initiated at global level, SIWI and IRC supported the development of SWSCs. Based on interviews with international partners, globally offered, demand-based support for WASH innovations was not used to its full potential (e.g., by IRC/SIWI and Hand Hygiene for All). COs' implementation capacity might lack innovation, but sometimes COs and governments are also not convinced and oppose the imposition of ideas from the outside that may not be readily accepted by government and beneficiaries. This highlights the need to build and utilize more local technical capacity

at the CO level and to embed innovative solutions in local contexts.

## EQ 7: TO WHAT EXTENT HAVE RESOURCES BEEN ALLOCATED AND UTILIZED IN AN EFFICIENT MANNER IN THE DELIVERY OF ASWA II OBJECTIVES?

By the end of 2022, only 66 per cent of the ASWA II programme budget had been utilized. The programme was able to move decisively to implement sanitation and hygiene activities, possibly aided by the COVID-19 pandemic, which emphasized the importance of hygiene. Water supply activities, however, lagged behind those in sanitation and hygiene. In addition, some monitoring and learning activities, such as sustainability checks and VfM assessments, were also behind schedule during the period covered by the evaluation. At the same time, the programme showed cost efficiency in service delivery, with actual unit costs generally lower than initial estimates. Variations in resource allocation and use, and in cost efficiency, existed across countries due to factors such as the remoteness of some programme areas and the availability of co-funding.

## BUDGET UTILIZATION

### SEQ 7.1: Were ASWA II programmes delivered in line with their approved budgets?

The ASWA II programme was allocated a total budget of US\$73,427,000 (original budget and additional COVID-19 support). By the end of 2022, just 66 per cent of this budget had been utilized. (The total programme budget had been utilized by the end of the programme on 31 December 2023.)

The table below provides a detailed breakdown of how the funds were distributed among various WASH services. The largest portion of the budget, accounting for 18 per cent, was allocated for the sustained use of sanitation services, 17 per cent of the budget was dedicated to COVID-19 response, and 12 per cent was allocated for the sustained use of water supplies. The remaining funds were distributed among various other initiatives, including enabling environment, adoption of hygiene practices, and WASH in health care facilities, among others (*see Table 17*).

**Table 17.** Budget allocation and utilization

RESULTS	Total budget (US\$)	Funds spent (US\$)	Commitments (US\$)	Total funds spent/ committed (US\$)	Proportion of total budget utilized
Sustained use of <b>sanitation services</b> by poor and vulnerable people in targeted areas, especially by women and girls	11,456,401	8,460,669	196,016	8,656,685	75.6%
Sustained use of <b>safe water supply</b> services by poor and vulnerable people in targeted areas, especially by women and girls	11,647,055	5,666,328	689,957	6,356,285	54.6%
Adoption of <b>hygiene</b> practices by poor and vulnerable people in targeted areas, especially by women and girls	2,335,849	1,924,221	27,147	1,951,368	83.5%
Effectively managed WASH facilities in <b>health care facilities</b>	2,715,000	1,919,291	187,137	2,106,428	77.6%
Effectively managed WASH facilities in <b>schools</b> , with hygiene also being promoted	4,310,000	3,498,933	204,243	3,703,176	85.9%
<b>Gender-responsive WASH</b> systems – promoting MHM in schools	320,000	560,928	127,001	687,929	215.0%
<b>WASH financing</b> (country testing and global learning)	3,189,960	261,358	44,088	305,446	9.6%
<b>Covid-19</b> Response Fund	7,802,778	7,775,720	-	7,775,720	99.7%
<b>Sub-total A</b>	<b>43,777,043</b>	<b>30,067,448</b>	<b>1,475,589</b>	<b>31,543,037</b>	72.1%
Sustainability (including sustainability check once every 2 years)	1,000,000	129,061	-	129,061	12.9%
Enabling environment	4,316,765	2,451,802	202,692	2,654,494	61.5%
VfM assessments	500,000	12,127	-	12,127	2.4%
Learning and monitoring	2,984,349	1,462,345	5,396	1,467,741	49.2%
Programme monitoring	2,477,244	772,017	-	772,017	31.2%
<b>Sub-total B</b>	<b>11,278,358</b>	<b>4,827,352</b>	<b>208,088</b>	<b>5,035,440</b>	44.6%
Direct and indirect programme support	6,932,562	4,874,704	-	4,874,704	70.3%
HQ/RO direct support	6,000,000	3,547,689	271,079	3,818,768	63.6%
<b>Sub-total C</b>	<b>12,932,562</b>	<b>8,422,393</b>	<b>271,079</b>	<b>8,693,472</b>	67.2%
Cost recovery @ 8%	5,439,037	3,465,375	-	3,465,375	63.7%
<b>TOTAL</b>	<b>73,427,000</b>	<b>46,782,568</b>	<b>1,954,756</b>	<b>48,737,324</b>	66.4%

Source: UNICEF DGIS ASWA II annual report, 2022.



Over the period of the evaluation, 2018–2022, the project made good progress on the sanitation and hygiene components of the programme. The COVID-19 response funds were all spent by the end of 2022. Yet progress on water supply was slower. The pandemic affected supply chains, and as in many countries water supply investments require imports, this was to be expected.

The activities that centred around monitoring, learning and building capacity, however, were also lagging behind at the end of 2022. Including WASH financing, which is allocated in a component with direct WASH activities but focusing on “country testing and global learning”, the project had a budget of more than US\$14 million in DGIS funds available for these activities (equivalent to almost 20 per cent of the total budget). Learning and monitoring activities require significant planning, and they are also likely to require support from regional and HQ offices. Yet, despite

spending 25 per cent of the total ASWA II budget on regional and HQ support, the learning and monitoring component of the programme was slow to achieve significant spending and tangible outputs, as reflected in the expenditure patterns, which lag compared to the WASH component, but also in the monitoring results.

#### VALUE FOR MONEY STRATEGIES

SEQ 7.2: To what extent did COs adopt strategies aiming to achieve VfM?

Country programmes report on VfM indicators, in line with the VfM reporting schedule and associated guidance provided by UNICEF HQ. Based on the ASWA II inception report and the 2022 values as presented in the ASWA II annual report, the table below (see Table 18) presents a comparison between the estimated and achieved VfM.

**Table 18.** Value for money metrics

COUNTRY	VfM metrics (IR = inception report)	Unit cost per beneficiary who gained access to basic sanitation (US\$)	Unit cost per externally verified ODF community (US\$)	Unit cost per beneficiary who gained access to basic safe water (US\$)	Unit cost per school (US\$)	Unit cost per health care facility (US\$)
Burkina Faso	IR estimate	5.00	3,350.00	50.00		
	2022 values	4.60	3,357.90	12.70	10,049.00	
Côte d’Ivoire	IR estimate	10.00		34.00		
	2022 values	7.10	3,414.00	36.70	6,429.00	19,229.00
Mali	IR estimate					
	2022 values	2.40	2,536.00	16.00	7,429.00	17,027.00
Mozambique	IR estimate	20.00		200.00		
	2022 values	2.20		87.20	18,734.00	24,092.00
Niger	IR estimate	6.00	3,350.00	33.70		
	2022 values	7.20	5,366.00	35.00	2,851.00	2,299.00

COUNTRY	VfM metrics (IR = inception report)	Unit cost per beneficiary who gained access to basic sanitation (US\$)	Unit cost per externally verified ODF community (US\$)	Unit cost per beneficiary who gained access to basic safe water (US\$)	Unit cost per school (US\$)	Unit cost per health care facility (US\$)
Nigeria	<b>IR estimate</b>	3.60	1,814.00	13.70		
	<b>2022 values</b>	2.90	2,020.00	0.60	1,169.00	15,280.00
Somalia	<b>IR estimate</b>					
	<b>2022 values</b>	8.60	10,826.00	12.00	12.40	20.10
Tanzania	<b>IR estimate</b>					
	<b>2022 values</b>	1.00	1,982.00	4.00	14,714.00	9,254.00

**Source:** UNICEF ASWA II programme inception report, 2019; UNICEF DGIS ASWA II annual report, 2022.

The table indicates that the actual unit costs for delivering various WASH services were generally lower than the initial estimates, except in Niger, which suggests that the programme achieved some level of cost efficiency in service delivery. A caveat is that the programme had spent less than 3 per cent of its VfM budget by the end of 2022. This was partly due to lower costs for VfM than estimated. In addition, the unit cost estimates for the eight ASWA II countries cannot be directly compared with each other because different countries used different definitions for the various indicators. In Nigeria, for instance, the average unit cost for a beneficiary who gained access to basic safe water was less than US\$1, while in Mozambique it was more than US\$87 because a full urban water system was designed and constructed to cover water needs for a horizon of 20 years. This was a new system that moved the beneficiaries from using surface water and unimproved sources to safely managed water sources. The difference is a plain illustration of the very different interpretations of what constitutes increased access to water supply in these two countries. In Nigeria, according to government policies (but not aligned with international standards like the ones used by DGIS and the JMP), repairs of water supply systems are classified as an increase in access, resulting in large numbers of beneficiaries. In Mozambique, the programme built an actual network system, a much more significant investment. Still, the US\$87 does not include community contributions for connecting to the network.

Hence, given the different definitions and approaches, it is not possible to compare countries as they measure very different types of access. Variations in costs and spending across countries are further influenced by a range of factors, including the project's location, size (affecting economies of scale), climate and security-related challenges, demonstrated in Burkina Faso, Mali, Niger and Somalia, and policies related to community contributions, whether in cash or in kind. In addition, it is important to note that the VfM reporting focused only on DGIS funding. The programme also used other sources of funding to achieve the proposed outcomes (leverage), which has implications for VfM.

## Coherence

### EQ 8: TO WHAT EXTENT IS ASWA II COHERENT WITH UNICEF WASH COUNTRY PROGRAMME AND COUNTRY STRATEGIES AND INITIATIVES?

ASWA II programming showed coherence across UNICEF headquarters, regional and country levels, and there was coherence between ASWA II and country WASH programmes, with the ASWA II programme in all eight countries supporting national strategies and standards. Roles and responsibilities were clear and generally well applied.

#### COHERENCE WITH COUNTRY STRATEGIES AND INITIATIVES

SEQ 8.1: To what extent is the ASWA II programming coherent with country strategies or initiatives related to water and sanitation (water resources management; water supply service sustainability, etc.)?

There was clear alignment of the ASWA II programme with country strategies and initiatives related to WASH. Depending on country context, the programme was aligned with national approaches and specific activities, and UNICEF provided a range of support, including the development of national WASH-related strategies, road maps and standards, as illustrated by the examples below.

In Burkina Faso, there was coherence between ASWA II and the UNICEF WASH country programme and those of the Ministry of Water and Sanitation, Ministry of Education and Ministry of Health. A collaboration agreement was signed between these three ministries at national and regional levels. In 2022, ASWA II supported the development of the nexus-sensitive WASH and climate change strategy, which was adapted by UNICEF and the government. In 2023, there was support for the development of the national WASH strategy road map and standards.

In Côte d'Ivoire, the ASWA II programme contributed to national priorities as defined in the national development programme and the WASH sector policy and strategies. According to managers interviewed, in 2020, the UNICEF CO provided support to the Ministry of Health in the validation of the National Strategy for Hygiene Promotion, which was disseminated in health districts at the beginning of the COVID-19

pandemic. UNICEF also provided technical and financial support to the government in the adoption of national WASH standards in schools in 2022. The government planned to include in phase two of its social initiative the construction of separate toilets for girls and boys in 2,000 elementary schools by 2024 (2022 ASWA II annual report). UNICEF provided technical and financial support to develop norms and standards for WASH in health care facilities as well, which resulted in three policy documents: (a) WASH national norms for health care facilities, (b) guidelines on hygiene norms and standards for health workers and the users of health centres, and (c) health facilities infrastructure management and maintenance guidelines. To operationalize the norms on WASH in health facilities, a learning strategy to reinforce the capacity of the health workforce on WASH norms and standards was developed, as was a training module used to train health workers at the national and district levels.

In Niger, ASWA II was aligned with the National Strategic Plan for Rural WASH. It was also developed within the framework of the Programme Sectoriel Eau Hygiène et Assainissement 2016–2030, which is aligned with SDGs 6.1 and 6.2, as well as the Ministry of Water and Sanitation's WASH sector programme. ASWA II was also aligned with the national decentralization process and the national nutritional development plan. The common financing mechanism was considered during its design. The main issue raised by interviewees was the fact that government counterparts would like to manage the construction of water points and latrines themselves but UNICEF procedures do not allow it.

In the case of Nigeria, there was strong alignment and coherence between ASWA II programming and country WASH sector strategies and initiatives, largely due to the programme being government led and UNICEF strategy guided. In Mozambique, the programming was also coherent in that the town water supply design took into account the national requirements of environmental assessment and water supply service sustainability. In Tanzania there was a strong alignment, which was modified and improved after the first two years of ASWA II; and in Somalia ASWA II was aligned clearly with the national and regional WASH programme.

**WASH PROGRAMME COHERENCE**

**SEQ 8.2: To what extent is ASWA II coherent/ supporting COs' WASH programming?**

There was coherence between the ASWA II programme and the UNICEF WASH country programmes as well as those of WASH-focused ministries, ministries of education and health, and other relevant ministries. ASWA II was an integrated part of the overall UNICEF WASH programme and helped, through its flexibility in the utilization of funds, to adjust to new developments and innovations.

The evaluation team found clear coherence between the ASWA II intervention logic, the CO WASH ToCs and the national WASH sector strategic approaches. ASWA II coherence with UNICEF WASH programming was also assessed by comparing respective expected results and indicators. The analysis showed similarities in expected results related to WASH services for both programmes, particularly for water supply, basic sanitation access, handwashing access and WASH in institutions. Regarding sector strengthening, ASWA II engaged in the leveraging of resources for WASH, the use of UNICEF tools such as sustainability checks, training and support to youth entrepreneurs, and the contribution of studies, evaluations and reviews on sector strengthening. ASWA II service delivery and systems strengthening, and the contribution of knowledge and research, were closely aligned with and directly contributed to the implementation of the UNICEF Strategy for Water, Sanitation and Hygiene 2016–2030 and to country WASH programming strategies and approaches.

**SUPPORT FUNCTION COHERENCE**

**SEQ 8.3: How clear are roles and responsibilities between HQ and RO support functions?**

According to interviews with UNICEF WASH staff at HQ and ROs, ASWA II programme-related roles and responsibilities between HQ and the ROs were clearly defined and applied. There were only incidental reports on problems.

## Sustainability

**EQ 9: HOW AND TO WHAT EXTENT DID THE PROGRAMME CONTRIBUTE TO IMPROVE THE CAPACITY OF THE WASH SECTOR TO IMPLEMENT SUSTAINABLE WASH SERVICES?**

UNICEF leads WASH sector coordination at national and sub-national levels, involving government and NGO partners, communities, schools, health facilities and the private sector, to sustain WASH practices. Evidence from the data collected as part of this evaluation suggests positive outcomes and a clear contribution of the ASWA II programme to sustained use of WASH in communities as well as contributions to the development of WASH markets and the capacity of government stakeholders.

**WASH PROGRAMME SUSTAINABILITY**

**SEQ 9.1: To what extent did the programme contribute to sustained use of safe water, sanitation and adoption of hygiene practices?**

While the ASWA II programme's contribution to sustained use of safe water and sanitation and adoption of hygiene practices was not systematically measured, evidence from the key informant interviews and the data collected at country level suggests positive outcomes and a clear contribution of the ASWA II programme to sustained use of WASH, including the adoption of hygiene practices. For example:

- ▶ In Burkina Faso, the creation of regional and local sanitation committees had facilitated community mobilization on WASH, achieved through the active involvement of students (hygiene and sanitation clubs, MHM clubs), staff, teachers, patients, women groups and parents (parents' associations). About 200 women were reached for sensitization activities in the communities every week. Sensitization activities and observation of application of hygiene practices also took place in schools, conducted by student clubs. WASH teams conducted sensitization sessions in the health facilities, while community health workers conducted home visits for sensitization, and for assessing to what extent people applied good hygiene practices in households.



- ▶ In Mali, UNICEF maintained awareness-raising activities through general assemblies in villages, group discussions with students, teachers and management committee members. In terms of schools, UNICEF continued to follow up on the 50 schools that were part of the Three Star Approach (for the WASH in Schools pilot, which was led by the Deutsche Gesellschaft für Internationale Zusammenarbeit and UNICEF HQ), and ensured the mobilization of the 574 members of 50 schoolchildren's hygiene clubs who were previously trained and provided with school hygiene promotion kits to execute their routine work in the schools. The students were highly dedicated and actively organized themselves to foster competition between classes. UNICEF also organized competitions to identify the cleanest schools. In health centres, monitoring of good practices such as handwashing with soap, proper use of toilets and cleanliness of the health centre continued. In the communities, awareness raising of good hygiene and sanitation practices was performed and "clean village" competitions were organized.
- ▶ In Mozambique, too, there was evidence to suggest that the programme contributed to sustained use of WASH services. For example, working through government was key for purposes of operation and maintenance, as was ensuring communities also had ownership to take on their role within operation and maintenance. At the time of ASWA II programme implementation in schools and health care facilities, checks were made to ensure the ability to pay for operation and maintenance. Other programme activities, such as the training of technicians and artisans, the promotion of MHM with commercial availability of MHM products in schools, and involving community members for deeper sensitization, were also considered key contributors to the sustained use of safe water and sanitation and the adoption of hygiene practices. In terms of small-town water supply, water availability for different users was considered during the design phase, and the site for the water treatment plant was mutually agreed upon to avoid conflicts. Management training was provided, and further technical training was planned for December 2023 to support the sustained use of safe water and strengthen long-term operations.

Progress, however, was uneven. While some country programmes had a strong emphasis on sustainability, in other countries this was less evident. The evaluation team noted that as of December 2022, the ASWA II programme in Côte d'Ivoire had underachieved its targets for all three WASH services – basic water supply, sanitation and handwashing facilities – and sustainability checks had not been undertaken. In Somalia, although the programme had planned to prepare and agree sustainability compacts with the Somali government, based on UNICEF guidance, this had not been achieved.

Understanding sustainability requires systematic data collection beyond the lifetime of the programme. The lack of systematic data collection on sustainability outcomes and impact is a gap that should be addressed during the next phase of the programme, ideally using the tools of impact evaluation. It also involves securing stakeholder buy-in and ownership of programme outputs and outcomes to ensure that the benefits of the programme continue beyond the funding period.

#### WASH MARKET DEVELOPMENT

SEQ 9.2: To what extent did the programme contribute to the development of a WASH market (market access, private sector development)?

The ASWA II programme attempted to enhance sustainability through support towards the development of a WASH market. These activities took different forms in the different countries:

- ▶ In Burkina Faso, sanitation businesses were opened in the targeted villages and municipalities. Local entrepreneurs were trained on sanitation business opportunities and business development. UNICEF subsidized the first endowments to sanitation shops to ease access of households to sanitation items at affordable prices. UNICEF also financed advertising spots on the radio along with the organization of awareness forums on the availability of sanitation items in the subsidized local shops. There were also competitions in the villages to award the best and most durable toilet builders.
- ▶ Côte d'Ivoire implemented a marketing approach in 2022 that consisted of promoting affordable basic sanitation services by improving the capacity of masons and promoters and facilitating the link between communities and the local private sector.

- ▶ In Mali, ASWA II set up cement slab production centres and trained masons. Working with a specialized international NGO, UNICEF also conducted studies, proposed several models of slabs and identified traders capable of building them. Craftsmen and masons were trained in the production of different types of slabs. Women's groups were involved in the local production of soap, with the purpose of contributing to the sanitation market.
- ▶ In Mozambique, the programme contributed through the training of water service providers, capacity strengthening of private contractors, training of artisans, saving and smart subsidies linking households with entrepreneurs through savings groups, and community radio broadcasts in which artisans and entrepreneurs were invited to be live on air and interact with listeners. Some challenges were also reported; for example, WASH entrepreneurs in Mozambique indicated that while they might know where to source materials, they often faced difficulties in doing so due to a lack of financial resources.
- ▶ In Niger, UNICEF worked in three regions to develop a sanitation market and generate interest and private investment in sanitation. A market study was carried out to map the potential of each municipality in terms of access to latrine construction tools. The purpose was to ease the access of households to sanitation items in the local markets. According to interviewees, the demand was high, but there were not yet local initiatives fully delivering this service.
- ▶ In Nigeria, there was strong evidence that the ASWA II programme contributed to the development of a WASH market, for example through the training of WASH market actors (local area mechanics, toilet business owners), connecting the actors to households and, in turn, households to finance (financial markets management, micro-finance institutions). The programme had also supported the supply chain and, notably, respondents advised that demand was high from households for finance and services. Some local area mechanics reported providing services beyond the programme LGAs.
- ▶ In Tanzania, there was strong engagement with local WASH service providers, for example in the work on establishing a sustainable approach to faecal sludge management. The programme also supported the development of the supply chain,

which evolved throughout its implementation. This led to growing demand and improved delivery of the supplies and equipment needed to ensure sustainable WASH services. By strengthening these systems, the programme is better positioned to meet the needs of communities in the long term.

Among the eight ASWA II countries, Somalia was the only country in which there was limited evidence of engagement in the development of a WASH market. Still, given the considerable constraints associated with the implementing environments in the ASWA II countries (e.g., remote communities, underdeveloped infrastructure, poverty, fragility, conflict, COVID-19), there was a limit to what the programme could be expected to reasonably achieve. Additional research is needed to better understand the outcomes and impacts of investments into developing WASH markets in these contexts.

#### CAPACITY DEVELOPMENT

**SEQ 9.3: To what extent did the programme contribute to improve the capacity and clarification of district and local levels' responsibilities for planning, implementation, monitoring and maintenance?**

Capacity development activities with government stakeholders on planning and programming took place on a large scale in the ASWA II countries and areas of implementation. A few examples are provided below:

- ▶ In Burkina Faso, the national WASH strategy was developed with the support of UNICEF. The strategy specifies the role of the different actors at each level. UNICEF supported the government in leading WASH sector coordination at national, regional, provincial and municipal levels. A plea was made with the municipalities to prioritize ODF villages in the implementation of subsidized toilets and the development of a municipal action plan that involves all technical services. UNICEF also advocated for the establishment of a dedicated budget line for WASH follow-up activities within the municipalities.
- ▶ In Côte d'Ivoire, UNICEF supported the elaboration of health facilities management and maintenance guidelines that include a description of the roles of district and local entities for WASH equipment maintenance.

- ▶ In Mali, UNICEF established a strategic partnership with an NGO to strengthen the capacity of three municipalities in the governance and management of basic social services (WASH, education, health and protection). In schools, school management committees, hygiene clubs and teachers were trained to maintain, develop and implement an annual intervention plan. Water and Sanitation for Health Facility Improvement Tool or WASH FIT, teams were established in health centres to monitor WASH infrastructure.
- ▶ In Niger, with WASH responsibilities transferred to the municipalities through the decentralization reform, UNICEF signed with each of the four targeted municipalities a memorandum of understanding that included indicators for improving planning, implementation and monitoring capacities at municipal level. Each municipality has a water and sanitation officer/agent who was trained in planning and supervision of WASH contracts and services, contracting with private water service operators and water point management committees, establishment and functioning of water user associations, and operationalization of a municipal CLTS approach. Post-ODF action plans were drawn up by each municipality and were implemented. Water and sanitation committees were set up with the responsibility of monitoring WASH activities in the municipalities. A mobile-to-web monitoring mechanism based on the RapidPro tool was designed to monitor both the progress of sanitation and hygiene activities and the performance of water and sanitation services. Additionally, international consultants have strengthened the capacity of municipalities in financial management, so that they can ensure maintenance after the end of the programme with royalties/subsidies they receive from the Ministry of Finance.
- ▶ In Nigeria, enforced regulation within the sector was limited, as reported in a 2022 SWSC as well as by the interviewed stakeholders. However, there was strong evidence from interviews conducted with government, UNICEF, implementing partners and communities that the programme significantly contributed to the capacity, roles and responsibilities for planning, implementation, monitoring and maintenance through the modalities, guidelines, systems and procedures implemented under ASWA II. For example, the fact that the programme was government led provided a strong foundation for institutional strengthening.

Instead of directly driving implementation, the UNICEF team played a supportive role by offering training, facilitating collaborative planning and programming, and engaging in joint monitoring efforts. It also contributed to the development of monitoring systems and procedures.

- ▶ In Somalia and Tanzania, there was also strong evidence that the programme significantly contributed to the capacity, roles and responsibilities for planning, implementation, monitoring and maintenance through the modalities, guidelines, systems and procedures implemented under ASWA II. Good contact has been made with appropriate stakeholders at district and local levels, but there is a need to establish more institutional strengthening.

While many countries carried out significant activities, in contrast, in Mozambique the evaluation team observed that due to the difference in project activities – a large component of the project in Mozambique was an urban water supply system that had not been completed when the evaluation data were collected – there was less evidence on the extent to which the programme contributed to improved capacity and to clarification of district- and local-level responsibilities for planning, implementation, monitoring and maintenance. Furthermore, there was no ODF monitoring and limited or no regulation on water safety plans. It is acknowledged, however, that UNICEF is looking for ways to follow up on WASH in health care facilities training.

#### **EQ 10: TO WHAT EXTENT DID THE PROGRAMME CONTRIBUTE TO IMPROVE THE CAPACITY TO CONDUCT REGULAR SUSTAINABILITY CHECKS?**

During the ASWA II programme period, sustainability checks were undertaken in four countries: Burkina Faso, Mali, Nigeria and Mozambique. In addition, in the implementation period, the programme moved from sustainability checks to SWSCs. By the end of 2022, the new approach had been applied only in Nigeria. The experiences of the four countries are summarized below:

- ▶ In Burkina Faso, only one sustainability check was conducted. Government officials did not see any added value of this system proposed by UNICEF while there was the 'DIRE', an existing national system operating and playing a similar role.

- ▶ In Mali, UNICEF HQ and WCARO signed partnership agreements with IRC, in part to provide technical assistance to COs on the design and implementation of sustainability checks. Sustainability checks were carried out in 2015, 2017, 2019–2020 and 2022 with co-funding from the government. A sustainability check was also planned for 2023.
- ▶ In Mozambique, sustainability checks were conducted in previous years at a programme level. Moving to a country-wide approach, a sustainability check was conducted during the ASWA II implementation period, with a focus on rural areas and led by government with support from UNICEF. There is uncertainty, however, as to whether this was with ASWA II funding or not. More recently, the intention in Mozambique has been not to conduct annual SWSCs, but instead to use the local SINAS study (previously funded by ASWA II) to incorporate sustainability indicators within the national monitoring system. The key informants interviewed reported that conducting a sustainability check on an annual basis can be costly in terms of human and financial resources – especially when the results show limited change on a yearly basis. UNICEF staff in Mozambique also indicated that discussions were taking place with UNICEF staff in Nigeria to learn from the Nigerian experience in implementing its regular WASHNORM survey. Government stakeholders stated that ASWA II had played a crucial role in improving their ability to conduct checks by providing support and training, and by building capacity for sustainability verification. In addition, the programme supported the contracting of consultants to assess energy consumption and sustainability with a view to providing recommendations for improvements.
- ▶ In Nigeria, in 2021–2022 the Federal Ministry of Water Resources and the National Bureau of Statistics conducted an SWSC with the overall purpose to “assess and analyse the current degree of sustainability of water supply facilities and services, sustainability of behavioural change and social norms, assess underlying factors influencing the likelihood and level of future sustainability and provide information on key sustainability challenges and recommendations to the Government, sector partners and UNICEF on how sustainability and the underlying factors can be improved to deliver more sustainable and resilient programme and sector outcomes”. The SWSC was conducted

using UNICEF sustainability check guidelines and the WASHNORM 2021 data and was supported by SIWI. The sustainability check aimed to help steer the sector to climate-resilient WASH programming. A 2022 report, published in June 2023, stated mechanisms would be put in place to track progress using a management response plan. While national and state-level stakeholders were aware that the sustainability check had been conducted, there was less evidence of this awareness at the community level. The need for climate resilience, however, was reported at the community level, though there was no indication that it was linked to the conducting or dissemination of the sustainability check.

In Côte d’Ivoire and Mali, scheduled sustainability checks were delayed for various reasons, detailed below. However, the COs were observed to prepare for the sustainability checks and contributed to improving capacity related to this task.

- ▶ In Côte d’Ivoire, UNICEF conducted a sustainability check in 2017 during ASWA I. ASWA II programming considered the sector needs to strengthen capacities to perform those commitments. To ensure government ownership, the next sustainability check was integrated in the UNICEF–government 2021 work plan. There was an evolution in sustainability check guidance, however, from a project-specific to a sector-wide approach. The new guidance was shared in 2021, and UNICEF HQ and WCARO signed partnership agreements with an international NGO to provide technical assistance to COs on the design and implementation of sustainability checks, according to the 2021 ASWA II annual report. The sustainability check was rescheduled for 2023 in the country, according to the 2022 ASWA II annual report.
- ▶ In Mali, UNICEF has trained and provided computers to municipalities to strengthen their monitoring capacities. According to interviewees, monitoring activities are taking place, but not on a regular basis in all municipalities, mainly due to limited logistic means. According to the 2023 annual country report, the national decree creating the National Sustainability Check Committee was signed only in March 2023, which delayed the launch of the call for tenders and the start of the study on sustainability checks.



Somalia and Tanzania did not conduct any sustainability checks during the ASWA II implementation period, although Tanzania had planned to undertake one in 2022. In both cases, the use of UNICEF's sustainability check tool was proposed by the RO but was not yet achieved in the country programmes.

Moving forward, a review of the sustainability check experience with the updated SWSC approach may be of value, as several countries were unable to conduct the exercise, some challenges were also encountered, and only one country had implemented the SWSC approach.

**EQ 11: TO WHAT EXTENT HAS ASWA II SUPPORTED INNOVATIVE WASH FINANCING APPROACHES? WHAT WERE THE MAIN FACTORS THAT FACILITATED OR CONSTRAINED THAT EXPERIENCE?**

The programme struggled to support innovative financing to allow low-income households to access WASH, with minimal spending on WASH financing models and VfM assessments. At the time of evaluation data collection (one year before the end of the programme), less than 10 per cent of the available funding for the development of WASH innovative financing and less than 3 per cent of the VfM assessment budget had been used. In the ASWA context, the “innovative finance” component is intended to identify and implement financial solutions and mechanisms, aiming at leveraging additional funding from diverse sources to support and scale up WASH services. The overall goal of innovative finance in ASWA II is to bridge funding gaps and increase the financial resources available for sustainable WASH service delivery, particularly for vulnerable populations. This approach aims to complement traditional development funding sources and enable greater progress towards universal WASH access.

While a variety of financing approaches were being used, there was an emphasis on already widely established approaches like revolving funds, which may not be especially innovative – or they may be innovative in one country but not in the global sense. A revolving fund is a self-sustaining pool of money that is used to finance projects or activities, with the funds replenished through repayments or returns. It provides loans or financial support for specific initiatives, and when the beneficiaries repay the money, it is reinvested to finance new projects. This creates a continuous funding cycle without the need for constant external

contributions. Revolving funds are often used for WASH. They enable communities to grant small loans for infrastructure or services and at the same time promote ownership and long-term sustainability.

Explanations for the lack of progress on innovative WASH financing include the challenging implementing environments in some of the ASWA II countries and limited staff capacity on this aspect.

The following activities were reported:

- ▶ In Burkina Faso, credit savings groups (microfinance) were initiated in the supported villages. Women involved in these activities financially participated in the maintenance of toilets and water points constructed. At household level, there was an annual financial contribution of US\$2 per man and US\$1 per woman for maintenance of water points.
- ▶ In Mali, UNICEF advocated for public financing of the WASH sector, as the WASH sector is extremely dependent on external partners, which finance up to 85 per cent of investments. UNICEF and other partners stressed the need to reform the financing of the sector to achieve the SDGs. Municipalities have been encouraged to create a budget line for the maintenance of WASH infrastructure. Water point management committees have been established in health facilities, schools and communities. These committees have been trained in repair techniques in case of water point or latrine breakdowns. They have initiated income-generating activities, such as gardening and small-scale livestock rearing, to earn money dedicated to maintenance. This initiative involves many women's groups, which have established user funds to finance maintenance. Contribution from all heads of families in the villages has also been solicited, although not sufficient to cover the needs. Remittances are also sent by migrants/seasonal workers to support WASH infrastructure maintenance.
- ▶ In Mozambique, seed and revolving funds for water and sanitation were being used. At the time of data collection, some discussions were also ongoing with regard to establishing a planned innovative finance mechanism for resource mobilization for rehabilitation/construction of water supply services in small towns (including with USAID's Water, Sanitation and Hygiene Finance project, WASH-FIN) and a feasibility assessment to identify investment needs (35 small towns assessed) had been completed.

- ▶ In Niger, UNICEF's strategy for intensifying investments in water supply in the four municipalities supported by ASWA II was based on using taxes on water bills, a very significant local source of financial resources, to cover the salaries of the water and sanitation technicians recruited by the municipalities, as well as monitoring, maintenance and management of WASH services. Advocacy activities have been undertaken with Parliament to increase the budget dedicated to fight against open defecation. Similar activities were performed with technical and financial partners. As a result, the success of the CLTS programme played an advocacy role in convincing the Ministry of Water and Sanitation to mobilize a substantial budget from the WASH Common Financing Mechanism for a new programme for the elimination of open defecation in 47 other municipalities of the country. Municipalities have also been encouraged to devote a budget line to WASH. Water is sold and the income generated from this sale is used for maintenance of the infrastructure. According to interviewees, the main challenge experienced during this process was the reluctance of more than 40 per cent of users to pay for water, although sold at a very low price. Other challenges included irregular payouts by some standpipe operators of the revenue generated, as well as inability of pump operators to fill in the borehole monitoring forms (fuel consumption, quantities of water pumped) due to illiteracy. In response, the departmental hydraulics directorate monitored standpipe operators and filled out the various forms.
- ▶ In Nigeria, WASH financing approaches implemented under ASWA II included revolving funds, counter-fund contributions and microfinance (Adashe). Dialogue was also continuing on possibilities for more actively engaging the private sector to mobilize funds/resources. Main factors constraining the experience included whether the financing was targeting the right people and budgetary limitations (people were queuing for access to finance). Other factors such as the rainy season also created constraints by affecting monitoring ability.

- ▶ In Tanzania, various WASH financing approaches were being implemented under government initiatives and it was apparent that ASWA II had engaged with these initiatives. They allow funds to be collected at the local community level, with local committees empowered to decide how the funds are best utilized. This includes providing support to poorer members of the community to help them purchase and install appropriate equipment, thereby maintaining the community's ODF status.

The evaluation team did not find evidence that work on innovative finance was carried out in Côte d'Ivoire and Somalia. For the countries that have initiated activities, it would be beneficial to conduct a separate study to further assess how these initiatives are progressing, as there may be valuable lessons to learn about what works well and contributes to sustainability. Additionally, the programme should review whether more can be done to explore innovative financing approaches and assess whether there are promising, less widely used initiatives beyond those already implemented.

## Impact

### EQ 12: TO WHAT EXTENT HAVE ASWA II INTERVENTIONS GENERATED INDIRECT OR SECONDARY EFFECTS?

The available evidence, limited to existing internal and external programme-relevant information and qualitative data collected from stakeholders, provides an incomplete picture regarding indirect or secondary effects generated by ASWA II interventions. The programme integrated WASH and nutrition, particularly in Burkina Faso, Niger, Nigeria and Tanzania, improving children's nutrition in schools and communities. Though no specific data were available on conflict reduction, the programme promoted social cohesion and WASH access in fragile communities, contributing to peacebuilding efforts.

## NUTRITION BENEFITS

### SEQ 12.1: How and to what extent did ASWA II integration of nutrition benefit children in communities and schools?

As stated previously in this report, UNICEF and DGIS agreed that special attention should be given to the integration of WASH and nutrition in Burkina Faso, Niger, Nigeria and Tanzania. Activities in those countries are discussed below.

- ▶ In Burkina Faso, the programme conducted joint awareness activities with nutrition partners, focusing on promoting hygiene and sanitation practices among mothers and pregnant women. Nutrition-sensitive WASH activities were implemented in Gourma province, alongside nutrition and nutrient-rich food production activities. The 2022 Burkina Faso country report further explains that joint awareness activities with nutrition partners have focused on key practices for infant and young child nutrition. These activities, including the promotion of hygiene and sanitation among groups of mothers and pregnant women (including home visits), have covered various topics, such as handwashing, clean water usage and food hygiene. These collaborative efforts have proven particularly effective in improving the health and well-being of mothers and young children.
- ▶ In Niger, the programme has adopted an integrated approach to WASH and nutrition, acknowledging the impact of inadequate WASH practices on malnutrition and stunting. This strategy aligns with the National Nutrition Security Plan and the national WASH-in-Nut strategy, both of which were developed with support from UNICEF. The implementation of this approach was carried out in the programme's four municipalities and has promoted hygiene and sanitation practices among mothers and pregnant women.
- ▶ In Nigeria, an assessment was conducted in 2022 to determine the correlation between WASH and nutrition indicators. Additionally, UNICEF's Nutrition Section carried out a national survey in 2022 that covered key nutrition indicators such as stunting, infant and newborn feeding, breastfeeding, and access to WASH services in centres for community management of acute malnutrition.
- ▶ In Tanzania, the programme initially set to expand the BabyWASH approach to enhance community WASH practices, which in turn contributed to child survival and development. Support for this,

however, was handed over to the national government after the first two years. With the support of the ASWA II programme, the WASH team made significant contributions to early childhood development in Tanzania. These include collaborating with regional administrations, district WASH coordinators and district nutrition units to promote environmental health. The efforts involve advocating for safe and hygienic playgrounds, hygiene in food preparation, improved handwashing practices, household cleanliness and preventing children from being exposed to contaminated soils. During the reporting period, an additional 3,216 households with children under 5 years of age gained access to and started using basic sanitation and handwashing facilities. These strategies aim to break the transmission chain of worm infestations, cholera, diarrhoea and other diseases.

In addition, Côte d'Ivoire and Mali reported some activities on WASH and nutrition:

- ▶ In Côte d'Ivoire, UNICEF prepared interventions integrating nutrition and WASH for the new country programme (2021–2024). A nutrition community-based strategy focusing on social norm changes was designed in 2019 and 2021.
- ▶ In Mali, UNICEF initiated the National WASH and Nutrition Strategy for Mali in September 2022. The launch of this strategy involved the participation of 60 key stakeholders from Mali's WASH and nutrition sectors, including national authorities, technical services, civil societies, humanitarian actors and donors. The strategy was subsequently disseminated in the regions of Segou, Mopti and Ménaka. The primary objective of this strategy is to reduce morbidity and mortality associated with malnutrition through WASH interventions, with a specific focus on preventing malnutrition in children under 5 years of age. As part of this initiative, UNICEF provided nutrition and hygiene kits to approximately 2,585 malnourished children. Additionally, around 15,510 individuals in dire need in the regions of Timbuktu, Taoudéni, Gao and Ménaka were granted temporary access to clean water through this programme.

From the available data sources, conclusions cannot be reached regarding to what extent ASWA II integration of nutrition benefited children in communities and schools. This type of outcome/impact analysis would require rigorous, quantitative data collection using the tools of impact evaluation.

## CONFLICT REDUCTION

### SEQ 12.2: How and to what extent did ASWA II reduce conflict in fragile communities and contribute to peace and human development?

There have been no quantitative data collected on how ASWA II reduced conflict in fragile communities, as part of either regular monitoring or special studies. However, the ASWA II programme was implemented in fragile communities in six out of eight ASWA II countries (the exceptions are Tanzania and Mozambique), where it worked towards the development of social cohesion and improved access to WASH facilities, with a focus on women and girls and those most vulnerable. Based on the available documentation and interviews with stakeholders, ASWA II may have contributed to reduced conflict, peace and human development in a number of ways:

- ▶ In Burkina Faso, villages that reached ODF status supported other villages to become the same. Young people in the villages were mobilized to participate in the construction of toilets for vulnerable households. According to beneficiaries interviewed, this contributed to enforcing social cohesion between the villages. The ODF approach was also implemented with success among IDPs who settled in the host communities. Boreholes and toilets built were used by both the IDPs and host communities, and this promoted social cohesion as well.
- ▶ In Côte d'Ivoire, UNICEF implemented a conflict prevention strategy to address refugees' needs through the improvement of a shared water supply service for communities, schools and health facilities, by equipping them with an innovative solar-powered pump. According to the 2022 ASWA II annual report, UNICEF Côte d'Ivoire faced an influx of refugees from neighbouring countries and population displacement in the northern regions of the country. This situation led to some pressure on existing water points and an increase of households in localities where CLTS was triggered, as thousands of refugees cohabited with host communities. The measure taken by UNICEF was to make an exception in the approach of considering ODF status as an entry point for improving water services. In these areas, water supply improvement was granted to communities hosting displaced populations regardless of their ODF status. Further, an innovative solar-powered pump for a shared water supply service for communities, schools and health care facilities

was implemented and was successfully used to mobilize Peacebuilding Fund resources to expand to more villages and communities at high risk of hosting displaced people. The Peacebuilding Fund is a UNICEF and United Nations Development Programme joint programme that aims to reduce the vulnerability of populations in border areas and to strengthen governance to consolidate social cohesion and prevent conflicts.

- ▶ In Mali, the CO adopted a risk-informed programming approach, based on a robust conflict and risk analysis, in order to avoid doing harm or exacerbating conflict and violence factors. Boreholes and latrines built were used by all categories of the population, including those with limited mobility. The poorest households can still use wooden panels, an affordable choice for all. Some villages contribute collectively, assisting households that are unable to build their own latrines to ensure the entire village is not penalized. According to interviewees, this collective effort has promoted social cohesion among community members and within the villages.
- ▶ In Niger, villages that reached ODF status supported other villages to do the same, which contributed to social cohesion within and between villages. Boreholes and latrines built were used by both the IDPs and host communities, which promoted social cohesion as well. The better availability and access to water reduced conflicts among communities.
- ▶ Findings from the field in Somalia and Nigeria suggest that ASWA II included elements consistent with alleviating some key adverse issues affected by conflict, such as: (a) promoting and enhancing sanitation access for vulnerable populations, (b) implementing pro-poor measures like constructing water kiosks, (c) piping water to low-income areas, and (d) improving water sources in rural regions to benefit the poor as well as ensuring handwashing facilities for vulnerable groups through community awareness and mobilization efforts.

While these interventions likely contributed to peace and human development in conflict-affected areas, there is no direct evidence or data quantifying the extent of ASWA II's impact on reducing conflict.



**EQ 13: TO WHAT EXTENT HAVE ASWA II INTERVENTIONS CONTRIBUTED TO CHANGES IN SYSTEMS, NORMS OR BEHAVIOURS THAT AFFECT THE HEALTH AND WELL-BEING OF CHILDREN AND VULNERABLE POPULATIONS, THE STATUS OF GENDER EQUALITY AND/OR RESILIENCE TO CONFLICT AND CLIMATE DISASTERS?**

Drawing from the existing internal and external information sources, key informant interviews and the secondary analysis of the available data, some evidence is available regarding the extent to which ASWA II interventions have contributed to changes in systems, norms or behaviours that affect the health and well-being of children and vulnerable populations, the status of gender equality and/or resilience to conflict and climate disasters. The programme directly addressed and likely contributed to the reduction of morbidity and mortality associated with malnutrition and water-related diseases. It also promoted gender equality through inclusive WASH committees and girl-friendly toilets. It strengthened climate resilience, although the available data are limited. Findings on the effects of ASWA II on improved sanitation and water access are the most robust and are identified in several countries, though health outcomes like stunting require further study.

**REDUCTION OF MORBIDITY AND MORTALITY**

SEQ 13.1: To what extent did ASWA II contribute to the reduction of morbidity and mortality associated with malnutrition and water-related diseases?

The results from the impact analysis conducted by the UNICEF Evaluation Office (see “Data collection methods and tools”) suggest that the ASWA II programme had varying outcomes across the different countries. This exploratory analysis used available secondary data to examine programme outcomes and impact, with access to basic sanitation and water as the dependent variables. While ideally the impact assessment would have included higher-level indicators such as stunting and/or diarrhoea prevalence as additional dependent variables, this was not feasible due to the lack of available household-level data from the existing surveys. To compare households in supported areas with those in non-supported areas, a difference-in-difference analysis with matching was carried out. This analysis used two matching methods: Kernel matching, which was the preferred method, and nearest-neighbour matching. The estimates provided below represent intent-to-treat effects across four countries: Mali, Nigeria, Tanzania and Burkina Faso. In other words, they reflect the potential impact as if all households within an ASWA-supported district received assistance (see Table 19).

**Table 19.** Estimation results of difference-in-difference analysis

COUNTRY	ACCESS TO BASIC SANITATION			BASIC ACCESS TO WATER		
	Non-matched	Kernel matching	Nearest-neighbour matching	Non-matched	Kernel matching	Nearest-neighbour matching
<b>Mali</b>	0.093**	0.137**	0.0780	0.003	0.023	0.0246
<b>Nigeria</b>	-0.237***	-0.059	-0.054	0.265	0.276***	0.203***
<b>Tanzania</b>	0.146***	0.113**	0.094*	-0.088	-0.115	-0.142
<b>Burkina Faso</b>	0.046	0.109***	0.144***	-0.082*	-0.005	-0.074

**Note:** \*p<0.1; \*\*p<0.05; \*\*\*p<0.01.

In Mali, access to basic sanitation increased significantly, by around 14 per cent, in the treated areas, but there was no significant improvement in access to water. In Nigeria, access to clean water increased significantly, by approximately 28 per cent, in the treated areas, but there was no significant change in access to sanitation. In Tanzania, there was a notable improvement of approximately 11 per cent in access to sanitation within the treated areas but no significant impact on water access, similar to Mali. In Burkina Faso, access to sanitation similarly increased significantly, by around 11 per cent, in the treated areas, but there was no significant change in access to water.

These results highlight the varying impact that the ASWA II programme may have had across different contexts. While sanitation improvements were evident in Mali, Tanzania and Burkina Faso, Nigeria saw significant progress in clean water access. Based on available academic literature, these results might be directly connected to better health outcomes. Further investigation, however, including household-level data collection on health outcomes, is needed to understand whether these improvements have translated into better health for the treated populations, such as reduced rates of stunting and diarrhoea.

Participants in focus group discussions conducted as part of this evaluation in the ASWA II programme countries reported an observed drop in food- and water-related diseases, indicating a positive impact of the programme (although this has not been rigorously measured). Suggestively, data from the DHS 2015–2016 and 2022–2023 indicate a decline in the prevalence of diarrhoea in Tanzania, from 7.8 per cent in 2016 to 2.4 per cent in the ASWA II intervention areas. The prevalence of stunting, however, increased from 41 per cent to 58 per cent during the same period, indicating the need for further examination of the factors contributing to this rise. The mid-term evaluation of the ASWA II programme in Tanzania suggested that addressing stunting might require coordinated efforts across multiple sectors, including nutrition, food security, health care and WASH. Expecting a reduction in stunting without complementary interventions in nutrition and health care may be unrealistic.

## GENDER EQUALITY

### SEQ 13.2: How and to what extent did ASWA II contribute to improve gender equality?

The interviews conducted with programme participants highlight the ASWA II programme's contributions towards gender equality. Examples include female participation and gender-sensitive infrastructure. Men and women were given equal quotas in different WASH committees. In addition, the programme supported the construction of girl-friendly toilets (adapted to MHM needs) in schools and provided MHM materials or made arrangements for MHM provision. However, while promising, data (around gender-adapted facilities, participation of women in WASH sector, etc.) are not sufficiently available to assess the overall ASWA II intervention impact on gender equality.

Specific country activities include:

- ▶ In Burkina Faso, ASWA II supported the development of the national gender strategy for WASH. Many sensitization activities on gender balance took place. Men and women were given equal quotas in different sanitation committees and school clubs. There was construction of girl-friendly toilets in schools and provision of MHM materials.
- ▶ In Côte d'Ivoire, a gender focal point was appointed to the CO to ensure the gender-responsiveness of programme planning. The ASWA II logframe outcome statement contains 12 indicators related to gender. Women's and girls' specific needs were addressed, especially regarding sanitation facilities in institutions.
- ▶ In Mali, an international gender specialist at the CO regularly checked that the gender approach was considered in all programmes, including ASWA II. Separate toilets for girls and boys had been built in schools. Half of the members of the management committees, drinking water user associations and hygiene clubs were women, some of whom held positions of responsibility, and many of whom were encouraged to do the same, although this is difficult in the cultural context. Women animators were trained to facilitate contact and raise awareness among women in certain communities where it was challenging to reach women due to socio-cultural restrictions.

- ▶ In Mozambique, there was a strong focus on the role of women organizations, savings groups and MHM in schools. As part of the sanitation, female masons and artisans were also being trained. Female activists were also part of the sensitization team.
- ▶ In Niger, the integrated participatory community approach was used to promote the adoption and application of gender norms. MHM was taken into account through the construction of separate toilets for girls and boys in schools. Men and women were given equal quotas in water management committees, user associations and school clubs.
- ▶ In Nigeria, an evaluation conducted to assess the functionality of WASHCOMs in ASWA II focal LGAs revealed that 39 per cent of the WASHCOM members were female. Further analysis showed that in 21 per cent of all community WASHCOMs, women held more than 30 per cent of the leadership positions. Thus, these women had taken on decision-making roles and had actively influenced decisions regarding the provision of WASH services in their respective communities. This noteworthy representation of women in leadership positions within WASHCOMs is a clear indication of how the ASWA II programme actively pushed for gender equality.
- ▶ In Somalia, 99 members (39 female and 60 male) of 14 water management committees were successfully trained in effective and participatory WASH facility management. The training primarily focused on the day-to-day operation of water supply systems, routine and scheduled maintenance, addressing minor electrical and mechanical faults, financial management, ensuring equitable water provision and general system maintenance.
- ▶ In Tanzania, there was evidence that ASWA II significantly contributed to improving gender equality. The work on WASH, according to respondents, included a strong focus on the role of women and children. There was considerable work in the interventions in schools and health care facilities and in particular in providing improved services for adolescent girls and pregnant women.

A noteworthy point is that the vast majority of workers in the WASH sector continue to be men. Addressing this imbalance requires efforts to increase the participation of women in technical fields and a multi-sectoral approach to promoting gender equality within the WASH sector.

## RESILIENCE

### SEQ 13.3: How and to what extent are ASWA II communities and WASH systems resilient, in light of conflict and frequent disasters?

In line with the UNICEF WASH strategy and the WASH programme's focus on humanitarian WASH and on achieving 100 per cent climate-resilient WASH, the ASWA II programme emphasized climate resilience and providing WASH services to those in conflict areas. While there are little quantitative data available on resilience, the country-level interviews provided some indication as to how this was being achieved. In Niger, for instance, the drinking water systems were designed to be resilient to heavy rainfall and flooding. The sanitation marketing strategy and its operationalization plan were also intended to improve the robustness and the resilience to climate change of latrines built by communities. The multi-village drinking water systems are powered by solar energy, a contribution to climate change mitigation. In Mozambique and Tanzania, the focus was on disaster resilience, for example with the use of off-grid solar power, particularly in health care facilities, as a means to be more resilient to external shocks. In areas of flood risk, households were building elevated latrines.

Given the relatively limited information on resilience available from the ASWA II country programmes, however, more is likely needed to achieve community and WASH system resilience in light of conflict and frequent disasters. More systematic and rigorous data are needed to assess impact. This is particularly relevant for ASWA III's design and its emphasis on climate resilience. It would imply systematic data collection, at national and sub-national levels, on progress towards national climate change adaptation targets and international commitments related to water and sanitation, participation and inclusion of women, men and marginalized/vulnerable groups in climate-resilient WASH planning and decision-making processes, and capacity development for climate-resilient WASH.

# 6



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## Conclusions and lessons learned

ASWA II was a successful programme that met the coverage output targets set at the starting phase of the intervention. Substantial progress was made towards improving access to safe water, sanitation and hygiene services in targeted communities and institutions. The available evidence suggests that the programme contributed to sustained water, sanitation and hygiene use, although there are data gaps and indication of some challenges, including maintaining the programme-supported hardware and widely applied climate resilience measures. Capacity building for government monitoring seemed effective, utilizing various means such as data and advisory support. At the same time, the systems strengthening and programme monitoring components of the programme need to be further strengthened, and more needs to be done to ensure accessibility of WASH services for the poorest households and achieve full gender equality.

**RELEVANCE** – The ASWA II programme was well aligned with national needs and priorities, integrating key policies that targeted women, girls and vulnerable groups. While stakeholders were actively involved in the programme’s design and implementation, there is a need for further development, particularly in sector financing and capacity building, to

ensure sustainability moving forward. This suggests that flexible funding alone is insufficient to ensure adaptability and that other factors like local capacity and governance structures play a crucial role in the achievement of results. The programme demonstrated significant flexibility in adapting to emerging challenges, notably during the COVID-19 pandemic, but gaps in documenting lessons learned from this period limited detailed assessments. Although ASWA II strongly aligned with Dutch development policies, communication between UNICEF and Dutch embassies in participating countries could be more systematic and consistent.

**EFFECTIVENESS** – ASWA II exceeded its targets for sanitation and hygiene and nearly met its goal for improving water access by the end of 2022. Despite these achievements, challenges remained in ensuring sustainability, monitoring long-term outcomes and integrating WASH initiatives with other sectors, such as nutrition. The focus on the monitoring of infrastructure development rather than on sustainable behaviour change and service quality improvements created a critical gap between outputs and long-term impact. While WASH services in communities and schools largely met or exceeded expectations, those in health facilities lagged behind, including



due to delays related to the COVID-19 pandemic. Additionally, sector strengthening efforts, particularly in terms of financing models and climate resilience initiatives, showed promise but require further development. Private sector engagement faced challenges, particularly around local capacity and business environment issues.

**EFFICIENCY** – ASWA II demonstrated cost efficiency, with unit costs generally lower than originally estimated. However, country-level capacity constraints hindered the full implementation of innovative initiatives, such as the SWSCs. Although 66 per cent of the programme's budget had been utilized by the end of 2022, delays were observed in learning-based activities, including with sustainability checks and monitoring. Expenditure data shows incomplete registration of co-funding and COVID-19-related expenses. Differences in efficiency across countries, despite standardized approaches, indicate that local factors significantly influence resource utilization, as well as the need for more adaptive management approaches that can respond to country-specific challenges and opportunities.

**COHERENCE** – The ASWA II programme displayed coherence across the different levels of UNICEF operations, aligning with national WASH strategies in all participating countries. Capacity issues at the country level, however, limited the uptake of innovative approaches like SWSCs. The programme also played a strong coordinating role in the WASH sector, involving various stakeholders, from governments to communities. Sustainability checks were conducted in only a few countries, limiting the ability to assess the overall systems strengthening impact.

**SUSTAINABILITY** – The programme's focus on sustainability through compacts and checks represented a significant shift in approach. The integration of these tools into national systems, however, and their effectiveness in driving long-term service sustainability varied across countries. Indeed, efforts to strengthen national systems and build local capacity were implemented to varying degrees across countries but may not have been sufficient to ensure full sustainability. The focus on short-term outputs rather than longer-term outcomes and impacts makes it difficult to assess the lasting effects of the programme interventions. The programme struggled to implement innovative financing models to support low-income households' access to WASH services. The depth and effectiveness of these interventions were quite inconsistent, highlighting the complex challenges of building sustainable WASH sectors. Approaches like

revolving funds were used, but limited (staff) capacity constrained the broader implementation of these financing initiatives.

**IMPACT** – The integration of WASH and nutrition interventions in countries like Burkina Faso, Niger, Nigeria and Tanzania was promising, particularly in addressing hygiene and sanitation among mothers and children. Progress was also made in gender equality, with increased female participation in WASH committees, though more comprehensive efforts are needed to achieve full gender transformation at all levels. Some benefits in health, climate and conflict were also reported, but the assessment of impact requires more systematic study, using the tools of impact evaluation.



ASWA II programme, Côte d'Ivoire

## Lessons learned

Based on the ASWA II experience, and the insights and knowledge gained during the evaluation, the following lessons are among those with applicability to the broader UNICEF WASH programming:

### Systems strengthening

UNICEF's WASH Strategy emphasizes the need for WASH systems strengthening. In each of the eight ASWA II countries, UNICEF has worked towards strengthening systems, including by advancing sector coordination and through strategy/policy development. However, given the limitations of the approach in generating measurable results, there may be a need for a more comprehensive effort that addresses all of the Sanitation and Water for All building blocks: sector policy strategy, institutional arrangements, sector financing, planning, monitoring and review, and capacity development. Building local ownership, capacity and systems are critical for sustaining results. These activities need to be carefully planned and budgeted as they require significant time and resources.

### Innovation

ASWA II used a flexible funding mechanism, which enabled it to adjust to and incorporate new developments and innovations such as the globally introduced SWSC. However, the implementation of available new approaches at the country level was affected by a lack of implementation capacity. The lack of implementation capacity at country level also limited coordination between the ASWA II programme and other global initiatives, such as cooperation on Hand Hygiene for All, and the utilization of the available partner support. ASWA II and similar programmes would benefit from building sufficient implementation capacity at the country level to take full advantage of the available innovations.

## Planning, monitoring and evaluation

The ASWA II programme was limited by its lack of coordinated annual planning and M&E data collection across the eight ASWA II countries. This resulted in gaps and inconsistencies in the available data, which limited their usefulness. In addition, output and outcome indicators were not always well defined, resulting in further inconsistencies and reporting discrepancies. The programme significantly under-spent on data collection/analysis and learning, likely impacting the quality of the available data. Moving forward, coordinated annual planning and a more consistent and standardized approach to M&E are needed, which also need to be properly resourced. This includes greater clarity regarding the methodology used to calculate key indicators. Financial reporting needs to include the co-financing component (leverage). Special effort should be made to avoid reporting discrepancies, and annual reports should be proactively used.

# 7

## Recommendations



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This section provides recommendations for the ASWA programme, focusing on the programme's next phase, ASWA III. The recommendations were developed by the evaluation team. They were discussed and finalized after consultation with the Evaluation Reference Group and with input from stakeholders.

### Programme strengthening

Programme strengthening activities should be aimed at further developing activities targeted at systems strengthening but also at the full integration of other critical aspects such as innovation, financial sustainability, nutrition, gender transformation, social inclusion and climate. Country programmes should plan for the gradual handover of responsibilities to local entities.

UNICEF headquarters, regional offices, country offices:

1. Enhance the long-term impact and sustainability of the programme by ensuring that systems strengthening is at the core of the programme from the outset. Where needed, prioritize systems strengthening over increased coverage.

► Specific actions may include:

- Better incorporate systems strengthening into the ToC, results framework and overall programme design.
- Conduct regular SWSCs and focus on implementing the response plans.
- Focus on the sustainability of infrastructure through clear legal arrangement of ownership of infrastructure, enabling arrangements (operation and maintenance, community organization, monitoring, capacity development), user-friendly and climate resilient design, robust high-quality construction and hygiene education.

2. Maintain flexibility in the use of the budget for innovation and new initiatives.

UNICEF country offices:

1. Fully integrate into programme planning and design critical aspects including innovation, financial sustainability, gender transformation, social inclusion and climate adaptation.
2. Enhance sustainability by developing country-specific exit strategies that ensure the gradual handover of responsibilities to local entities.



## Enhanced partnerships

The programme should prioritize global and regional partners, including the private sector, with a strong local presence and enhance their accountability for programme results by using deliverable-based approaches. The programme should engage with Dutch embassy staff as a strategic partner.

UNICEF headquarters, regional offices, country offices:

1. Enhance accountability of global and regional partners, including the private sector, for programme results by using deliverable-based approaches.
2. Reconsider (or expand) existing partnerships, favouring those organizations with a regional or in-country presence, for better connection with local needs and conditions.

DGIS, Dutch embassies, UNICEF country offices:

1. Where feasible, involve Dutch embassy staff as a strategic partner for relations with governments or links with other DGIS-financed WASH or nutrition activities.

## Improved planning and M&E

The programme should redesign planning and monitoring using standardized planning tools and ensuring quality and consistency in indicators and data collection, definitions and reporting across all countries. The programme should use a coordinated approach to evaluation focusing on outcomes/impacts, with baseline data collection, where needed, and rigorous evaluation methodologies.

UNICEF headquarters, regional offices, country offices:

1. Adopt standardized planning tools and guidance to be used by all countries.
2. Redesign the monitoring system to enhance data quality and address data gaps while ensuring that all COs use the same indicators, definitions and reporting formats, and that the different information needs of COs, ROs, HQ and DGIS are considered and addressed.
3. Enable an annual reflection on programme-wide progress towards outcomes.



ASWA II programme, Nigeria



4. Develop an exit strategy as part of the revised ToC/results framework.
5. Develop and implement a robust M&E framework with a refined set of outcome and impact indicators that meet SMART criteria and established baselines and targets. This will enable better assessment of the programme's long-term sustainability and effectiveness.
6. Ensure the evaluation of outcomes and impacts, including through early planning and the collection of baseline data, where needed, regular data collection through programme implementation, and rigorous evaluation methodologies.
7. Avoid duplication by coordinating evaluation data collection and other research activities across levels and countries focusing on consistent and disaggregated high-quality data.

UNICEF country offices, in cooperation with implementing and government partners:

1. Implement adaptive planning practices to respond to changes in the implementing environment and incorporate a comprehensive risk assessment into programme management plans, covering both political risks and natural disasters.
2. Involve government and strategic partners (including bilateral and multilateral partners, NGOs, civil society organizations, etc.) in the planning process to strengthen joint ownership and transparency.
3. Systematically collect disaggregated data on the socio-economic status of individuals served by the programme to demonstrate its reach and impact among vulnerable populations.
4. Review the SWSC approach and make necessary adaptations to ensure higher uptake of this process by countries in the next phase.
5. Link SWSCs with the regular progress monitoring (by UNICEF, government stakeholders or other partners) to avoid having parallel reporting processes on progress and sustainability (which most likely are closely linked and interrelated) and gain a more comprehensive understanding of the long-term viability of the WASH services provided.

## Learning and knowledge development

The programme should address implementation bottlenecks and challenges through a needs-based learning agenda. The programme should strengthen exchange of experience and knowledge between the eight programme countries including regular learning events.

UNICEF headquarters, regional offices, country offices:

1. Develop a clear link between implementation bottlenecks and challenges identified, and a needs-based learning agenda that directs learning and the sharing of information.
2. Make high-quality individual and group learning activities mandatory if relevant knowledge is lacking. (This is already happening but should be expanded and enforced, given changing needs due to demographic changes, climate change, fragility, finance-related challenges, etc.)
3. Strengthen exchange of experience and knowledge between the eight countries and allow for regular learning events, including more regular bilateral and regional interactions.

## Endnotes

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- 8 Save the Children Norway, *A Kit of Tools for Participatory Research and Evaluation with Children, Young People and Adults: A compilation of tools used during a Thematic Evaluation and Documentation on Children's Participation in Armed Conflict, Post Conflict and Peace Building, 2006–2008*, Save the Children Norway, Oslo, 2008.
- 9 The team leader helped set up Susamati, one of the stakeholders interviewed, in Mozambique in 2019. She was not yet part of the team when the interview took place. Since 2019, she has not been involved in Susamati's day-to-day activities.
- 10 United Nations Children's Fund, *Sustainability Check Tool: Guidance for designing and implementing Sector-Wide Sustainability Checks in WASH*, UNICEF, New York, August 2021.
- 11 Although the target was 1,000,000 in the inception report, it was changed to 750,000 in the 2020 annual report.



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